

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

February 14, 2019

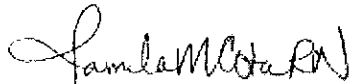
Ms. Jessica Jennings, Administrator
Saint Albans Healthcare And Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478-8011

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 27, 2018**. 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.

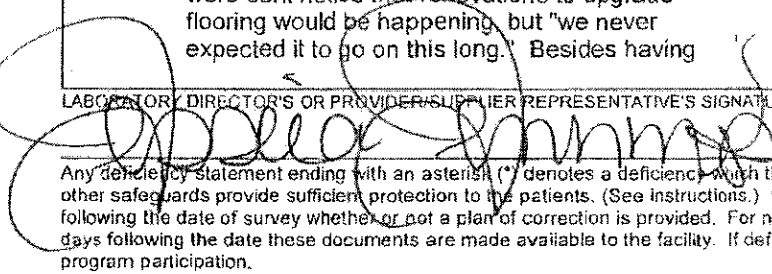
Sincerely,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 02/14/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/27/2018
NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478	
(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 An unannounced onsite investigation for two complaints was conducted by the Division of Licensing and Protection on 12/27/18. The following regulatory violations were identified as a result: F 689 SS=E Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on direct observation and resident/family interviews, the facility failed to assure that resident areas were free from accident hazards. The specifics are detailed below: Per observation on 12/27/18 and confirmed by facility administration, renovations are in process to replace the flooring on the Center East and East Wing. On the day of survey, the floors on those units are noted to be exposed down to the cement base. Safety precautions are not in place warning residents, families, staff or other visitors, of a safety hazard during the renovation process. A family member interviewed during this investigation reports that residents and families were sent notice that renovations to upgrade flooring would be happening, but "we never expected it to go on this long." Besides having	F 000	St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law. F 689 F669 <i>Corrective Action</i> Resident ID #2 and #3 have had their fall care plans updated . <i>Identification of Other Residents</i> All residents have the potential to be affected by the potential hazards related to the flooring renovation. <i>Systematic Changes</i> All staff were educated about monitoring the environment for uneven floors. The Maintenance Director, Center Nurse Director And Center Executive Director have reviewed CMS F689 Free of Accident/Supervision/Devises. Signage has been posted throughout the Center East and East neighborhoods regarding Safety Precautions related to renovations. Signage has been posted at the front door regarding renovations. The renovations have been discussed during resident council meetings.	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
		Administrator		01/23/2019

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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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478	
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F 689	Continued From page 1 exposed cement in the hallways and parts of the common areas, the floor is still uneven in places, making it difficult for residents to self propel their wheelchairs. Cross cite at F921.	F 689	<i>Monitoring</i> The Center Executive Director and or her designee will perform weekly audits of Accident Hazards/ Supervision/Devises x 4 and then monthly x 3 with results to be reviewed at CQI meeting for further review and recommendations. The Center Executive Director is responsible for this plan of correction. Corrective action will be completed by January 25, 2019 <i>F689 POC accepted 2/14/19 pmedturn</i>	
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and resident/family interviews, and confirmed by the Licensed Nursing Home Administrator (LNHA), the facility failed to ensure that the flooring on one of two nursing units was maintained in a safe, sanitary and comfortable manner for residents, staff and the public. After removal of old carpet and tile, the uneven concrete surface remained for all to walk over with no cautionary signs. The specific findings include the following: Per observation on 12/27/18 during the initial tour of the facility at 9:30 AM, the Center East and East halls, with a combined resident census of forty-one (41), was identified to have had old carpet and tiles removed, leaving the concrete base exposed with uneven surfaces. The cove base had been removed, leaving visible assorted sized holes and rough wood edges exposed. Sheet rock is sloughing, and gaps are visible at various wall edges, and door framing. Uneven thresholds are present at entrances to some resident rooms. In many areas dust is	F 921	<i>F921 Corrective Action</i> Signage has been posted throughout the Center East and East neighborhoods regarding Safety Precautions related to renovations. Signage has been posted at the front door regarding renovations. <i>Identification of Other Residents</i> All residents have the potential to be affected by the potential hazards related to the flooring renovation.	

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F 921 : Continued From page 2

accumulated and red duct tape covers rough patches of concrete. No signs were located near or/at the construction area, alerting residents/families, staff or the public of the floor construction, untidy appearance or to use caution while walking. The LNHA confirms that signs are not posted in the specific area to alert residents/staff and/or the public.

Interviews conducted with family members and residents confirmed that the process of replacement has been ongoing, and they are tired of the dust, dirt and disrepair. Families acknowledged that they were notified of the project but had no idea that the replacement would be going on so long. Staff interviews identified that they are tired of the dust and voice concern for residents who are unstable on their feet and have difficulty maneuvering assistive devices.

Confirmation was made by the LNHA on 12/27/18 throughout the day-long investigation, that the project met with complications on 9/18/18. On 11/5/18 contractors were hired to complete the necessary abatement. The removal of the contaminated flooring began on 11/12/18 after the Public Health Department provided the facility with a permit to operate. The removal of tile and carpet (abatement) ended on 11/30/18. The project is still incomplete, and various areas on the Center East and East halls still have no flooring with the uneven concrete still exposed, and areas of partially installed laminate leaving uneven edges/lips causing a trip hazards.

F 921 *Systematic Changes*

All staff were educated about monitoring the environment for uneven floors.

The Maintenance Director, Center Nurse Director And Center Executive Director have reviewed CMS F689 Free of Accident/Supervision/Devises.

Signage has been posted throughout the Center East and East neighborhoods regarding Safety Precautions related to renovations. Signage has been posted at the front door regarding renovations. The renovations have been discussed during resident council meetings.

Monitoring

The Center Executive Director and or her designee will perform weekly audits to assure a Safe/Functional/ Comfortable Environment weekly x 4 and then monthly x 3 with results to be reviewed at CQI meeting for further review and recommendations.

Corrective action will be completed by January 25, 2019.

F921 Poc accepted 2/14/19 pmarstew