

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 2, 2015

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 **March 9, 2015**. 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: 03/17/2015
FORM APPROVED
OMB NO. 0938-0391

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| 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 03/09/2015 |
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| NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478 |
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| (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 DEFICIENCY) | (X5) COMPLETION DATE |
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F 000 INITIAL COMMENTS

An unannounced onsite investigation regarding one entity report and one complaint was completed by the Division of Licensing and Protection on 3/9/15. The following regulatory violations were identified:

F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES
SS=D

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview and record review, the facility failed to ensure that the environment was free of accident hazards and that each resident received adequate supervision to prevent accidents for 1 of 3 residents. (Resident #1) Findings include:

Per record review on 3/9/15, a staff nurse wrote on a progress note dated 2/25/15 at 7:28 AM that "Aides found pt [Resident #1] sitting on the bed playing with a mouse that was dead and clinging to sticky paper." On 2/25/15 at 16:13 PM, nursing staff documented "puncture wounds on right thumb measure 0.01 cm in diameter. Thumb red swollen and painful." On 2/25/15, the facility nurse practitioner evaluated Resident #1 for an "animal bite and cellulitis" and prescribed antibiotics for cellulitis of the thumb.

F 000

F 323

F323 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.

All of the traps on the resident units had a lock on them by the end of the day.

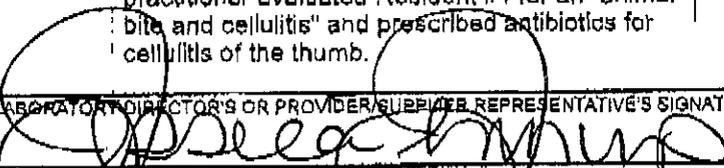
All residents have the potential to be effected by this deficient practice.

The maintenance staff have been educated on the need to have locks on all of the traps to assure that the resident environment remains as free of accident hazards as possible.

The maintenance staff will round 5 days per week x 4 weeks then reevaluate to assure that the traps are locked.

Results of the audits will be discussed at CQI for further evaluation and recommendations.

Corrective action will be completed by April 9, 2015.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE NHA | (X6) DATE 3.18.2015 |
|---|--------------|------------------------|

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 323 | Continued From page 1 On 3/9/15 at 10:03 AM, the East wing Unit Manager (UM) confirmed that the east wing (where Resident #1 resides) is a secure care unit for residents with Alzheimer's and dementia and confirmed that Resident #1 had a diagnosis of dementia. The UM reported that there had been evidence of a mouse on the unit and that a sticky trap had been placed in the corner of the small dining room to catch it. S/he reported that staff surmised that Resident #1 saw the mouse caught on the sticky paper (which is a live catch trap) and brought it to his/her room. The UM stated that the marks on Resident #1's thumb could have been bite marks from the mouse the resident was found holding. Per tour, the UM showed where the trap had been situated in the corner of the room and later accessed by the resident. At the same tour of the East Unit small dining room, a shiny metal "tin cat" trap (a cigar box shaped trap with vent holes) was observed situated under the sink counter and visible to residents (who had been observed to use the room without staff present). The trap lid was not secured by a lock and the Maintenance Director confirmed it could be opened by residents and that the device trapped mice "live" on a sticky paper that was placed inside the trap. After the observation, the UM confirmed that the trap should not have been left under the counter (where it was visible and accessible to residents). Later in the survey, the Maintenance Director showed that s/he had placed a padlock on a "tin cat" trap and reported that s/he would have all the other traps in the facility secured by the end of the day to prevent resident access. (Refer 465) | F 323 | F323 POC accepted 4/2/15 SDennisk/pml |

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F 465 SS=E 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON

The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to provide a safe and sanitary environment for residents residing in the facility. Findings include:

On 3/9/15 starting at 8:50 AM, a tour of the facility was conducted with the Maintenance Director (MD). During the tour, s/he confirmed that a resident [later determined to be Resident #1] had likely been bitten by a mouse that had been caught in a sticky trap [a live trap] set on the East Unit of the facility. In response and in an attempt to rid the facility of mice, the facility had consulted with their pest control agent and purchased "tin cat" traps [shiny metal cigar box shaped traps that trap mice live] to hold the sticky traps and stated that the sticky traps would not be used alone. At 9:11 AM, the MD confirmed that there was still 1 sticky trap set on the floor in the West unit program area that had not been removed. In the Central West dining room, one "tin cat" trap was set near a wall, visible and accessible to residents.

Per a tour of the East Unit small dining room with the East Wing UM (Unit Manager) and the MD at about 10 AM, a "tin cat" trap was observed situated under the sink counter and visible to residents (who had been observed to use the

F 465 F465 All of the traps on the resident units had a lock on them by the end of the day.

All residents have the potential to be effected by this deficient practice.

The maintenance staff have been educated on the need to have locks on all of the traps to assure a safe and sanitary environment.

The maintenance staff will round 5 days per week x 4 weeks then reevaluate to assure that the traps are locked.

Results of the audits will be discussed at CQI for further evaluation and recommendations.

Corrective action will be completed by April 9, 2015.

F465 POC accepted 4/2/15 SDennis RN/ PML

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F 465 Continued From page 3

room without staff present). The Maintenance Director confirmed that trap lids on the all of the facility's "tin cats" were not secured by a lock and that they could be opened by residents. S/he further confirmed that the device trapped mice "live" on a sticky paper that was placed inside the trap.

After the observation, the UM of the East Wing confirmed that the trap should not have been left under the counter (where it was visible and accessible to residents). Per interview, the UM confirmed that 20-21 of the residents on the dementia unit were ambulatory, all of the residents have cognition or dementia issues, and some of the residents might be attracted to the "shiny tin cats." Later in the survey, the Maintenance Director showed that s/he had placed a padlock on a "tin cat" trap and reported that s/he would have all the other traps in the facility secured by the end of the day to prevent resident access.

(Refer F323)

F 465