

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

January 27, 2014

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 **December 30, 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: 01/08/2014
RECEIVED FORM APPROVED
Division of 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 _____	JAN 23 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 12/30/2013
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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 on site complaint investigation on 12/30/13. The following regulatory deficiencies were identified as a result of the investigation:	F 000	St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.	
F 203 SS=D	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 as specified in paragraph (a)(5)(ii) and (a)(8) 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.	F 203	F203 Appropriate Administrative Employees will be educated on F203 by January 21, 2014. Residents transferred/discharged from the center have the potential to be effected by this deficient practice. Transfer/Dishcharge audits will be performed weekly X 4 weeks and then monthly x 3 to assure that the center is compliant with providing our residents with a transfer/discharge notice per regulation. Results of the audits will be discussed at CQI for further evaluation and recommendations. Corrective action will be completed by January 24, 2014.	

F203 POC accepted 1/24/14 S Dennis APRN JPMC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 1/24/14

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.

JPMC

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F 203	<p>Continued From page 1</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer 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:</p> <p>Based on administrative interview and medical record and policy review, the facility failed to provide the resident and/or a family member or legal representative of the resident, with notice of discharge in writing and in a language and manner they understand, which includes the effective date of discharge, the location to which the resident is discharged, a statement that the resident has the right to appeal the action to the State and contact information for the State long term care ombudsman for 1 of 3 residents in the survey sample. (Resident #1) Findings include:</p> <p>Per record and handout review and interview on 12/30/13 at 1:09 PM, the facility administrator confirmed that the facility did not provide written notification of discharge from the facility as soon</p>	F 203		
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F 203	Continued From page 2 as practicable to Resident #1 and/or his/her legal representative after s/he was transferred to the hospital and subsequently discharged from the facility. Per record review, Resident #1 experienced a significant change in his/her medical condition on 10/18/13 which necessitated hospitalization. Per review, the facility's "Information and Rights for Patients and Residents" handout, states on page 18-19 (under the heading, Discharge and Transfer Information), "Except under certain circumstances, we will not transfer/discharge you without first giving you thirty (30) days written notice. The notice, which will be in a language and manner understandable to you and, if known, to your Representative or family member, will set forth the reasons for the transfer/discharge, the effective date of the transfer/discharge and the location to which you will be transferred/discharged. In addition, the notice will advise you of your rights to appeal the Center's action, and will provide you with the appropriate names, addresses, and telephone numbers of the State Long Term Care Ombudsman ..." Per regulation, the notice may be made as soon as practicable before transfer or discharge as the resident required an urgent hospitalization and had not resided in the facility for 30 days at the time of the discharge. ("Information and Rights for Patients and Residents" is part of the "Welcome Packet" which is given to all residents of the facility at the time of their admission). (Refer to F205)	F 203			
F 205 SS=E	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR	F 205			

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F 205	<p>Continued From page 3</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record and policy review, the facility failed to give written notice of the bed-hold policy at the time of transfer to the hospital for 3 of 3 residents in the survey sample. (Resident #1, Resident #2 and Resident #3). Findings include: Per 12/30/13 review, the facility "Bed Hold Notice" states, "This facility will hold a bed for resident for a total of ten days unless the physician certifies that either the resident will be unable to return to Saint Albans Healthcare and Rehabilitation Center, or that the hospitalization will exceed ten daysIf the resident's stay in the hospital exceeds the ten days, the resident has the right to the next first available bed."</p>	F 205	<p>F205 Appropriate Administrative Employees will be educated on F205 by January 21, 2014.</p> <p>Residents transferred/discharged from the center have the potential to be effected by this deficient practice.</p> <p>Bed Hold audits will be performed weekly X 4 weeks and then monthly x 3 to assure that the center is compliant with providing our residents with a transfer/discharge notice per regulation.</p> <p>Results of the audits will be discussed at CQI for further evaluation and recommendations.</p> <p>Corrective action will be completed by January 24, 2014.</p> <p><i>F205 POC accepted 1/24/14 SDennis APRN/PML</i></p>	

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F 205	<p>Continued From page 4</p> <p>1. Per medical record review, Resident #1 was admitted to the facility on 10/17/13 with the following diagnoses: Chronic Obstructive Pulmonary Disease (COPD) requiring Bipap (positive airway assisted breathing), diabetes, hypertension, congestive heart failure, chronic kidney disease and other chronic medical problems. On 10/18/13, s/he was transferred to the hospital for symptoms of tachypnea (abnormal rapid breathing), tachycardia (abnormal fast heart rate) and shortness of breath. Per interview on 12/30/13 at 1:09 PM, the facility administrator confirmed that Resident #1 and/or his/her family were not provided with the bed-hold notice as per regulation and the resident was discharged from the facility on 10/18/13 at the time of his/her hospitalization. The administrator further confirmed that there was no documentation in the medical record that Resident #1's physician had identified and certified that Resident #1 had medical needs that could not be met by the facility and would not be able to return to the facility.</p> <p>2. Per medical record review, Resident #2 was admitted to the facility on 10/15/13 with diagnoses that included, bilateral lower extremity fractures, congestive heart failure, difficulty walking, renal failure, anemia and other chronic medical conditions. S/he was transferred to the hospital on 10/16/13 for shortness of breath. Per interview on 12/30/13 at 1:09 PM, the facility administrator confirmed that Resident #2 and/or his/her family were not provided with the bed-hold notice as per regulation; however, the resident re-entered the facility on 10/19/13 upon discharge from the hospital.</p> <p>3. Per medical record review, Resident #3 was admitted to the facility on 11/4/13 with diagnoses</p>	F 205		
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F 205	Continued From page 5 that included anemia, hypertension, hyperlipidemia, COPD, atrial fibrillation, renal insufficiency, and other chronic medical conditions. S/he was transferred to the hospital on 12/4/13 after becoming unresponsive during morning care. Per interview on 12/30/13 at 1:09 PM, the facility administrator confirmed that Resident #3 and/or his/her family were not provided with the bed-hold notice as per regulation, but s/he did reenter the facility on 12/8/13 following hospital discharge. (Refer to F203)	F 205		
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