

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

December 16, 2013

Ms. Heather Presch, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156

Dear Ms. Presch:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 26, 2013**. 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

PRINTED: 12/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/26/2013
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHESTER RD SPRINGFIELD, VT 05156		
(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 000	INITIAL COMMENTS	F 000			
F 280 SS=D	<p>An unannounced on-site investigation of a self-reported incident was conducted on 11/26/13 by the Division of Licensing and Protection. The following is a regulatory finding.</p> <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, observation and record review the facility failed to revise a care plan in a timely manner for 1 of 2 residents. (Resident #1) Findings include:</p> <p>1. There was no evidence that the care plan was</p>	F 280	<p>F280</p> <p>Right to Participate Planning Care - Revise CP</p> <p>Care Plan for resident #1 was updated and resolved on 11/26/13. No residents suffered adverse effects from the alleged deficient practice.</p> <p>All residents in the facility have the potential to be affected by the alleged deficient practice.</p> <p>On December 2, 2013 Springfield Health & Rehab re-instated Revera's Concurrent Review policy. During the</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Heidi Neusch* TITLE: Executive Director (X6) DATE: 12/6/13

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 required to continued program participation.

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F 280	Continued From page 1 revised, after a request for safety measure by Resident #1. Per record review at 10:30 AM, no interventions were noted in the active Nursing care plan nor the Kardex (the Licensed Nursing Assistant's [LNA] care plan) to reflect a safety measure. Per observation on 11/26/13 at 10:36 AM a mesh barrier was noted dangling from the right side of Resident #1's door frame, and draped over the adjacent right side handrall. The nurse surveyor was unable to secure the barrier across the door frame as the velcro/hook was not available on the left side. Per interview at 10:48 AM the staff nurse stated "I usually update the LNA Kardex but it [mesh barrier] is not on the Kardex". S/he also acknowledged that there is no evidence when the barrier was implemented, how long it was used or if still being used nor if it was evaluated that the barrier was being used correctly and consistently. Per review of the electronic record at 1:55 PM a review of resolved care plans shows that a plan was initiated and resolved on 11/26/13 [day of investigation] for a door barrier. Per interview at that time the nurse confirmed that the care plan was written on 11/28/13, several weeks after the "resident's request for a barrier". Additionally, there is no documentation as to when the resident requested the barrier. Per interview at that time the DNS confirmed the failure to revise the care plan in a timely manner.	F 280	concurrent review meeting the previous day's events are reviewed and discussed and the resident care plans are updated. Based on care plan updates, LNA Kardex will be updated as needed. Audits will be performed by the Staff Development Director on 10 care plans per week for a 60 day period. The results of the audits will be presented to the CQI committee for 3 months. An audit is being conducted by the DNS and/or designee on care plans of all residents and the Kardex for all residents to ensure that they have been updated. The audit will be completed on or before December 6, 2013 and results will be reported at the next CQI meeting. <i>F280 POC accepted 12/12/13 SEMMONS RN/PMC</i>