

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

January 25, 2022

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

Dear Ms. Haupt:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **January 18, 2022**. 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: 01/21/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>596 SHELDON ROAD</b> <b>SAINT ALBANS, VT 05478</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
F 000	INITIAL COMMENTS	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	
F 760 SS=D	<p>The Division of Licensing and Protection conducted an onsite, unannounced investigation of two complaints on 1/18/2022. The following regulatory deficiency was identified:</p> <p>Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to ensure each resident is free from significant medication errors for one of three sampled residents (Resident #1). Findings include:</p> <p>1. Per record review, Resident #1 has a longstanding diagnosis of tubulo-interstitial nephritis (inflammation of the kidneys) first added to the resident's chart on 7/31/2013. Resident #1 also has a longstanding diagnosis of neuromuscular disfunction of the bladder (a lack of bladder control) first added to the resident's chart on 2/4/2015. A diagnosis of calculus of the kidney (kidney stones) was added to the chart on 10/21/2021. Per the record, Resident #1 has a suprapubic catheter (a tube that enters from a hole in the lower abdomen into the bladder to drain urine) and a nephrostomy tube (a tube that enters from a hole in the lower back into the kidney to drain urine). Resident #1 was scheduled for a nephrostolithotomy (a procedure to remove kidney stones) and a cystolitholpaxy (a procedure to remove bladder stones) on 11/29/2021.</p>	F 760	<p>Resident #1 had his surgery with no Untoward outcome</p> <p>All residents with consults have the Potential to be affected by this alleged Deficient practice</p> <p>An adhoc QAPI meeting occurred on 1/18/2022 to identify root cause</p> <p>Nurses have been educated on the timely Follow up needed for residents that have Been to appointments</p> <p>Unit managers will review all progress Notes daily to ensure no recommendations Are missed.</p> <p>Audits will occur weekly times 4, monthly Times 2, and reported to QAPI</p> <p>CNE is responsible for compliance</p> <p>Date of compliance: 1/21/2022</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]* Center Executive Director

TITLE

(X6) DATE

1/21/2022

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 its 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 760	<p>Continued From page 1</p> <p>Per the record, Resident #1 was prescribed "Xarelto Tablet (an anticoagulant medication that makes you more likely to bleed) 1 tablet by mouth in the evening daily" on 10/22/2021. Per a nursing note on 11/26/2021 at 2:45 PM, "Pre-Op (the surgical department at the hospital) called to hold resident Xarelto tonight and until procedure. MD (medical doctor) not in building, will pass on to on coming shift to wait for MD call back for order." Per record review, there was no order placed to hold the Xarelto starting 11/26/21. Per the medication administration record, a full dose of Xarelto was given at approximately 5:00 PM on 11/26/21 and 11/27/21. The medication was only held on 11/28/21.</p> <p>Per a nursing note from 11/28/21 at 9:27 AM, "Resident nephrostomy tube unable to flush this shift, no output on night shift. Resident is denying pain or discomfort. [Provider] notified and verbalizes order to send resident to UVM (University of Vermont Medical Center) ER (emergency room) for further evaluation due to the fact that resident is scheduled for surgery there tomorrow." Per a nursing note from 11/28/21 at 8:21 PM, "Resident returned from ER with nephrostomy tube coiled in bladder and no recommendations. UVM aware. [Provider] contacted and wants staff to continue and monitor resident until resident goes to UVM for cystolitholapaxy in AM."</p> <p>Due to the increased risk of bleeding from anticoagulant medications during invasive procedures/surgeries, not stopping administration of anticoagulants as recommended by the surgical team before surgery can increase the risk for uncontrolled bleeding during surgery or result in cancellation of the surgery. Resident #1</p>	F 760	<p><b>TAG F 760 POC Accepted on 01/25/22 by K. Ruffe/P.Cota</b></p>		

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F 760	Continued From page 2 could have suffered harm from the surgery itself or from having the surgery cancelled, as Resident #1 was experiencing complications with their nephrostomy tube the day before their surgery.  Per interview on 1/18/2022 at approximately 4:00 PM, The DON (Director of Nursing) confirmed that the Xarelto was given beyond the date recommended by the surgical team. The DON and Unit Manager also confirmed that the facility was aware of the hospital surgical team's wishes to hold the Xarelto prior to 11/26/2021 as a result of phone conversations with them, but that it did not make its way into the medication administration record or the orders.	F 760			