



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

November 6, 2012

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

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 9, 2012**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

PC:jl



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

OCT 29 2012

PRINTED: 10/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/09/2012
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NAME OF PROVIDER OR SUPPLIER  ST JOHNSBURY HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819
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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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INITIAL COMMENTS

F 203  
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An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 10/9/12. Based on information gathered, there were regulatory violations cited. 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE

Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.

Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.

Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.

The written notice specified in paragraph (a)(4) of this section must include the reason for transfer

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How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.  
The Resident #1 has been discharged.

F 203

How will the facility identify other residents having the potential to be affected by the same deficient practice  
All resident have the potential to be affected. All residents have had their record reviewed for transfers/discharge notification.  
What measures will be put on place to ensure that the deficient practice will not occur

The Social Worker, Admissions staff, Nurse Management team will be re-educated on the delivery of a written notice of discharge before the Resident is transferred or discharged. Staff will also document in the medical record the transfer/ discharge and the particulars surrounding the transfer/ discharge.

How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur

Administrator or designee will conduct random audits on all discharges. Weekly time 4, Every 2 weeks times 4 and monthly times 2. Results will be reported

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Shawn T. Hallberg*

TITLE

*Administrator*

(X6) DATE

*10/26/12*

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 203

Continued From page 1  
or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.

This REQUIREMENT is not met as evidenced by:  
Based on record reviews and interviews, the facility failed to provide written notice to Resident #1, or the legal representative, at least 30 days prior to transfer or discharge. Findings include:

1. Per record review, Resident #1 was transferred to the hospital on 7/20/12 when his/her pain exceeded that which could be controlled by medication. At that time, the facility issued a notice that Resident #1 would not be re-admitted to the facility because of inability to meet his/her acute care needs. Per review of written records of 8/8/12, the State Agency had determined that this situation did not meet the requirements of an involuntary discharge, and that Section 3.12 of State of Vermont Licensing and Operating Rules

F 203

and reviewed at the QA committee monthly and will be reassessed on a quarterly basis.

*F203 POC accepted 10/30/12 JHsmurRN/PMC*

10/27/12

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F 203 Continued From page 2  
for Nursing Homes requires a Nursing Home to allow a resident to return to the facility, if among other items, the facility can meet the resident's needs. The letter continued to say that once the facility secured sufficient psychiatric services to be able to meet the resident's needs, the expectation of the regulations is that the resident be accepted back provided he/she continues to desire to return. Hospital records show that Resident #1 was medically stabilized, evaluated by a psychiatrist, and deemed ready for discharge (with treatment recommendations) to the nursing home on 7/31/12. Hospital records showed that Resident #1 did prefer to return to the facility. Review of the medical and psychiatric records showed that the care needs of Resident #1, though certainly challenging, did not exceed the capacity of nursing home care. During an interview on 10/9/12 at 3:30 PM, the Administrator confirmed that Resident #1 was not re-admitted to the facility, and that no notice of intent to discharge (with current reason for denial and right to appeal) was issued at that time.

F 205 SS=D 483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR

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F 205

How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.  
The Resident #1 has been discharged.

How will the facility identify other residents having the potential to be affected by the same deficient practice  
All resident have the potential to be affected. All residents have had their record reviewed for issuance of Bed Hold Policy upon transfers/discharge.

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F 205

Continued From page 3

At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.

This REQUIREMENT is not met as evidenced by:  
Based on record review and interviews, the facility failed to issue a notice of the Center's bed-hold policy in order to afford the opportunity for Resident #1 or the responsible party to change the decision regarding bed-hold when the resident required transfer to acute hospital care on 7/20/12. Findings include:

1. Per review of the facility's Admission Packet, the responsible party checked option #2, No Bed Hold Is Desired, and signed the Admission document on 7/16/12. The facility's written policy specifies: "The Patient and Responsible Party understand that in addition to the notice above, the Patient will receive notice of the Center's bed hold policy at the time of transfer, and the Patient and Responsible Party will be afforded an opportunity at the time of transfer to change the Patient's preference, as indicated above, regarding reservation of the bed". Record review showed that Resident #1 was transferred to hospital care on 7/20/12. During an interview on 10/9/12 at 3:30 PM, the Administrator confirmed that the facility had not issued a bed-hold notice, nor provided an opportunity to change the decision regarding bed-hold, when Resident #1 required transfer to hospital on 7/20/12.

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What measures will be put on place to ensure that the deficient practice will not occur

The Social Worker, Admissions staff, Nurse Management team will be re-educated on the delivery of a written notice of a Bed Hold before the Resident is transferred or discharged. Staff will also document in the medical record the transfer/ discharge and the particulars surrounding the transfer/ discharge.

How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur

Administrator or designee will conduct random audits on all discharges. Weekly time 4, Every 2 weeks times 4 and monthly times 2. Results will be reported

and reviewed at the QA committee monthly and will be reassessed on a quarterly basis.

10/27/12

*FAOS POC accepted 10/30/12 Jitomer RN/PMC*

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F 206  
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483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD

A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.

This REQUIREMENT is not met as evidenced by:  
Based on record review and interview, the facility failed to permit re-admission to the first available bed for Resident #1, whose therapeutic period exceeded the 10 day bed-hold policy. Findings include:

- Per record review, Resident #1 was transferred to the hospital on 7/20/12 when his/her pain exceeded that which could be controlled by medication. Per record review, Resident #1 was covered by Medicare and "pending Medicaid" upon admission on 7/13/12. During an interview with the Business Office Manager on 10/9/12 at 2:45 PM, s/he confirmed that on 7/20/12 Resident #1 was covered by Medicare A, with Medicaid anticipated as second payer for the Medicare stay which had exceeded 20 days. The facility's written admission policy (signed by the responsible party and Administrator on 7/16/12) for Medicaid-Assisted Patients states, "If the Center is not required to reserve a bed because it does not meet the regulatory conditions, it nevertheless will admit

F 206

F206

How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.

The Resident #1 has been discharged.

How will the facility identify other residents having the potential to be affected by the same deficient practice

All resident have the potential to be affected.

What measures will be put on place to ensure that the deficient practice will not occur

The Social Worker, Admissions staff, Nurse team will be re-educated that residents who have exceeded the bed hold period and who have been discharged to an acute care setting or on a therapeutic leave and are now ready to return to the facility. They will be readmitted to the first available semi private bed if the resident requires services provided by the center and is eligible for Medicaid facility services.

How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?

Administrator or designee or will conduct random audits to ensure that the BedHold

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F 206	Continued From page 5 the Patient to the next available bed upon discharge from the hospital provided the Patient requires the Center's services".  At the time of transfer to the hospital, the facility issued a notice that Resident #1 would not be re-admitted to the facility because of inability to meet his/her acute care needs. Per review of written records of 8/8/12, the State Agency had determined that this situation did not meet the requirements of an involuntary discharge, and that Section 3.12 of State of Vermont Licensing and Operating Rules for Nursing Homes requires a Nursing Home to allow a resident to return to the facility, if among other items, the facility can meet the resident's needs. The letter continued to say that once the facility secured sufficient psychiatric services to be able to meet the resident's needs, the expectation of the regulations is that the resident be accepted back, provided he/she continues to desire to return. Hospital records show that Resident #1 was medically stabilized, evaluated by a psychiatrist, and deemed ready for discharge (with treatment recommendations) to the nursing home on 7/31/12. Hospital records showed that Resident #1 did prefer to return to the facility. Review of the medical and psychiatric records showed that the care needs of Resident #1, though certainly challenging, did not exceed the capacity of nursing home care. During an interview on 10/9/12 at 3:30 PM, the Administrator confirmed that Resident #1 was not re-admitted to the facility, and that no notice of intent to discharge (with current reason for denial and right to appeal) was issued at that time. The Administrator further confirmed that the nursing home did have an available bed for Resident #1	F 206	Policy is enforced. Weekly time 4, Every 2 weeks times 4 and monthly times 2. Results will be reported and reviewed at the QA committee monthly and will be reassessed on a quarterly basis.  <i>F206 POC accepted 10/30/12 JH + mwrn/pme</i>	10/27/12

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F 206	Continued From page 6 at the time of denial.	F 206		
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