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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

September 18, 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 survey conducted on **August 21, 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

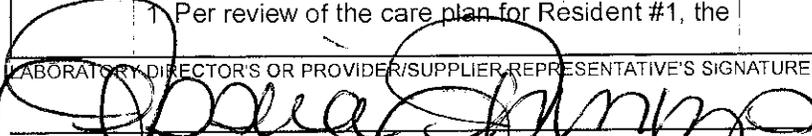
PRINTED: 09/09/2013  
RECEIVED FORM APPROVED  
Division of OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475021	(X2) MULTIPLE CDNSTRUCTION A. BUILDING _____ B. WING _____	SEP 18 13 Licensing and Protection	(X3) DATE SURVEY CDMPLETED  C 08/21/2013
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NAME OF PRDVIDER 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 SHDULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  An unannounced onsite investigation for a self reported incident was conducted on 08/21/13 by the Division of Licensing and Protection. The following is a regulatory finding.  483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  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.  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.  This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to revise a care plan for 1 of 2 residents in the sample. (Resident #1) Findings include:  1 Per review of the care plan for Resident #1, the	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.  F Tag 280  Correction: Resident # 1 care plan reviewed and revised.  Identify Other Potential Residents: All residents on psychotropic meds have the potential to be affected by the alleged deficient practice.  Systemic Changes: Center licensed nursing staff will be re-educated on the policy and procedure for care plan interventions, revision and documentation.  Monitoring: DNS or designee will conduct weekly audits x 4 weeks then monthly x2 to ensure care plan interventions and revisions of care plans are appropriate and in compliance. Results to be reviewed at QA meeting for further evaluation and recommendations  Responsibility: Director of Nurses  Date of Compliance: 9/19/2013  F280 PCC accepted 9/16/13 Semmens RN/PAU	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9.11.13
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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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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/21/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>596 SHELDON ROAD</b> <b>SAINT ALBANS, VT 05478</b>		
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F 280	Continued From page 1 resident had a care plan addressing the resident being at risk for complications related to the use of psychotropic drugs initiated on July 2012. Since one year ago, the resident has had new medications and tapering/titration of medications. The interventions have not been updated since July 2012 which includes monitoring for side effects, moods, behaviors and gradual dose reduction. The resident was started on a new psychotropic medication [Ativan] for as needed use and had multiple tapering and additions for Abilify and Mellarill during the months of May through June 2013. There is no specific interventions for the use of the Ativan or new changes to monitor or report regarding the titration of medications in the comprehensive care plan. The Administrator confirmed at 2:02 PM that care plan was not revised for the noted changes to the psychotropic medications.	F 280		