

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 16, 2013

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

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 22, 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

MAY - 8 2013

PRINTED: 04/24/2013
FORM APPROVED
OMB NO. 0938-0391

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 C 04/22/2013
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NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819
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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
F 000	INITIAL COMMENTS	F 000		
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that nurses met professional standards of nursing practice regarding physician orders for one of three residents in the sample (Resident #1). Findings include:</p> <p>1. Per record review on 4/22/13, Resident #1 resided at the facility from the afternoon of 2/14/13 until 2/17/13. The admission nursing assessment for Resident #1 noted a fissure in the gluteal (buttocks) fold. The care plan for Resident #1 also included notation of a fissure in the buttocks area. The orders (which were signed by the physician) included applying Kenalog 0.1 gram cream topically twice daily to the affected areas. Per review of the treatment record, nurses initialed the completion of the skin treatment for Resident #1 on 2/14/13 evening (which corresponded appropriately to the afternoon admission), and once on 2/15/13 (evening). There was no evidence of a second skin treatment on 2/15/13, nor any skin treatment on 2/16/13 or 2/17/13 (day of discharge). During an</p>	F 281	<p>F281</p> <p><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u> Resident #1 has been discharged home with family. <u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u> All residents with treatment have the potential to be effected All TARS have been reviewed for treatment compliance.</p> <p><u>What measures will be put on place to ensure that the deficient practice will not occur</u></p> <p>Nurses will be re-educated on the following the physician orders and also signing off when the treatment is performed. <u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u> A random audit will be conducted for adherence to following of MD orders for treatment and the signature of the nurse performing the treatment. There will be random audits 3 times a week for 2 weeks. Weekly random audits for 4 weeks then monthly audits x's 2weeks Results will be reported through the QA process with interventions as appropriate.</p> <p>The DNS or designee is responsible for this process</p>	05/07/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shawn T. Hallesey</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5-7-13</i>
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A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution has taken appropriate 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 281	Continued From page 1 interview on 4/22/13 at 10:50 AM, the nurse unit manager confirmed that the twice daily skin treatment record for Resident #1 was initialed only as done once on 2/14/13 and once on 2/15/13 during the stay of 2/14 - 2/17/13. Reference: Lippincott Manual of Nursing Practice (9th edition). Wolters Kluwer Health/Lippincott Williams & Wilkins.	F 281		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that services were provided to meet the highest practicable well-being one of three residents in the sample (Resident #1) regarding a skin condition. Findings include: 1. Per record review on 4/22/13, Resident #1 resided at the facility from the afternoon of 2/14/13 until 2/17/13. The admission nursing assessment for Resident #1 noted a fissure in the gluteal (buttocks) fold. The care plan for Resident #1 also included notation of a fissure in the buttocks area. The orders (which were signed by the physician) included applying Kenalog 0.1 gram cream topically twice daily to the affected	F 309	<p>F309</p> <p><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u> Resident #1 has been discharged home with family.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u> All residents with treatment have the potential to be effected All TARS have been reviewed for treatment compliance.</p> <p><u>What measures will be put on place to ensure that the deficient practice will not occur</u></p> <p>Nurses will be re-educated on the following the physician orders and also signing off when the treatment is performed.</p> <p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u> A random audit will be conducted for adherence to following of MD orders for treatment and the signature of the nurse performing the treatment. There will be random audits 3 times a week for 2 weeks. Weekly random audits for 4 weeks then monthly audits x's 2weeks Results will be reported through the QA process with interventions as appropriate.</p> <p>The DNS or designee is responsible for this process</p> <p><i>F309 POC accepted 5/13/13 JHsmerRN / pmc</i></p>	05/07/13

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F 309	Continued From page 2 areas. Per review of the treatment record, nurses initialed the completion of the skin treatment for Resident #1 on 2/14/13 evening (which corresponded appropriately to the afternoon admission), and once on 2/15/13 (evening). There was no evidence of a second skin treatment on 2/15/13, nor any skin treatment on 2/16/13 or 2/17/13 (day of discharge). During an interview on 4/22/13 at 10:50 AM, the nurse unit manager confirmed that the twice daily skin treatment record for Resident #1 was initialed as done by a nurse once on 2/14/13 and once on 2/15/13 during the stay of 2/14 - 2/17/13.	F 309		