

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

May 19, 2015

Mr. Shawn Hallisey, Administrator
St Johnsbury Health & Rehab
1248 Hospital Drive
Saint Johnsbury, VT 05819-9248

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 20, 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

MAY 18 2015

NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819		
(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
F 000	INITIAL COMMENTS	F 000	F 223	
F 223 SS=G	<p>An unannounced onsite investigation of a facility self-reported incident was completed by the Division of Licensing and Protection on 4/20/15. Based on information gathered, the facility was cited a regulatory deficiency as follows.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that each resident, for 1 of 3 residents in the applicable sample (Resident #2), was free from abuse by another resident (Resident #1) who had an identified personal history which rendered him/her at risk for abusing other residents. Findings include:</p> <p>1. Record review, Resident #2 was abused by Resident #1 on 4/10/15 at approximately 1:00 AM. Per record review, Resident #1 had a documented history as follows: On 10/21/14, Resident #1 attempted to kick another resident while entering the dining room. On 1/19/15 Resident #1 was discovered yelling at the current roommate and referring to him/her as crazy. On 1/23/15 through 1/27/15, Resident #1 had been placed on every 15 minute safety checks after</p>	F 223	<p><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>Resident #2 was immediately removed from the room after being assessed. He has no recollection of the event. Resident #1 is in a private room and has a one to one. He is receiving psych services. Family, Physician and police were notified.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice?</u></p> <p>Residents have the potential to be at risk.</p> <p><u>What measures will be put in place to ensure that the deficient practice will not occur</u></p> <p>The staff has been educated regarding abuse and how to deal with difficult /aggressive behaviors. The nursing staff will notify the Nurse Manager/Supervisor or /and DNS of any untoward behaviors when a resident cannot be redirected.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shawn T. Hallisey

TITLE

Administrator

(X6) DATE

5-13-15

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 after the date of the survey. (See instructions.)

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F 223	<p>Continued From page 1</p> <p>becoming agitated with his/her roommate and stating "If you don't shut up I'll come and slap you". On 2/9/15, Resident #1 was recorded as upset at having a roommate and thinking the room was his/her own apartment. On 3/12/15 Resident #1 attempted to pull the roommate's TV cord from the wall, saying "[He/she] can't watch TV all night just because [he/she's] stupid". During an interview on 4/20/15 at 9:40 AM, the Assistant Director of Nursing Services (ADNS) confirmed that Resident #1 gets annoyed with people and has a written plan of care related to this. At 10:00 the nurse on duty also confirmed a known history of Resident #1 being annoyed with other residents.</p> <p>Per written documents and confirmed by the Director of Nursing Services (DNS) on 4/20/15 at 1:30 PM, during the night shift of 4/9-10/15 at approximately 1:00 AM, Resident #1 attacked Resident #2 in their shared room. The DNS confirmed that the Licensed Nursing Assistant (LNA) on duty heard yelling from the room shared by Residents #1 and #2, and noted the door was closed. When the LNA entered the room, Resident #1 was kneeling at the bedside of Resident #2. Resident #2 was lying in bed, positioned on the right side; examination revealed skin tears on the left arm, bruising to the face, and three bite marks on the abdomen.</p>	F 223	<p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</u></p> <p>The Administrator or designee will audit for aggressive behaviors and threats. There will be random weekly audits for 3 time week. Then one time a week for 3 months</p> <p>Results will be reported through the QUAPI process with interventions as appropriate.</p> <p><i>F223 POC accepted 5/13/15 JHsmor RN/pmw 05/13/15</i></p>