

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

April 16, 2012

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

Provider #: 475019

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **March 14, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



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

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 RECEIVED 03/14/2012
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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	APR 11 12 Licensing and Protection
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F 000	INITIAL COMMENTS	F 000		
F 157 SS=D	<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>	F 157	<p>F157</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 had been discharged from the facility to an acute care facility on March 10,2012.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u> All residents have had their clinical records audited to identify those have had falls with injury and the potential for physician notification who have had a significant change of status, and a decision to transfer or discharge the resident from the facility.</p> <p><u>What measures will be put on place to ensure that the deficient practice will not occur</u> Licensed nursing staff have been re-educated on Change of Condition protocol. MD and Significant Other notification and documentation.</p> <p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u> An audit will be conducted for adherence to the Change of Condition guidelines and the notification and documentation of the MD and Significant Other (s). There will be random audits 3 time for 2 weeks. Weekly audits for 4 weeks then monthly audits x's 2. Results will be reported through the QA process with interventions as appropriate.</p> <p>The DNS or designee is responsible for this process</p>	04/09/12

POC-F-157 accepted
3/13/12
Sharon J. Emmons, RN
TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Shawn T. Hallisey Administrator 4-9-12

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 1- 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.

SMC

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

PRINTED: 04/13/2012
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 03/14/2012
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F 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to immediately notify one applicable resident's (Resident #1) physician of a change in condition. Findings include: Per record review on 03/14/12 at 10:00 AM, Resident #1 had a change in condition on 03/10/12 that necessitated notification of the physician for an evaluation at the emergency room. Per the nursing note of 03/11/12 , (a late entry for 03/10/12) nursing states "if these treatments [new medication orders] didn't work maybe a trip to a hospital would be needed. At 1700 [5:00 PM] family summons nursing to room and stated the resident isn't any better and maybe s/he should go to the hospital. [Nursing] agrees and preparations made for transfer...called EMS [Emergency Medical Services]". Documentation shows that at 3:45 PM, prior to the decision to transfer to the hospital, the physician gave telephone orders for an inhaled medication for treatment of shortness of breath, increased anti-anxiety medication, and to update the primary physician the next business day regarding anxiety and dyspnea (shortness of breath). Per interview on 03/14/12 at 1:30 PM the Weekend Supervisor stated that while talking to the on-call physician that day, it was discussed that 'maybe the resident might have to go to the hospital'. The weekend supervisor confirmed at 4:00 PM that the physician was not immediately notified about the transfer to the ER.	F 157		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	F 281		

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

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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 C 03/14/2012
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F 281	<p>Continued From page 2</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 staff interview and record review, the facility failed to assure that nursing services were provided in accordance with professional standards of nursing practice regarding nursing assessment, transcribing/documentation of medication, notification and orders for an emergency evaluation for 1 applicable resident. (Residents #1) Findings include:</p> <ol style="list-style-type: none"> Per record review on 03/14/12, the initial nursing assessment on 03/08/12 and subsequent care plan directed nursing to monitor edema of the legs for Resident #1 who had a diagnosis of congestive heart failure (CHF) and pitting edema of the lower legs. Per review of the nursing notes on all shifts from admission on 03/08/12 through discharge 03/10/12 there is no documentation that the lower legs were assessed for edema. Per interview, with 2 different nurses on 03/14/12 at 1:00 PM and 03/15/12 at 8:15 AM, stated that they did not recall assessing the edema on the lower legs. Per review of the medication administration record (MAR), the nurse failed to transcribe a new PRN (as needed) order for an anti-anxiety medication and to consistently monitor the effects of the medication. There was an order dated 03/08/12 for Ativan 0.5 milligrams every 6 hrs for shortness of breath PRN. The physician gave a new telephone order on 03/10/12 at 3:45 PM for 	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 had been discharged from the facility to an acute care facility on March 10,2012.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u></p> <ol style="list-style-type: none"> All residents have had their clinical records audited to identify those with unstable CHF. All residents have had their medical records reviewed for untranscribed physician orders and the nursing documentation of the effects of the medications given. All resident records have been reviewed for notification of physician and significant other of resident transfer. <p><u>What measures will be put in place to ensure that the deficient practice will not occur</u></p> <p>The nursing staff will be re-educated on the following:</p> <ol style="list-style-type: none"> CHF Transcription of MD orders Documentation of the effect of medications given. Change of condition protocol Transfers and discharge protocol 	
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*POC F281 accepted
4/13/12 Joan L. Emmons RN*

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F 281 Continued From page 3

Ativan 0.5 milligrams every 4 hours PRN. The MAR on 03/14/12 still reflected the old Ativan order for every 6 hrs. Also, there were 4 out of 6 administrations for which effects were not consistently documented. In addition, the nurse wrote a late entry for administering the Ativan and not at the time when the medication was actually given.

3. Per record review on 03/14/12 at 10:00 AM, Resident #1 had a change in condition on 03/10/12 that necessitated notification of the physician for an evaluation at the emergency room. On 03/10/12 at 3:45 PM the physician gave a telephone order for "1.) Albuterol HFA 2 puffs q4hr.PRN s.o.b.(as needed for shortness of breath), 2.) may increase the Ativan 0.5mg q4 hours PRN for anxiety for 3 days, 3.) updated primary MD Monday in r/t anxiety and dyspnea". Per interview on 03/14/12 at 1:30 PM the Weekend Supervisor stated that while talking to the on-call physician that day, it was discussed that 'maybe the resident might have to go to the hospital'. The weekend supervisor confirmed at 4:00 PM that the physician was not immediately notified about the transfer to the ER at 6:00 PM and that an order to transfer was not verified by the physician.

Per interview at 4:30 PM the Director of Nursing confirmed that nursing services were not provided in accordance with professional standards of nursing practice.

Also see F157, F514

Reference: Lippincott Nursing Manual: Williams & Wilkins, 8th edition.

F 281 How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur

- An audit will be conducted for adherence *to the*
1. Change of Condition guidelines and the notification and documentation of the MD and Significant Other (s),
 2. Transcription of orders
 3. Documentation of effects of prn medications
 4. Transfers and Discharge protocol

There will be random audits 3 times a week for 2 weeks. Weekly audits for 4 weeks then monthly audits x's 2.
Results will be reported through the QA process with interventions as appropriate.

The DNS or designee is responsible for this process

04/09/12

*Poc F-281 accepted
4/13/12 Susan J. Emmons RN*

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F 356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review and confirmed through interview, the facility failed to post and provide accurate information regarding licensed and</p>	F 356	<p>F356</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 had been discharged from the facility to an acute care facility on March 10,2012.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u> All residents have the potential to be effect. All daily schedules have been reviewed and corrected as needed from 3/15/2012.</p> <p><u>What measures will be put on place to ensure that the deficient practice will not occur</u> The Scheduler and Nurses have been reeducated on the posting of the schedules and changing the schedule to reflect the current staffing.</p> <p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u> An audit will be conducted for adherence the to the Nursing Schedules. There will be random audits 3 time for 2 weeks. Weekly audits for 4 weeks then monthly audits x's 2. 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>04/09/12</p> <p>POC F-356 Accepted 4/13/12 [Signature]</p>

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F 356	Continued From page 5 unlicensed nursing staff. Findings include: 1. Per review of the Daily Staff Posting dated March 10, 2012, the information was not accurate to reflect staffing. Per the 'A' wing staffing for the day shift, a Nurse was listed as being present from 7:00 AM - 7:00 PM while in fact that nursing staff split shifts on a different Unit. A nurse was called in for the evening to work which was not listed. There was a listing for a LNA who called out sick that day and did not work. In addition, during the evening shift there was an omission of 1 LNA staff on the posting. Per review with the Director of Nursing of the actual time sheets at 3:50 PM on 3/14/12, s/he confirmed that the posting contained incorrect actual hours worked by staff.	F 356		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility	F 514		

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F 514	<p>Continued From page 6</p> <p>failed to assure 1 applicable resident's clinical record is maintained in accordance with accepted professional standards and are complete and accurately documented. (Resident #1) Findings include:</p> <p>Per record review and interview, the weekend supervisor transcribed inaccurate telephone/verbal orders, wrote a physician order without verifying the information for transfer and failed to document the effects of a PRN medication in the record of Resident #1. Per interview on 03/14/12 at 1:30 PM the Weekend Supervisor stated that while talking to the on-call physician that day, it was discussed that 'maybe the resident might have to go to the hospital'. The weekend supervisor confirmed at 4:00 PM that the physician was not immediately notified about the transfer to the ER. In addition, the MAR contained an order for Ativan 0.5 milligrams every 6 hours, however a new order dated 03/10/12 stated to give Ativan 0.5 milligrams every 4 hours. There were 4 out of 6 administrations of Ativan in which effects were not consistently documented. Per interview at 4:30 PM the DNS confirmed that the resident's record contained incomplete and inaccurate.</p> <p>Also see F281 and F157.</p>	F 514	<p><u>F514</u></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 had been discharged from the facility to an acute care facility on March 10,2012.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u> All residents have the potential to be effected. All residents records have been reviewed for accurate assessments, plan of care and documentation of the response of as needed administered medications. Documentation of notification of MD of Change in Condition and Transfers/Discharges.</p> <p><u>What measures will be put on place to ensure that the deficient practice will not occur</u> The Nursing staff have been reeducated on the policy of Physician notification. Change in Condition Protocol for CHF Discharge and Transfer Protocol and the effects of PRN medication documentation.</p> <p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u> An audit will be conducted for adherence to the notification of Physician with a Change of Condition/transfers and discharges/ and the effect of PRN documentation. There will be random audits 3 time for 2 weeks. Weekly audits for 4 weeks then monthly audits x's 2. 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>04/09/12</p> <p><i>POC F-514 Accepted 4/13/12 Susan L. Cannon RN</i></p>