

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 16, 2016

Ms. Jessica Jennings, Administrator
Saint Albans Healthcare And Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478-8011

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on February 22, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2016
NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced on site complaint investigation was conducted on 02/22/16 by the Division of Licensing and Protection. The following are Federal and State regulatory findings.	F 000	St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide services in accordance with the plan of care for 1 of 2 applicable residents in the sample (Resident #1). Findings include: 1. Resident #1 was identified during record review on 02/22/16 as having multiple falls, decline in health and was care planned among other things, for positioning and special devices. The care plan dated 02/08/16 stated that the resident should be in an upright position for eating, drinking with a straw, and to use a 'tap system' to assist with turning and repositioning in bed and with care. These interventions were not observed. During the Noon meal on 02/22/16, the LNA [licensed nursing assistant] was observed feeding the resident, who was in a geri-chair, in a reclining position. The staff stood over the resident while holding a cup and slowly dripped	F 282	F282 The identified Licensed Nursing Assistants involved in the care of Resident #1 were educated immediately on the policy for providing services according to the comprehensive care plan. Residents on the Special Care Neighborhood have the potential to be effected by this alleged deficient practice. Nursing staff will be educated regarding this resident's plan of care by March 18, 2016. Audits will be performed weekly x 4 and monthly x 3 to assure that services are being provided per individual resident plan of care. Results of the audits will be discussed at CQI for further evaluation and recommendations. Corrective action will be completed by March 22, 2016.	

F282 POC ACCEPTED 3/15/16 [Signature] RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *NHA* (X6) DATE *3.07.2016*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	Continued From page 1 the fluid into the resident's mouth. Per interview at 12:26 PM the LNA acknowledged that the resident was "probably at 45 degree angle but should be more upright" and not using a straw. The LNA confirmed the care plan was not followed. During observation of provision of care at 1:03 PM, two LNAs mechanically lifted the resident to bed, removed the lift pad, rolling the resident from side to side and provided peri-care. When asked about the 'tap system', they explained that it was a special nylon-type material with web handles that help move the resident up in bed and from side to side. The LNAs did not know where the 'tap system' was located, however, the 'tap system' was eventually found in the bottom of the closet. The Unit Manager and the LNAs at this time, confirmed that this 'tap system' was to be placed prior to provision of care and while the resident is in bed, which did not happen.	F 282			
F9999	FINAL OBSERVATIONS 2.7 Special Care Units (SCU) (d) Dementia units shall meet the following staffing and staff training requirements: (1) Dementia units must provide initial training in addition to general facility training to include eight hours of classroom orientation for all employees assigned to the unit and an additional eight hours of clinical orientation to all nursing employees assigned to the unit. The eight hours of classroom work must include: (i) A general overview of Alzheimer's disease and related dementia; (ii) Communication basics; (iii) Creating a therapeutic environment;	F9999	F9999 There were no residents affected by this Alleged deficient practice. Residents on the special care neighborhood Have the potential to be effected by this alleged Deficient practice. The Nurse Practice Educator and/or her designee Will assure that staff who work		

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F9999	<p>Continued From page 2</p> <p>(iv) Activity focused care; (v) Dealing with difficult behaviors; and (vi) Family issues.</p> <p>(2) Ongoing in-service training shall be provided to all nursing and non-nursing staff, including volunteers, who have any direct contact with residents of the unit. Staff training shall occur at least quarterly. The facility will maintain records of all staff training provided and the qualifications of the presenter. Training over 12 months must include the following subjects: (i) A general overview of Alzheimer's disease and related dementia; (ii) Communication basics; (iii) Creating a therapeutic environment; (iv) Activity focused care; (v) Dealing with difficult behaviors; and (vi) Family issues.</p> <p>This REQUIREMENT was NOT MET as evidenced by:</p> <p>1. The Facility failed to show evidence of all the Special Care Unit (SCU) training requirements for all nursing staff who work on the SCU. Per review of the SCU training records, eleven nursing staff who had worked in the SCU from March 2015 through February 2016, did not have either the eight hours of clinical orientation to the SCU and/or quarterly ongoing in-service trainings regarding dementia related areas. The Eleven of the twenty-two staff were identified mostly as 'per diem or floats'. The Nurse Practice Educator confirmed on 02/22/16 at 11:30 AM that these eleven staff did not have</p>	F9999	<p>In the special care unit will receive eight Hours of clinical orientation and quarterly In-service training. The nurse practice educator Will develop a form to track dementia clinical Orientation and quarterly training per state Regulation.</p> <p>Audits will be performed weekly x 4 and monthly x 3 to assure that services are being provided per individual resident plan of care.</p> <p>Results of the audits will be discussed at CQI for further evaluation and recommendations.</p> <p>Corrective action will be completed by March 22, 2016.</p> <p><i>POC F9999 accepted 3/15/16</i> <i>Sharon L. Emman RN</i></p>		

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F9999	Continued From page 3 evidence of receiving all the dementia trainings per the State's Special Care Unit requirements.	F9999			



**Saint Albans Healthcare
& Rehabilitation Center**
Genesis HealthCare™

596 Sheldon Road
Saint Albans, VT 05478
Tel 802-524-6534
Fax 802-524-2429

Date: March 07, 2016
To: Ms. Pamela Cota, RN
Re: St. Albans Health & Rehab Center
Plan of Correction,
Credible Allegation of Compliance, and
Request for Re-survey

Dear Ms. Cota:

On February 22, 2016 surveyors from Division of Licensing and Protection completed an inspection at St. Albans Health Care & Rehab Center. As a result of the inspection, the surveyors alleged that the Facility was not in substantial compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the Statement of Deficiencies (HCFA-2567) with the Facility's Plan of Correction for the alleged deficiencies. Preparation of the Plan of Correction does not constitute an admission by the Facility of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies.

Please also consider this letter and the Plan of Correction to be the Facility's credible allegation of compliance. The facility will achieve [or has achieved] substantial compliance with the applicable certification requirements on or before March 22, 2016. Please notify me immediately if you do not find the Plan of Correction acceptable.

This letter is also our request for a re-survey, if one is necessary, to verify that the Facility achieved substantial compliance with the applicable requirements as of the dates set forth in the Plan of Correction and credible allegation of compliance.

Thank you for your assistance with this matter. Please call me if you have any questions.

Yours truly,

Jessica Jennings, RN

Administrator