

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 16, 2016

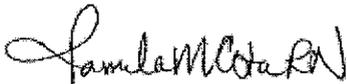
Ms. Jessica Jennings, Administrator
Saint Albans Healthcare And Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478-8011

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 21, 2016**. 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: 07/25/2016
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 C 06/21/2016
NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478	

(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	F 000	F9999 St. Albans Health and Rehabilitation Center Provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. This plan of correction is prepared and executed solely because it is required by federal and state law.	
F9999	FINAL OBSERVATIONS	F9999	The Center Executive Director, the Center Nursing Executive, the Nurse Practice Educator, and the Admissions Director were educated on F9999 tag Any untimely death that occurs as a result of an Untoward event, such as an accident that results in Hospitalization, equipment failure, use of restraint, Etc., shall be reported to the licensing agency by the Next business day, followed by a written report That details and summarizes the event. All residents have the potential to be affected by this deficient practice. Audits will be conducted to ensure that the center Reports to the Licensing Agency all untimely deaths resulting from a untoward event , such as an accident that results in Hospitalization, equipment failure, use of restraint, Etc., shall be reported to the licensing agency by the Next business day, followed by a written report That details and summarizes the event. This will be completed weekly x 4 and then monthly x 3.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Executive Director* (X6) DATE: *7/25/16*

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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F9999	Continued From page 1 Per interview with the facility administrator on 6/21/16 at 10:20 AM, s/he reported that the facility was aware that Resident #1 had passed away 2 days after his/her transfer to the hospital but did not realize this was reportable by the facility as an untimely death. S/he stated that the facility has a staff admission's director at the hospital who has limited access to medical information, but was made aware of the death.	F9999	Findings and trends will be reviewed at the Quality Assurance Meeting for a minimum of three months. The Administrator is responsible for the overall Management of this individual plan of Correction. Corrective Action will be completed by July 25, 2016. <i>F9999 POC accepted 7/27/16 S Denwiskn/PMC</i>		