

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

PRINTED: 06/26/2009
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 _____ | (X3) DATE SURVEY COMPLETED C 06/22/2009 |
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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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F 000 INITIAL COMMENTS

F 281 483.20(k)(3)(i) COMPREHENSIVE CARE PLANS SS=D

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to assure that professional standards of care and quality were met for 1 applicable resident (Resident #1) regarding heat / moist heat treatments provided. Findings include:

1. Per record review on 6/18/09, nursing staff failed to obtain a physician order for moist heat treatments for Resident #1. Intermittent nursing progress notes dated 4/28/09 through 5/24/09 indicate the application of "heat" or "moist heat" to the neck of Resident #1. Per interview on 6/22/09 at 11:04 AM, a staff nurse caring regularly for Resident #1 confirmed that s/he had applied "hot packs" for this resident's pain. This nurse stated that the process for application was to heat 2 water moistened towels in the microwave for 3 minutes at power level '5', put in a plastic bag, cover the plastic bag with 2 additional dry towels (for a 4-layer treatment) and cover all with a pillowcase prior to application. S/he confirmed that this treatment is not authorized by facility policy and that no order had been obtained to perform this treatment. Per interview on 6/18/09 at 12:58 PM, the DON (Director of Nursing) confirmed that nursing progress notes indicated "heat" or "moist heat" treatments had been

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F 281

1. How will corrective action be accomplished for the resident who was found to be affected by the deficient practice ?

The resident's blister has healed. The resident no longer receives heat/moist heat treatments. 7/9/09

2. How will the facility identify other residents having the potential to be affected by the same deficient practice?

The DNS and designee will audit all charts in the facility for heat/moist heat treatments and Therma Care orders. The SDC or designee will inservice the RN's and LNA's on the policy regarding heat/moist heat applications. 7/9/09

3. What Measures will be put into place or what systemic changes you will make to ensure the deficient practice does not reoccur

The RN's and LNA's have been inserviced and are aware of the policy and procedure. The nurse has been inserviced On the transcription of orders. 7/9/09

4. How the facility plans to monitor its performance-

The facility will conduct weekly audits x 8, then monthly audits. The audits will monitor heat/moist heat treatments for

A. MD orders
B. Nurses notes for treatment
C. and effectiveness.
D. TARS

7/9/09 ongoing

Poc accepted see p. 2

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shawn T. Hallisey</i> | TITLE <i>Administrator</i> | (X6) DATE <i>7.9.09</i> |
|---|-------------------------------|----------------------------|

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 281 Continued From page 1
administered to Resident #1, that an unknown number of staff had used the microwave method to heat the moistened towels, and that nursing had failed to obtain an order for this treatment as required.

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*F281 P.O.C. accepted 7/16/09
Karen Campos RN*

F 514 SS=D 483.75(l)(1) CLINICAL RECORDS

F 514

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 record review and interview, the facility failed to assure that accurate clinical records were initiated and maintained for 1 applicable resident (Resident #1). Findings include:

1. Per record review on 6/18/09, nursing

1. How will corrective action be accomplished for the resident who was found to be affected by the deficient practice ?

The resident,s blister has healed.
The resident no longer receives heat/moist heat treatments.

7/9/07

2. How will the facility identify other residents having the potential to be affected by the same deficient practice?

All residents records will be audited for documentation for the application of heat/ moist heat compresses.

7/9/07

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F 514 Continued From page 2
progress notes indicate that heat or moist heat treatments were provided for Resident #1. There was no indication in the record to indicate when the treatment was applied, how long the treatment was administered, by whom each treatment was administered, the exact number of treatments administered per shift, and what affect was achieved by these treatments. Per interview with the Director of Nursing on 6/18/09 at 12:58 PM, nursing staff had not documented heat or moist heat treatments on Resident #1's treatment administration record.

F 514

3. What Measures will be put into place or what systemic changes you will make to ensure the deficient practice does not reoccur

(X5) COMPLETION DATE

F9999 FINAL OBSERVATIONS

F9999

- 3. The nurses will be inserviced on:
 - A. Obtaining an MD order for Hot/warm moist
 - B. Documenting when Treatment was applied.
 - C. By whom it was applied.
 - D. The exact number of treatments administered per shift.
 - E. What effect was achieved by treatment.

7/9/09

3.17 Freedom from Restraints and Abuse

(f) The facility must ensure that all alleged violations involving mistreatment, neglect, exploitation, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and the licensing agency and Adult Protective Services in accordance with 33 V.S.A. Chapter 69.

(h) The results of all investigations must be reported to the administrator or his or her designated representative and to the licensing agency in accordance with 33 V.S.A. Chapter 69, and if the alleged violation is verified, appropriate corrective action must be taken.

Per interview on 6/18/09 at 12:00 noon, the facility Administrator confirmed that he had received a report from a staff member on 6/7/09 that other staff had administered hot pack treatments to Resident #1, which the reporter stated had caused a 'burn'. The Administrator confirmed that an injury of unknown origin had occurred to

F514 POC accepted 7/16/09 Karen Camper RN

How the facility plans to monitor its performance-

The corrective actions will be monitored by the DNS or designee for weekly x 8, then monthly. Results will be reported and reviewed to QA committee. Monthly and be re-evaluated On a quarterly basis.

7/9/09 on going

F9999 POC accepted 7/16/09 Karen Camper RN

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F9999 Continued From page 3
Resident #1 and that no report had been filed with the Division of Licensing and Protection to this date.

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