

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/21/2009
FORM APPROVED
OMB NO. 0938-0391

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|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 08/19/2009 |
| 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) |
| {F 000} | INITIAL COMMENTS A follow up was conducted on 08/19/2009. The following deficiencies remain uncorrected. {F 280} 483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS SS=D 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 interview and record review, staff failed to revise the care plan to address the current needs of the resident for 1 resident in the sample (Residents #5). Findings include: Per record review, on 8/19/09, Resident #5's care plan was not revised to reflect the resident's change in status and admission to Hospice Services on 7/7/09. Although the current care | {F 000} | 1. How will corrective action be accomplished for the resident who was found to be affected by the deficient practice ? Resident #5's care plan has been updated to reflect her current status. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. The DNS or designee has reviewed the records of all residents for updated and current care plans. 3. What Measures will be put into place or what systemic changes you will make to ensure the deficient practice does not reoccur The DNS or designee will inservice the nurses on how and when to update a careplan. Any resident placed on comfort care or Hospice will be discussed at concurrent review. The Unit Manager will ensure that careplan's are inclusive of required information and will reflect the current needs of all residents. 4. How the facility plans to monitor its performance- The DNS or designee will conduct random audits of facility residents which will include any resident receiving hospice/comfort care weekly x's 8, then monthly and ongoing. The results will be presented to the QA Committee monthly X3 then quarterly. Then re evaluated. |

F-280 - POC accepted 8/28/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shawn T. Hallisey TITLE: administrator (X6) DATE: 8-27-09

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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| {F 280} | Continued From page 1 plan, dated 7/21/09, stated that the resident was on hospice it did not include measurable goals and interventions to meet the care needs. The Nurse Unit Manager confirmed, during interview at 2:15 PM on 8/19/09, that the care plan had not been revised to reflect the resident's current needs. | {F 280} | 1. How will corrective action be accomplished for the resident who was found to be affected by the deficient practice ? The 4 applicable residents have received the nutritional supplements as ordered by the MD. |
| {F 281} SS=D | 483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: This tag remains uncorrected. Please refer to additional pages. | {F 281} | 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents who are on nutritional supplements have been identified and their medical record has been audited to reflect the current MD order for supplements and the order has been placed on the MAR.. 3. What Measures will be put into place or what systemic changes you will make to ensure the deficient practice does not reoccur The DNS or designee will inservice the nurses to report the unavailability of any ordered supplement, treatment or medications for a resident. The DNS or designee will inservice the nurses on the components of transcribing a physician's order. 4. How the facility plans to monitor its performance- The DNS or designee will conduct audits of all residents receiving supplements and the transcription of these supplements weekly x's 8, then monthly and ongoing . The results will be presented to the QA Committee monthly X3 then quarterly, then re evaluated. The DNS or designee will perform random audits of records to ensure that orders have been transcribed to the appropriate place weekly x's 8 then monthly on an ongoing basis. The results will be reported to the QA committee and reevaluated. |

F-281 POC completed 8/19/09 Slenny, R

8/25/09