

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

May 8, 2014

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 **April 22, 2014**. 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,



Frances L. Keeler, RN, MSN, DBA
Assistant Division Director
State Survey Agency Director

FK:jl

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

MAY 03 2014

PRINTED: 04/28/2014
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 R 04/22/2014
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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	PRDVIDER'S PLAN OF CORRECTION (EACH CDRRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{F 000}	INITIAL COMMENTS An unannounced, on-site follow up to the annual recertification survey was conducted by the Division of Licensing and Protection on 4/22/14. The following regulatory violations were cited: F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET SS=D PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide services that meet professional standards for 1 of 3 applicable residents regarding obtaining and assuring that physician orders are current and monitoring and documenting care related to pressure ulcer treatment for 1 of 3 applicable residents (Resident #1). Findings include: Per record review on 4/22/14, Resident #1 has a Stage IV pressure ulcer on her coccyx (Pressure ulcers are staged from I-IV based on severity with Stage IV being most severe). Per review, the physicians orders for the period 3/1/14-3/31/14 call for the use of a low air loss mattress due to the pressure area on the coccyx, setting at 5; Prevalon boots to both lower extremities while in bed; check skin integrity each shift; monitor placement of sacral dressing every shift related to incontinence and perspiration; cleanse the coccyx with wound cleanser, fill with iodoform 1/4" gauze and cover with a 2x2 [dressing] taped in place; and change daily and as needed. Orders for the period 4/1/14-4/30/14 were signed by a facility nurse as, "Complete Entries Checked" and did	{F 000}	F 281 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. Resident # 1 the physician order sheet updated to reflect current treatments per the M.D. telephone orders. Physician order obtained on 4/22/14 to discontinue the air mattress with documentation placed in the resident's record with an explanation of reasons for removal of air mattress. Residents with pressure ulcers have the potential to be at risk for this deficient practice. An audit was conducted on all residents with Actual skin concerns. Center licensed staff have been Educated on Physician Order Sheets, Treatment Records, and the process for obtaining New orders completed by 4/25/14.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NHA	(X6) DATE 5.7.14
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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 281	Continued From page 1 not specify a wound treatment procedure. Per 4/22/14 review of the TAR (Treatment Administration Record), the current treatment for Resident #1's pressure ulcer, is to cleanse the coccyx with wound cleanser; fill with 1/4" plain gauze, cover with stratosorb; change qd (each day). There is an undated, unsigned entry on the TAR that the air mattress was discontinued. On 4/22/14 at 11:00 AM, the UM (Unit Manager), confirmed the above findings and confirmed that there was no current physician order to change the wound treatment from packing the wound with iodoform to plain gauze and to use stratosorb and there was no order to discontinue the use of the air mattress. The UM reported that the facility pharmacy is responsible for printing the physician orders; when treatment changes are made that are not transferred to the new order, nursing staff are expected to fax the correction to the pharmacy record department and then the pharmacy will incorporate the new order and send it back to the facility prior to the physician signing it. The UM reported that nursing staff did not send a corrected order to the pharmacy and the orders were printed and signed in March with the discontinued wound treatment procedure; s/he also confirmed that the April orders did not include the specific wound treatment procedure and had not been sent back for correction. On 4/22/14, the UM confirmed that Resident #1's air mattress was discontinued on 4/18/14. On 4/22/14 at 1:10 PM, the facility Staff Development Nurse confirmed that on 4/19, 4/20 and 4/21/14, nursing staff continued to document on the TAR that they checked that Resident #1s' air mattress was set at 5; documenting the mattress check for 3 days after it had been removed from the residents' bed. On 4/22/14 at 11:00 AM, the UM confirmed that	F 281	Audits will be conducted by the DON and Or her designee once a week x 3, and Monthly x 3 to assure that professional Standards are met. Results will be reviewed at the CQI Meetings for further review and Recommendations. Date of compliance: June 6, 2014		

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F 281	Continued From page 2 there were no nursing progress notes from 4/16/14 to the time of the survey documenting reasons that the air mattress was discontinued and no documentation that the physician was contacted for an order change. All of the above findings were also confirmed with the Staff Development Nurse on 4/22/14 at 1:10 PM. (See F280 and F514)	F 281			
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assure that the clinical record for 1 of 3 residents in the survey sample was complete and accurate (Resident #1). Findings include: Per record review on 4/22/14, Resident #1 has a Stage IV pressure ulcer on her coccyx (Pressure ulcers are staged from I-IV based on severity with Stage IV being most severe). Per review, the physicians orders for the period 3/1/14-3/31/14 call for the use of a low air loss mattress due to	F 514 F 514	Resident # 1 the physician order sheet was updated to reflect current treatments per the M.D. telephone orders. Physician order obtained on 4/22/14 to discontinue the air mattress with documentation placed in the resident's record with an explanation of reasons for removal of air mattress. Residents with pressure ulcers have the potential to be at risk for this deficient practice. An audit was conducted on all residents with Actual skin concerns. Center licensed staff have been educated on Physician Order Sheets, Treatment sheets, and the process for obtaining new orders completed on 4/25/14. An audit will be conducted by the DON and Or her designee once a week x 3, and Monthly x 3 to assure that resident Records are complete and accurate. Results will be reviewed at CQI meetings For further review and recommendations. Date of compliance: June 6, 2014		

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F 514	Continued From page 3 the pressure area on the coccyx, setting at 5; Prevalon boots to both lower extremities while in bed; check skin integrity each shift; monitor placement of sacral dressing every shift related to incontinence and perspiration; cleanse the coccyx with wound cleanser, fill with iodoform ¼" gauze and cover with a 2x2 [dressing] taped in place; and change daily and as needed. Orders for the period 4/1/14-4/30/14 were signed by a facility nurse as, "Complete Entries Checked" and did not include the current wound treatment protocol. Per 4/22/14 review of the TAR (Treatment Administration Record), the current treatment for Resident #1's pressure ulcer, is to cleanse the coccyx with wound cleanser; fill with ¼" plain gauze, cover with stratosorb; change qd (each day). There is an undated, unsigned entry on the TAR that the air mattress was discontinued. On 4/22/14 at 11:00 AM, the UM (Unit Manager), confirmed the above findings and confirmed that there was no current physician order to change the wound treatment from packing the wound with iodoform to plain gauze and to use stratosorb and there was no order to discontinue the use of the air mattress. The UM reported that the facility pharmacy is responsible for printing the physician orders; when treatment changes are made that are not transferred to the new order, nursing staff are expected to fax the correction to the pharmacy record department and then the pharmacy will incorporate the new order and send it back to the facility prior to the physician signing it. The UM reported that nursing staff did not send a corrected order to the pharmacy and the orders were printed and signed in March with the discontinued wound treatment procedure; s/he confirmed that the April orders did not include the current wound treatment procedure and had not been sent back for correction.	F 514		

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F 514	Continued From page 4 On 4/22/14, the UM confirmed that Resident #1's air mattress was discontinued on 4/18/14. On 4/22/14 at 1:10 PM, the facility Staff Development Nurse confirmed that on 4/19, 4/20 and 4/21/14, nursing staff continued to document on the TAR that they checked that Resident #1s' air mattress was set at 5; documenting the mattress check for 3 days after it had been removed from the residents' bed. On 4/22/14 at 11:00 AM, the UM confirmed that there were no nursing progress notes from 4/16/14 to the time of the survey documenting reasons that the air mattress was discontinued and no documentation that the physician was contacted for an order change. All of the above findings were also confirmed with the Staff Development Nurse on 4/22/14 at 1:10 PM. (see F280 and F281)	F 514			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475021	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 4/22/2014
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 280	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to revise the care plan for 1 of 3 applicable residents to reflect the residents' current needs related to his/her pressure ulcer treatment (Resident #1). Findings include: Per record review on 4/22/14, Resident #1 has a Stage IV pressure ulcer on her coccyx (Pressure ulcers are staged from I-IV based on severity with Stage IV being most severe); the resident had been admitted to the facility with a sacral deep tissue injury (unstageable pressure ulcer) on 9/27/12. Per 4/22/14 interview at 11:30 AM, the facility Physical Therapist, who is providing wound treatments, reported that Resident #1's pressure ulcer has been "up and down like a yo yo" and resistant to healing. On 4/22/14 the UM (Unit Manager) reported that there were concerns that the use of an air mattress might be keeping Resident #1's skin temperature too warm and moist, contributing to skin maceration which was impairing healing. On 4/22/14 at 11:00 AM, the UM (Unit Manager) confirmed that Resident #1's care plan continued to indicate that the resident was using an air mattress and that the care plan had not been revised to reflect concerns about the mattress and changes in treatment until brought to the facilities attention at the time of the survey; at which time the care plan was revised and the air mattress was discontinued from the care plan. *This is an "A" level citation. (see F28I and F514)</p>

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

The above isolated deficiencies pose no actual harm to the residents