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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

December 9, 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 **November 14, 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: 11/19/2013  
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 11/14/2013
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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
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<p>F 000</p> <p>F 157 SS=D</p>	<p>INITIAL COMMENTS</p> <p>An unannounced, on-site complaint investigation was initiated by the Division of Licensing and Protection on 9/30/13, and completed on 11/14/13. The following are regulatory violations.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	<p>F 000</p> <p>F 157</p>		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shawn T. Hallisay</i>	TITLE <i>Administrator</i>	(X8) DATE <i>12/6/13</i>
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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.

*PM*

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F 157	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to consult with a physician or notify the family regarding a significant change in medical condition for one of six residents in the sample group. (Resident #1). Findings include:  Per medical record review on 09/30/13 and 11/14/13, Resident #1 was admitted to the facility on 8/8/13 with diagnoses of stage 4 lung cancer, secondary bone and bone marrow malignancy, muscle weakness, Chronic Obstructive Pulmonary disease (chronic lung disease), anemia, and tachycardia along with other chronic medical conditions. Per review of the medical record, Resident #1's oxygen saturation level* for his first two days in the facility ranged from 89%-93%. He/she received supplemental oxygen by nasal cannula. On 8/10/13 at 7:30 AM, a staff nurse recorded Resident #1's pulse oxygen saturation at 82% (abnormal value). Per the nursing 7 AM-7 PM shift note, on 8/10/13 at 8 AM, Resident #1 was "very groggy and unresponsive." He/she was "unable to eat breakfast" or take his/her medications and did not eat lunch. On 8/10/13 at 17:56 PM, the progress notes documented that Resident #1 was found unresponsive with no respirations and no apical pulse. His/her MD was contacted and the facility RN pronounced the resident per MD order. Per 11/14/13 review, the facility policy for pulse oximetry (assessing oxygen saturation), states that if the SaO2 (SaO2= oxygen saturation) "is less than acceptable level for a resident's condition, notify the physician."	F 157	<b><u>F157</u></b> <b><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u></b>  <u>Resident #1 no longer resides at center.</u>  <b><u>How will the facility identify other residents having the potential to be affected by the same deficient practice.</u></b>  <u>All residents have the potential to be affected. All residents medical records were audited for validation of contact information and family/ MD notified of significant changes.</u>  <b><u>What measures are put in place to ensure that the deficient practice will not reoccur.</u></b>  <u>Nursing staff have been re-educated on Changes of Condition guidelines and reporting those changes to MD and legal representative.</u>  <b><u>How will the facility monitor its corrective action to ensure that the deficient practice will not reoccur.</u></b>		

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F 157	Continued From page 2 On 11/14/13 at 11:50 AM, the facility Director of Nursing Services (DNS) stated that he/she would have expected Resident #1's family to be notified on 8/10/13 of his/her change in condition and that the resident's doctor "should have been updated." Per review of the nursing progress notes, the facility DNS confirmed that there is no documentation in the medical record that Resident #1's family or physician had been notified of his/her change in condition until the resident expired. * Oxygen saturation measures the amount of oxygen in the blood; normal readings range from 95-100%; values under 90% are considered low. (www.mayoclinic.com/health/hypoxemia/MY00219).	F 157	<u>The DNS or designee will conduct random audits of the medical record three times a week times 2 weeks. Weekly audits times 4 weeks then monthly x's2. Results will be reported through the QUAPI process with interventions as appropriate of significant changes in medical condition.</u>	12/06/13
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment.	F 279	<u>F279</u> <u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u>  <u>Resident #1 no longer resides at center.</u>  <u>How will the facility identify other residents having the potential to be affected by the same deficient practice.</u>  <u>All residents have the potential to be affected. All residents careplans have been reviewed for significant comprehensive care needs</u>	

F157 POC accepted 12/14/13 SDennis APRN/PNLC

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F 279	Continued From page 3 under §483.10(b)(4).  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to develop an interim plan of care that addressed the significant medical needs for 1 of 3 residents in the sample. (Resident #1). Findings include: Per record review on 11/14/13, Resident #1 was admitted to the facility on 8/8/13 following hospitalization for a fall at home and falling condition. He/she had diagnoses of stage 4 lung cancer, secondary bone and bone marrow malignancy, muscle weakness, Chronic Obstructive Pulmonary disease (chronic lung disease), anemia, and tachycardia along with other chronic medical conditions. Per review of the medical record, an interim care plan was developed on admission; however, it failed to identify and address the significant respiratory care needs of a resident with stage 4 lung cancer, e.g., the care plan failed to identify parameters around oxygen use, respiratory medications, changes in condition that would indicate the need to contact the physician and monitoring parameters. On 11/14/13 at 11:50 AM, the facility Director of Nursing Services confirmed that Resident #1's interim care plan failed to address the comprehensive care needs of a resident with lung cancer and a compromised respiratory status.	F 279	<b><u>What measures are put in place to ensure that the deficient practice will not reoccur.</u></b>  <u>Nursing staff have been re-educated on developing and updating comprehensive care plans to meet the current care needs of each resident.</u>  <b><u>How will the facility monitor its corrective action to ensure that the deficient practice will not reoccur.</u></b>  <u>The DNS or designee will conduct random audits of the medical record three times a week times 2 weeks. Weekly audits times 4 weeks then monthly x's 2. Results will be reported through the QUAPI process with interventions as appropriate.</u>  12/06/13  F279 POC accepted 12-14-13 SDennis APRN/PME		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.	F 281			

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F 281	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to meet professional standards by 1) not notifying the attending physician of a significant change in a resident's medical condition and by 2) not obtaining physician orders for oxygen for 1 of 6 sampled residents. (Resident #1). Per medical record review on 09/30/13 and 11/14/13, Resident #1 was admitted to the facility on 8/8/13 with diagnoses of stage 4 lung cancer, secondary bone and bone marrow malignancy, muscle weakness, Chronic Obstructive Pulmonary disease (chronic lung disease), anemia, and tachycardia along with other chronic medical conditions. Per review of the medical record, Resident #1's oxygen saturation level for his first two days in the facility ranged from 89%-93%. He/she received supplemental oxygen by nasal cannula. On 8/10/13 at 7:30 AM, a staff nurse recorded Resident #1's pulse oxygen saturation at 82% (abnormal). Per the nursing 7 AM-7 PM shift note, on 8/10/13 at 8 AM, Resident #1 was "very groggy and unresponsive." He/she was "unable to eat breakfast" or take his/her medications and did not eat lunch. On 8/10/13 at 17:56 PM, the nursing progress notes documented that Resident #1 was found unresponsive with no respirations and no apical pulse. His/her MD was contacted and the facility RN pronounced the resident per MD order. Per 11/14/13 review, the facility policy for pulse oximetry (assessing oxygen saturation), states that if the SaO2 (SaO2= oxygen saturation) "is less than acceptable level for a resident's condition,</p>	F 281	<p><b><u>F281</u></b> <b><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u></b></p> <p><u>Resident #1 no longer resides at center.</u></p> <p><b><u>How will the facility identify other residents having the potential to be affected by the same deficient practice.</u></b></p> <p><u>All residents have the potential to be affected. All residents medical records have been reviewed for documentation of MD notification of significant changes of medical condition. All residents currently receiving oxygen have had their medical records reviewed for presence of oxygen orders.</u></p> <p><b><u>What measures are put in place to ensure that the deficient practice will not reoccur.</u></b></p> <p><u>Nursing staff have been re-educated on the notification of physician and legal representative regarding significant changes in medical condition. Nurses have been reeducated on the facility policy for</u></p>	

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F 281	Continued From page 5 notify the physician." On 11/14/13 at 11:50 AM, the facility Director of Nursing Services (DNS) stated that he/she would have expected Resident #1's family to be notified of his/her change in condition on 8/10/13 and that the resident's doctor "should have been updated." Per review of the nursing progress notes, the facility DNS confirmed that there is no documentation in the medical record that Resident #1's family or physician had been notified of his/her change in condition until the resident expired. Additionally, the DNS and Unit manager for A wing confirmed that there was no order for oxygen in the resident's medical record and no documentation that the physician was contacted for one. *Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.	F 281	<u>the requirement of an MD order for the use of oxygen and pulse oximetry.</u>  <u>How will the facility monitor its corrective action to ensure that the deficient practice will not reoccur.</u>  <u>The DNS or designee will conduct random audits of the medical record three times a week times 2 weeks . Weekly audits times 4 weeks then monthly x's2. Results will be reported through the QUAPI process with interventions as appropriate.</u>  12/06/13  F281 POC accepted 12/1/13 SDennis APRN/PML		