

Division of Licensing and Protection
103 South Main Street
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 13, 2015

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 **March 24, 2015**. 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

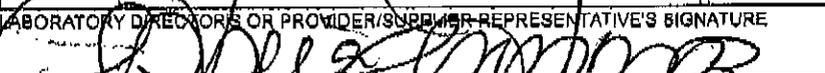
PRINTED: 04/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2015
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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 898 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	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	<p>INITIAL COMMENTS</p> <p>An unannounced onsite investigation regarding two entity self-reports and two complaints concerning care and services was completed by the Division of Licensing and Protection on 3/23/15- 3/24/15. The following regulatory violations were identified:</p> <p>F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards 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: Based on staff interview and record review, the facility failed to ensure that the environment was free of accident hazards and that each resident received adequate supervision to prevent accidents for 1 of 4 residents who was identified as having a fall risk. (Resident #1) Findings include: Per 3/24/15 record review, Resident #1 was identified on his/her 12/17/14 care plan as having a risk for falls based on cognitive loss and lack of safety awareness. On 3/24/15 at 11:49 AM, the Unit Manager (UM) of the East wing confirmed that on 2/10/15 an air mattress was placed on Resident #1's bed for comfort. Per review, the 2/15/15 facility risk management report identified that Resident #1 "was found on the floor next to bed by LNA doing rounds. Air mattress was found</p>	F 000	<p>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.</p> <p>F323</p> <p>The manufacturer's instructions have been Obtained and will be implemented with Continued use of air mattresses.</p> <p>The maintenance staff have been educated regarding the installation/maintenance of air mattresses to assure that resident environment remains as free of accidents as possible.</p> <p>Residents requiring the use of an air mattress have the potential to be affected by this deficient practice.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE N/A	(X6) DATE 4/08/2015
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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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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 598 SHELDON ROAD SAINT ALBANS, VT. 05478		
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F 323	Continued From page 1 to be sliding off the bed. Resident was assessed for injuries (nose bleed and raised area on forehead)." Per 3/24/15 interview, both the UM and Staff Development Nurse confirmed the above information. Both also confirmed that there was no facility policy in place for nurses to check that air mattresses remain secure on bed frames. Per their report, nurses are responsible for monitoring mattress air pressure only. Per 3/24/15 interview with the facility Director of Maintenance (DM), s/he reported that when installing the air mattress for Resident #1, the regular bed mattress was first removed and the air mattress was placed on top of the bed platform/frame. The air mattress was secured to the frame with 6 web straps (one on each corner and 1 on the middle of each side) so that it could not slide off the bed. The DM reported that there was no routine in place to recheck that the air mattress straps remained tight/secure after the mattress was inflated and the resident was on the bed. Checking air mattress safety was also not part of the routine monthly bed safety checks. The DM did not have the manufacturer's instructions for installation and safety monitoring of the air mattress but reported that s/he would obtain prior to installing the next mattress. There were no air mattresses in use at the time of the survey. (Refer 456) LNA= Licensed Nursing Assistant	F 323	Maintenance will check the security of the Air mattress twice a week while in service, And document in the TELs system under Their preventative maintenance program. Results of the audits will be discussed at CQI for further evaluation and recommendations. Corrective action will be completed by April 19, 2015. F323 POC accepted 4/10/15 SDennisew/pmi		
F 456 SS=D	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential	F 456			

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F 456	<p>Continued From page 2 mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to maintain all essential patient care equipment in safe operating condition, which affected 1 of 4 residents with an identified fall risk (Resident #1). Findings include:</p> <p>Per 3/24/15 record review, Resident #1 was identified on his/her 12/17/14 care plan as having a risk for falls based on cognitive loss and lack of safety awareness. On 3/24/15 at 11:49 AM, the Unit Manager (UM) of the East wing confirmed that on 2/10/15 an air mattress was placed on Resident #1's bed for comfort. Per review, the 2/15/15 facility risk management report identified that Resident #1 "was found on the floor next to bed by LNA doing rounds. Air mattress was found to be sliding off the bed. Resident was assessed for injuries (nose bleed and raised area on forehead)."</p> <p>Per 3/24/15 interview, both the UM and Staff Development Nurse confirmed the above information. Both also confirmed that there was no facility policy in place for nurses to check that air mattresses remain secure on bed frames. Per their report; nurses are responsible for monitoring mattress air pressure only.</p> <p>Per 3/24/15 interview with the facility Director of Maintenance (DM), s/he reported that when installing the air mattress for Resident #1, the regular bed mattress was first removed and the air mattress was placed on top of the bed</p>	F 456	<p>F456 The manufacturer's instructions have been Obtained and will be implemented with Continued use of air mattresses.</p> <p>The maintenance staff have been educated regarding the installation/maintenance of air mattresses to assure that patient equipment is in safe operating condition.</p> <p>Residents requiring the use of an air mattress have the potential to be affected by this deficient practice.</p> <p>Maintenance will check the security of the Air mattress twice a week while in service, And document in the TELs system under Their preventative maintenance program.</p> <p>Results of the audits will be discussed at CQI for further evaluation and recommendations.</p> <p>Corrective action will be completed by April 19, 2015.</p> <p>F456 POC accepted 4/10/15 SDennisR/pme</p>		

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F 456	<p>Continued From page 3</p> <p>platform/frame. The air mattress was secured to the frame with 6 web straps (one on each corner and 1 on the middle of each side) so that it could not slide off the bed. The DM reported that there was no routine in place to recheck that the air mattress straps remained tight/secure after the mattress was inflated and the resident was on the bed. Checking air mattress safety was also not part of the routine monthly bed safety checks. The DM did not have the manufacturer's instructions for installation and safety monitoring of the air mattress but reported that s/he would obtain prior to installing the next mattress. There were no air mattresses in use at the time of the survey. (Refer to F323)</p> <p>LNA= Licensed Nursing Assistant</p>	F 456		
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