

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

May 23, 2013

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 unannounced onsite recertification survey concluded on **May 1, 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

RECEIVED
Division of
MAY 13 13
PRINTED: 05/02/2013
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 _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 05/01/2013
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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 596 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	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced onsite recertification survey 4/29/13 - 4/30/13. The following regulatory violations were cited as a result.	F 000	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.	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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 should be reduced or discontinued; or any combinations of the reasons above. 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 of 10 residents in the	F 329	F329 Resident identified in this regulation received corrected orders immediately on April 30, 2013. All residents receiving medication are at risk for this deficient practice. Residents receiving medications will not have orders written with dosage ranges. Nurses will be educated in regards to Regulation F329 and that all medication orders require a reason for medication administration. Education will be completed by 5/28/13. Physician order audits in regards to medication will be conducted weekly x 4 then monthly x 3. This will be monitored by the DON and/or her designee. Results of the audits will be presented at CQI for further evaluation and recommendations. Corrective actions will be completed by May 28, 2013.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 5/8/13

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 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 596 SHELDON ROAD SAINT ALBANS, VT 05478
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F 329

Continued From page 1
applicable sample (Resident #81) was free from unnecessary drugs. Findings include;

Per record review on 4/30/13 at 12:00 PM for Resident # 81, a physician's order dated 2/18/13 did not contain parameters for administration or indications for use for Morphine. The order was written as follows;

Liquid Morphine 20 mg./ml 1 mg every 2 hours as needed
Liquid Morphine 20 mg./ml 2 mg every 2 hours as needed
Liquid Morphine 20 mg./ml 3 mg every 2 hours as needed
Liquid Morphine 20 mg./ml 4 mg every 2 hours as needed
Liquid Morphine 20 mg./ml 5 mg every 2 hours as needed
Liquid Morphine 20 mg./ml 6 mg every 2 hours as needed
Liquid Morphine 20 mg./ml 7 mg every 2 hours as needed
Liquid Morphine 20 mg./ml 8 mg every 2 hours as needed
Liquid Morphine 20 mg/ml 9 mg every 2 hours as needed
Liquid Morphine 20 mg/ml 10 mg every 2 hours as needed

Review of the Medication Administration Record evidences that the Morphine was administered twice on 4/8/13. During interview with the Unit Manger (UM) on 4/30/13 at 1:30 PM, the UM confirmed that medication was administered to Resident # 81 twice and that the physician's order did not identify parameters for dosage administration or the reason the medication should be administered.

F 329

*F329 POC accepted 5/17/13
RTremblay RN/PMC*

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F 463 SS=D	<p>483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH</p> <p>The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure there was a functional call system for 2 of 35 sampled residents (residents # 26,102). Findings include:</p> <p>Per observation on 4/29/13 at 10:30 AM and 4/30/13 at 2:00, the call lights for Residents 26 and 102 were not functioning. During interview with the Unit Manager (UM) on 4/30/13 at 2:00 PM, the UM confirmed that both call lights were inoperable and both residents were capable of using their call lights..</p>	F 463	<p>F463 The two call lights identified in this deficiency were fixed immediately by the maintenance man on April 30, 2013.</p> <p>All residents on the east wing have the potential to be affected by this deficient practice.</p> <p>The Maintenance department was educated on maintaining a functional call system on 5/8/13.</p> <p>Random call light audits will be performed Weekly x 4 and then monthly x 3. This will Be monitored by the Administrator and or Her designee.</p> <p>Results of the audits will be presented at CQI for further evaluation and recommendations.</p> <p>Corrective action will be completed by May 28, 2013.</p> <p><i>F463 POC accepted 5/17/13 RTremblayRN/AME</i></p>	