

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

April 7, 2014

Mr. Shawn Hallisey, Administrator  
St Johnsbury Health & Rehab  
1248 Hospital Drive  
Saint Johnsbury, VT 05819-9248

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 5, 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,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>475019 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/05/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ST JOHNSBURY HEALTH & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1248 HOSPITAL DRIVE<br>SAINT JOHNSBURY, VT 05819 |
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| F 000         | INITIAL COMMENTS   | F 000 |   |  |
| F 221<br>88=D | <p>An unannounced on-site complaint investigation of a self-report was conducted by the Division of Licensing and Protection on 3/5/14. Regulatory findings were found as a result of the investigation. The findings are as follows:</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and staff interviews for 1 of 3 sampled residents (Resident #3) the facility failed to ensure that the resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. The findings include the following:</p> <p>Per medical record review Resident #3 was admitted on 12/24/13 with diagnoses to include Depression, Prostatic Hypertrophy, Alzheimer's Disease, Depression, Muscle Weakness with History of Falls and Hypertension.</p> <p>Per medical record review Resident #3 had both witnessed and unwitnessed falls on the following dates: 1/2, 1/10, 1/13, 1/15, 1/17, 1/18, 1/25, 1/29, 2/4 and 2/5/14. Per Interdisciplinary progress note dated 1/21/14 by Physician Assistant (PA), it states: 90 year old with severe</p> | F 221 | <p>F221</p> <p>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The resident#3 has been reassessed and the seatbelt has been determined to be a restraint. All documentation is in place.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All other residents with enablers have been reviewed and they have been determined appropriate and documented as such.</p> <p>What measures will be put on place to ensure that the deficient practice will not occur</p> <p>Nursing staff have been reeducated the policies and procedures regarding restraints and enablers and the documentation and the assessments that are required.</p> |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Shawn T. Halliday* TITLE: *Administrator* DATE: *3/31/14*

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.

FML

Fax 8022412348

Mar 19 2014 03:33pm P005/017

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| F 221   | <p>Continued From page 1</p> <p>dementia who is on comfort measures and is unfortunately falling frequently. Other than giving him 1:1 nursing care or restraining [Resident #3], I'm not sure what to do about this. Resident appears to have lost some ground neurologically and would expect this to continue.</p> <p>Per notes dated 2/4/14 by the PA identifies that Resident #3's family requested that the resident be evaluated by the PA versus going to the Emergency Room for seat belt alarm. Advise will do trial of seat belt alarm. Physical Therapy (PT) put seat belt alarm to wheel chair.</p> <p>Per review of Physical Restraint Consent signed on 2/20/14 by Resident #3's family member provides documented consent for Velcro seat belt alarm in wheel chair. Document identifies that family was informed that healthcare professionals have assessed the need for such and a restraining device which has been indicated as part of the recommended plan of care. The document is not completed. It is unclear if the family has been informed of the benefits and risks involved with the physical restraint use. This consent is signed by the RN on 2/20/14. The written consent was signed on 2/20/14 by the family for restraint/enabler, sixteen days after the device was applied.</p> <p>The Interdisciplinary Care Plan (ICP) evidences that PT installed the Velcro seatbelt alarm on wheelchair on 2/4/14. Per progress notes of the Physical Therapist dated 2/7/14 identifies that Resident #3 is currently plateauing and is no longer progressing due to decrease safety awareness and poor carry over of safety technique. Resident remains to be at high risk for a fall due to recent fall history. Seat belt alarm is</p> | F 221   | <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</p> <p>Audits will be performed on enablers and restraints. Weekly times 4 and then monthly times 5. They will be reviewed at the Falls Meeting monthly. Results will be evaluated and presented to the QA meeting quarterly.</p> <p>The DNS and QA nurse are responsible. 03/31/14</p> <p>F221 POC accepted 4/3/14<br/>M. Bertrand RN/PMC</p> |

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| F 221   | <p>Continued From page 2</p> <p>on for safety, resident is able to hook and unhook seat belt alarm. Seat belt alarm was requested by family and was put on to keep the resident positioned in the wheelchair without risk of fall.</p> <p>Per medical record review on 3/5/14 there are no interdisciplinary progress notes from 2/4/14 through 2/19/14 evidencing that the resident can remove and/or reapply the Velcro seat belt on command. 2/20/14 RN documents patient able to self-release seatbelt.</p> <p>2/21/14 through 3/5/14 no documented evidence that Resident #3 is able to remove and/or reapply seat belt alarm on command.</p> <p>Per observation on 3/5/14 in the presence of family, Resident #3 was unable to remove and/or reapply the Velcro seat belt alarm on command. Family confirms on 3/5/14 at 1 PM he can't unbuckle the seat belt and they have never seen the resident attempt too.</p> <p>Confirmation was made during interview with Director of Nurses (DNS), Quality Assurance Nurse and Unit Manger (UM) on 3/5/14 at 4 PM, that Resident #3 has been reviewed for falls on numerous occasions, discussed at morning meeting, ICP has been followed and family has requested the seat belt alarm for safety. Physical Therapy applied the seat belt and identified that the resident was able to remove the device on command on 2/7/14.</p> <p>Per facility policy for the Use of Restraints dated 12/2008, identifies prior to placing a resident in restraint, there shall be a pre-restraining assessment and review to determine the need for the restraint. The assessment shall be used to determine possible underlying causes of</p> | F 221  |   |                      |   |

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| F 221   | Continued From page 3<br>problematic medical symptoms and to determine if there are less restrictive interventions that may improve the symptoms.<br><br>DNS confirms on 3/5/14 at 4 PM that closer in-person supervision or 1:1 staff supervision was never considered which is less restrictive than a Velcro seat belt restraint.   | F 221  |   |                      |   |
| F 280<br>SS-D   | (Refer 323)<br>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP<br><br>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.<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review and staff | F 280  | <u>F280</u><br><br><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u><br>The Resident #3 careplan has been updated to reflect his current status including restraint usage.<br><br><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u><br>All resident have the potential to be affected. All Residents with enablers or restraints have had their careplans reviewed and updated to ensure they are current.<br><br><u>What measures will be put on place to ensure that the deficient practice will not occur</u><br><br>Nursing Staff have been re-educated on ensuring that enablers/restraints are reflected on their care plans and documentation. |                      |   |

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| F 280 | <p>Continued From page 4</p> <p>interview for 1 of 3 sampled residents (Resident #3) the facility failed to revise the comprehensive care plan to reflect the resident's current status. The findings include:</p> <p>Per medical record review Resident #3 admitted on 12/24/13 with diagnosis to include Depression, Prostatic Hypertrophy, Alzheimer's Disease, Depression, Muscle Weakness with History of Falls and Hypertension.</p> <p>Per record review, a Velcro seatbelt alarm was placed on Resident #3's wheel chair on 2/4/14.</p> <p>Per review of Use of Restraint policy dated December 2008 identifies, page 2:<br/>         #17 Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s).<br/>         #18 Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.</p> <p>Per progress notes of the Physical Therapist dated 2/7/14 identifies that Resident #3 is currently plateauing and is no longer progressing due to decrease safety awareness and poor carry over of safety technique. Resident remains to be at high risk for a fall due to recent fall history. Seat belt alarm is on for safety, resident is able to hook and unhook seat belt alarm. Seat belt alarm was requested by family and was put on to keep the resident positioned in the wheelchair without risk of fall.</p> <p>Confirmation was made during interview with Director of Nurses (DNS), Quality Assurance</p> | F 280 | <p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</u></p> <p>DNS or designee or will conduct random audits on care plans for all residents with enablers/restraints weekly x's 12. Results will be reported and reviewed at the QA committee monthly and will be reassessed on a quarterly basis.</p> <p>The DNS or designee is responsible for this process</p> <p>F280 POC accepted 4/3/14<br/>         M Bertrand RN/PMC</p> | 03/31/14 |
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| F 280   | Continued From page 5<br>Nurse and Unit Manger (UM) on 3/5/14 at 4 PM, that Resident #3 has been reviewed for falls on numerous occasions, discussed at morning meeting, ICP has been followed and family has requested the seat belt alarm for safety. Physical Therapy applied the seat belt and identified that the resident was able to remove the device on command on 2/7/14.<br><br>Per medical record review on 3/5/14 there are no interdisciplinary progress notes from 2/4/14 through 2/19/14 evidencing that the resident can remove and/or reapply the Velcro seat belt on command. 2/20/14 RN documents patient able to self-release seatbelt. From 2/21/14 through 3/5/14, there is no documented evidence that Resident #3 is able to remove and/or reapply seat belt alarm on command.<br><br>Per observation on 3/5/14 in the presence of family, Resident #3 was unable to remove and/or reapply the Velcro seat belt alarm on command. Family confirms on 3/5/14 at 1 PM s/he can't unbuckle the seat belt and they have never seen the resident attempt to do so.<br><br>Per ICP review and Interview with the Unit Manger on 3/5/14 at 4 PM, s/he confirms that the plan of care has not been updated since 2/4/14, to reflect the resident's ability to remove/reapply the seat belt or plans that include measures to be taken to systematically reduce or eliminate the need for the restraint use. | F 280  |   |                      |   |
| F 323<br>SS-D   | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards   | F 323  |   |                      |   |

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| F 323   | <p>Continued From page 6</p> <p>as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, documentation and staff interviews for 1 of 3 sampled residents, (Resident #3), the facility failed to ensure that each resident receives adequate supervision and assistive devices to prevent accidents. The findings include:</p> <p>Per medical record review on 3/5/14 at 4 PM, Resident #3 was admitted on 12/24/13 with end-stage dementia, who was falling at home and family could not safely take care of him/her. Resident was admitted for long-term placement.</p> <p>Per medical record review on 3/5/14, Resident #3, sustained ten (10) witnessed and unwitnessed falls on the following dates: 1/2, 1/10, 1/13, 1/16, 1/17, 1/18, 1/25, 1/29, 2/4 and 2/5/14. Five (5) falls occurred while the resident attempted to get out of bed and five (5) falls occurred while the resident attempted to stand or get out of his/her motorized wheel chair. Fall history was known on admission 12/24/13, resident was assessed by the nursing staff as a fall risk 12/24/13, and the Rehab. Department assessed the resident as a fall risk 12/27/13 and 2/7/14. The facility failed to adequately supervise Resident #3 to prevent falls.</p> <p>Per Interdisciplinary progress note dated 1/21/14 by Physician Assistant (PA); Resident #3 is on</p> | F 323   | <p><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u></p> <p>The Resident #3 careplan has been updated to reflect his current status including restraint usage and less restrictive interventions have been instituted as the resident tolerates.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u></p> <p>All resident have the potential to be affected. There have been no other restraints identified.</p> <p><u>What measures will be put on place to ensure that the deficient practice will not occur</u></p> <p>Nursing Staff have been re-educated on ensuring that enablers/restraints are reflected on their care plans and documentation. The nursing staff have been re- educated on less restrictive interventions.</p> <p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</u></p> <p>DNS or designee or will conduct random audits for appropriate interventions and</p> |

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| F 323   | <p>Continued From page 7</p> <p>comfort measures and is unfortunately falling frequently. Other than giving him/her 1:1 nursing care or restraining, I'm not sure what to do about this.</p> <p>Per review of the Interdisciplinary Care Plan (ICP) on 3/5/14 at 4 PM the date on the last care plan revision was on 2/6/14. There is no evidence in the ICP or in the Interdisciplinary Progress Notes identifying that closer supervision was initiated. Per policy implementation, Use of Restraints, dated as revised 12/08; #5 Restraints may only be used if/when the resident has a specific medical symptom that cannot be addressed by another less restrictive intervention and restraint is required.</p> <p>Per review of the medical record on 3/5/14 at 4 PM there is no evidence that identifies that a least restrictive alternative was attempted prior to the application of the seat belt alarm on 2/4/14.</p> <p>Per interview with DNS and UM on 3/15/14 at 4 PM, confirmation was made that close supervision was never considered as an alternative.</p> | F 323   | <p>completeness for residents who have falls. Weekly times 12. Results will be reported and reviewed at the QA committee monthly and will be reassessed on a quarterly basis.</p> <p>F323<br/>F323 PDC accepted 4/3/14<br/>M.Bertrand RN/PMC</p> | 03/31/14  |
| F 329<br>S8=D   | <p>(Refer F221)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose</p>   | F 329   |  |   |

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| F 329   | Continued From page B<br>- should be reduced or discontinued; or any combinations of the reasons above.<br><br>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review and staff interview for 1 of 3 sampled residents (Resident #3) the facility failed to ensure the resident's drug regimen is free from unnecessary drugs (inadequate or unclear indications for use). The findings include the following:<br><br>Per medical record review Resident #3 admitted on 12/24/13 with diagnoses to include Depression, Prostatic Hypertrophy, Alzheimer's Disease, Depression, Muscle Weakness with History of Falls and Hypertension.<br><br>Per medical record review on 3/5/14 at 2 PM for Resident #3, Physician Orders signed and dated December 24, 2013, January 20, 2014, February 20, 2014 and March 4, 2014 do not identify specific parameters for administration of as | F 329  | <u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</u><br>Resident #3's care plan has been updated to reflect his current status.<br><u>How will the facility identify other residents having the potential to be affected by the same deficient practice?</u><br>All residents have had their medication regime reviewed and parameters have been obtained for pain medications.<br><u>What measures will be put on place to ensure that the deficient practice will not occur</u><br>Licensed nursing staff has been reeducated on the giving of prn pain medications and the parameters and documentation that is needed.<br><br><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</u><br>An audit will be conducted for the adherence to all pain medications documentation.. There will be random audits five times a week for 2 weeks. Weekly audits times 4 then monthly audits for 2.<br>Results will be reported through the QA process with interventions as appropriate.<br><br>The DNS or designee is responsible for this process |   |

F329 POC accepted 4/13/14 w/ below addendum.  
MBetrand RN/PMC

Add to F329 per MBetrand  
Resident #3 MAR has been updated to reflect current status. All residents have had their medication regime reviewed and parameters have been obtained for all PRN medications. Licensed nursing staff has been educated on the giving of all PRN medications + parameters + documentation that it is needed. ~~Nursing staff have been re-educated on ensuring~~

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/19/2014  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>475019  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                      |   | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/05/2014 |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>ST JOHNSBURY HEALTH & REHAB |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1248 HOSPITAL DRIVE<br>SAINT JOHNSBURY, VT 05819 |   |   |
| (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                              |
| F 329   | <p>Continued From page 9<br/>needed Tylenol, Morphine Sulfate and Ativan.<br/>The orders were written as follows:<br/>Tylenol 650 milligrams (mg) by mouth (PO) every 4 hours as needed for pain/fever not to exceed 4 Grams in 24 hours.<br/>Morphine Sulfate 1 (mg) subcutaneous (SC) every hour as needed for pain.<br/>Ativan 1 mg by mouth (PO) every four hours as needed for agitation.<br/>Ativan 1 mg intramuscularly (IM) every hour as needed for agitation.</p> <p>Per review on 3/5/14 of the Medication Administration Record (MAR), Resident #3 has received Morphine Sulfate 1 mg SC on 1/1/14 for pain.<br/>Tylenol 650 mg PO was not administered on 1/1/14.<br/>Resident has received Ativan 1 mg po 16 times since admission.</p> <p>Per interview with the Director of Nurses on 3/5/14 at 4 PM s/he confirms that there were no specific parameters for the use of the medication (2 medications for "pain" and 2 different routes of administration for "agitation"), that target behaviors were not identified and that s/he was unaware that specific parameters were necessary when the resident was admitted for comfort measures.</p> | F 329   |   |   |
| F 514<br>SS=B   | <p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>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</p>   | F 514   |   |   |

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

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|---|---|--|--|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>475018 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/06/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ST JOHNSBURY HEALTH & REHAB |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1248 HOSPITAL DRIVE<br>SAINT JOHNSBURY, VT 05819  |                      |   |
| (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 |   |
| F 514   | <p>Continued From page 10 systematically organized.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and staff interview for 1 of 3 sampled residents, for Resident #3, the facility failed to ensure the accuracy of documented medical information contained in the resident's permanent record. The findings include the following:</p> <p>Per medical record review Resident #3 admitted on 12/24/13 with diagnoses to include Depression, Prostatic Hypertrophy, Alzheimer's Disease, Depression, Muscle Weakness with History of Falls and Hypertension.</p> <p>Per medical record review on 3/5/14 at 2 PM the Interdisciplinary Care Plan (ICP) identifies that on 2/4/14 Physical Therapy installed Velcro seatbelt alarm on wheelchair.</p> <p>Per Physical Therapy Progress Notes dated 2/7/14, identifies that Resident #3 is currently plateauing and is no longer progressing due to decrease safety awareness and poor carry over of safety technique. Resident remains to be at high risk for a fall due to recent fall history. Seat belt alarm is on for safety, resident is able to hook and unhook seat belt alarm. Seat belt alarm was requested by family and was put on to keep the</p> | F 514  | <p><b><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</u></b><br/>Resident #3 with wife present has had the risks and benefits of restraints usage explained to them. Consent has been obtained and the IDT has reviewed and accepted the restraint.</p> <p><b><u>How will the facility identify other residents having the potential to be affected by the same deficient practice?</u></b><br/>All resident have the potential to be affected. There has been no other restraints identified.</p> <p><b><u>What measures will be put on place to ensure that the deficient practice will not occur</u></b><br/>Nursing Staff have been re-educated on ensuring that enablers/restraints are reflected on their care plans and the necessary documentation and consents are completed. The nursing staff has been re-educated on less restrictive interventions.</p> <p><b><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</u></b><br/>DNS or designee or will conduct random audits for appropriate interventions and</p> |                      |   |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>475019  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/05/2014  |
| NAME OF PROVIDER OR SUPPLIER<br><br>ST JOHNSBURY HEALTH & REHAB |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1248 HOSPITAL DRIVE<br>SAINT JOHNSBURY, VT 05818 |  |
| (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)<br><br>(X5) COMPLETION DATE  |
| F 514   | <p>Continued From page 11</p> <p>resident positioned in the wheelchair without risk of fall.</p> <p>Per review of Physical Restraint Consent signed on 2/20/14 by Resident #3's family member provides documented consent for Velcro seat belt alarm in wheel chair. Document identifies that family was informed that healthcare professionals have assessed the need for such and a restraining devise which has been indicated as part of the recommended plan of care. The document is not completed. It is unclear if the family has been informed of the benefits and risks involved with the physical restraint use. This consent is signed by the RN on 2/20/14.</p> <p>The written consent was signed by the family for restraint/enabler on 2/20/14, sixteen days after the device was applied.</p> <p>Medical record review on 3/5/14 at 2 PM identifies inconsistencies in documentation.</p> <p>Per interview with the Unit Manager on 3/5/14 at 2 PM, s/he confirms during a review of Resident #3's care plan, the inconsistencies.</p> <p>Inconsistencies are as follows:<br/>2/4/14 ICP identifies instillation of seat belt.<br/>2/7/14 Physical Therapist evaluates for seat belt and applies.<br/>2/20/14 Written consent signed by a family member for the application/use of the seat belt. Consent does not identify if family has been informed of the benefits and risks of restraint use as per facility restraint form identifies.</p> | F 514   | <p>completeness for residents who have restraints and enablers. Weekly times 12. Results will be reported and reviewed at the QA committee monthly and will be reassessed on a quarterly basis.</p> <p>F514 03/31/14</p> <p>F514 POC accepted 4/3/14 w/ addendum MBertrand RN/PMC</p> <p>- Add to F514 per MBertrand -<br/>Nursing staff have been re-educated on ensuring that enablers/restraints are reflected on care plans and the necessary documentation and consents are completed timely.</p> |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESAH  
"A" FORM

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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE<br>NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM<br>FOR SNFs AND NFs | PROVIDER #<br><br>475019  | MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING _____ | DATE SURVEY<br>COMPLETE:<br>3/5/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ST JOHNSBURY HEALTH & REHAB  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>124B HOSPITAL DRIVE<br>SAINT JOHNSBURY, VT   |  |                                      |
| ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES   |  |                                      |
| F 387  | <p>483.40(c)(1)-(2) FREQUENCY &amp; TIMELINESS OF PHYSICIAN VISIT</p> <p>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and staff interviews for 1 of 3 sampled residents, for Resident #3, the facility failed to ensure that the resident was seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. The findings include the following:</p> <p>Per medical record review Resident #3 admitted on 12/24/13 with diagnoses to include Depression, Prostatic Hypertrophy, Alzheimer's Disease, Depression, Muscle Weakness with History of Falls and Hypertension.</p> <p>Per medical record review on 3/5/14 at 2 PM, Resident #3 was seen on admission 12/24/14 by the Physician Assistant (PA), 1/21/14 by PA, 2/4/14 by the PA and lastly by the Physician on 2/20/14.</p> <p>Per interview with the Unit Manager on 3/5/14 at 4 PM confirms that physician visits are untimely.</p> |  |                                      |
| F 388  | <p>483.40(c)(3)-(4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP</p> <p>Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.</p> <p>At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and staff interviews for 1 of 3 sampled residents, for Resident #3, the facility failed to ensure that a physician conducted an in-person initial visit after admission. The findings include the following:</p> <p>Per medical record review Resident #3 admitted on 12/24/13 with diagnoses to include Depression, Prostatic Hypertrophy, Alzheimer's Disease, Depression, Muscle Weakness with History of Falls and Hypertension.</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 those 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

F387 + F388 POC's received - not required for "A" level citations. Pmcohen

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

"A" FORM

|   |                          |   |                                       |
|---|--------------------------|---|---------------------------------------|
| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNF AND NFP | PROVIDER #<br><br>475019 | MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | DATE SURVEY COMPLETE:<br><br>3/5/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ST JOHNSBURY HEALTH & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1248 HOSPITAL DRIVE<br>SAINT JOHNSBURY, VT |
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| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES |
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|       |   |
|-------|---|
| F 388 | <p>Continued From Page 1</p> <p>Per medical record review on 3/5/14 at 2 PM, Resident #3 was seen on admission 12/24/13 by the Physician Assistant (PA), 1/21/14 by PA, 2/4/14 by the PA and lastly by the Physician on 2/20/14.</p> <p>Per interview with the Unit Manager on 3/5/14 at 4 PM, s/he confirms that the PA visited Resident #3 on admission and the following month 1/21/14. The Physician did not see Resident #3 until 2/20/14.</p> |
|-------|---|

F387

All credentialed physicians have been sent certified letters regarding the timeliness of visits and also have a copy of the Federal Regulations.

The Medical Director has been made aware and is involved.

All current medical records were audited for progress notes and timeliness of the visits.

The Physician responsibilities have been clarified to include Physician Assistant and Nurse Practitioners visits.

The Executive Director or designee will conduct audits monthly X's six months. The results will be reviewed monthly with the QA committee.

Any MD who has not met the regulation will be reported to the Medical Director for follow up.

03/31/14

## F388

All credentialed physicians have been sent certified letters regarding the timelessness of visits and also have a copy of the Federal Regulations.

The Medical Director has been made aware and is involved.

All current medical records were audited for progress notes and timeliness of the visits. Also noted when the PA and NP visited.

The Physician responsibilities have been clarified to include Physician Assistant and Nurse Practitioners visits. That are specified in the regulation.

The Executive Director or designee will conduct audits monthly X's six months. The results will be reviewed monthly with the QA committee.

Any MD who has not met the regulation will be reported to the Medical Director for follow up.

03/31/14