



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

November 7, 2024

Dr. Brian Remillard, Medical Director  
Fresenius Medical Care St. Johnsbury  
1080 Hospital Drive  
Saint Johnsbury, VT 05819

Dear Dr. Remillard:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **October 15, 2024**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, BS  
Assistant Division Director  
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>472501</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/15/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRESENIUS MEDICAL CARE ST JOHNSBURY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1080 HOSPITAL DRIVE</b> <b>SAINT JOHNSBURY, VT 05819</b>	
(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
V 000	INITIAL COMMENTS  An unannounced on-site investigation was conducted by the Division of Licensing & Protection on 10/9/24 and completed on 10/15/24. Complaint # 22806 was investigated to determine compliance with 42 Code of Federal Regulations, Part 405 Subpart U, Conditions of Participation: End Stage Renal Disease Services. The following regulatory violation was identified at the time of investigation but was not related to the complaint. No violations were identified associated with the complaint. Findings include:	V 000		
V 402	PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY CFR(s): 494.60(a)  The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.  This STANDARD is not met as evidenced by: Based on observation and staff interview, the dialysis facility failed to maintain a safe and functional environment by not repairing a non functional entrance door call system. Findings include:  Upon arrival to the dialysis unit patient waiting area on 10/9/24 at 10:00 AM the following notification was observed on the sliding window of the unoccupied reception desk which states " If desk is unattended please press door bell located at treatment door". Due to security concerns, the dialysis unit remains locked. By utilizing the door bell, staff are alerted of a patient's arrival or any other possible needs that may require attention.	V 402	V402 PE-Building-construct/maintain for safety  On 10/9/2024, the Facility Administrator (FA) ensured the doorbell was repaired and was functioning properly. On 10/9/2024, the FA and/or designee held a staff meeting via a staff meeting and/or huddles, elicit feedback, and reinforce the expectations and responsibilities of the facility Direct Patient Care (DPC) staff on the following Policy: Installation-Operation-Maintenance-Repair-And Disposal Emphasis will be placed on: The importance of ensuring the doorbell attached to the lobby door when entering the treatment floor is working properly. In the event the doorbell is not working properly, staff are to notify the Facility Administrator who will then notify the appropriate team members to repair the doorbell. Effective 10/9/2024, DPC staff to perform daily checks to ensure the door bell is in working order and documentation of the checks will be completed on the Lobby Door doorbell daily log. In the event the doorbell is not working properly, staff are to notify the Facility Administrator who will then notify the appropriate team members to repair the doorbell. The in-service attendance forms document this activity and are available for review at the facility. Any employees not in attendance will be educated on return to the facility.	11/30/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **MEDICAL DIRECTOR** (X6) DATE **10/31/24**

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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V 402	<p>Continued From page 1</p> <p>Following the directions, the door bell located on the unit treatment door was pressed several times by the surveyor. No sound emanated nor was there a response from staff who were visualized through the door window. After knocking several times on the door to alert staff of surveyor's request to enter the dialysis unit, a staff member arrived and provided access to the treatment area. When the surveyor informed staff the bell was not functioning, the renal technicians and nurse acknowledged awareness the bell was not functioning.</p> <p>At 11:22 AM knocking was heard at the locked treatment door. Knocking was persistent in an attempt to be acknowledged by staff. Staff arrived at the front entrance door and permitted the patient to enter the dialysis unit. While entering the unit the patient commented "the bell is not working". Per review of the dialysis unit policy &amp; procedure: Equipment Installation-Operation-Maintenance-Repair-And Disposal published on 7/6/21 states: "This policy applies to all equipment that: Is essential to the safe operation of the facility.....Repairs: Any equipment or device that is not fully functioning in accordance with IFU (instructions for use) or company policy, must be repaired or replaced as reasonably possible".</p> <p>Per interview on 10/9/24 at 11:50 AM the dialysis unit manager acknowledged s/he had not been informed by staff the bell was not functioning. The manager also acknowledged, the lack of a call device creates a safety hazard for patients when arriving to the facility waiting area. Without having a receptionist and/or a functioning doorbell to alert staff, vulnerable patients who may have the need to seek assistance could potentially go</p>	V 402	<p>For ongoing compliance, effective 10/9/2024, the DPC staff or designee will perform daily audits once a day for 2 months to ensure the doorbell is operational utilizing the Lobby Door doorbell daily log audit tool. Once compliance is sustained the Governing Body will decrease frequency to weekly x 4 weeks then resume regularly scheduled clinic audits based on the QAPI calendar. A summary of the monitoring will be reported in the monthly QAPI meeting to ensure compliance. It is the Governing Body's expectation that 100% compliance is achieved, however, the Governing Body determined that the facility threshold be established at 90%. If the facility practices are at less than 90% compliance, the Governing Body will reconvene and determine revision and implementation of the action plan. The Medical Director will review the results of audits each month at the QAI Committee meets monthly. The CM is responsible to review, analyze and trend all data and Monitor/Audit results as related to this Plan of Correction prior to presenting to the QAI Committee monthly. The Director of Operations is responsible for presenting the status of the Plan of Correction and all other actions are taken toward the resolution of the deficiencies at each Governing Body meeting through to the sustained resolution of all identified issues. The QAI Committee is responsible for providing oversight, reviewing findings, and taking actions as appropriate. The root cause analysis process is utilized to develop the Plan of Correction. The Plan of correction is reviewed in QAI monthly. The Governing Body is responsible for providing oversight to ensure the Plan of Correction, as written to address the issues identified by the Statement of Deficiency, is effective, and is providing resolution of the issues. The QAI and Governing Body minutes, education, and monitoring documentation are available for review at the clinic.</p> <p>Completion Date: 11/23/24</p> <p><b>Tag V 402 POC accepted on 11/6/24 by M. McIntosh/P. Cota</b></p>		

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

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FORM APPROVED  
OMB NO. 0938-0391

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V 402	Continued From page 2 unnoticed. It is unclear how long the door bell was inoperable.	V 402		11/30/2024