VERMONT

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

September 5, 2019

Ms. Heather Presch, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

Dear Ms. Presch:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 14, 2019**. 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

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475025	A. BUILDING _____ B. WING _____	C 08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGFIELD HEALTH & REHAB	105 CHESTER RD SPRINGFIELD, VT 05156

(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 of two (2) facility reported incidents was conducted by the Division of Licensing and Protection on 8/14/2019. There were regulatory deficiencies identified as a result of this investigation. Findings include: F 600 Free from Abuse and Neglect SS=D CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the resident right to be free from sexual abuse for one (1) of four (4) sampled residents, Resident #1. Findings include: Per record review, a nursing progress note written by a Registered Nurse, (RN) in Resident #2's record dated 5/22/2019 at 10:44 PM reads: [Resident #2] "also was noted to have grabbed a resident in the groin area and chuckled that '[S/he] must have liked that.' Supervisor and DON	F 000 F 600	F600 Free from Abuse, Neglect, and Exploitation 5/22/19 incident was reported to APS, DAIL and local authorities. Progress notes were reviewed for residents who exhibit sexual behaviors and no further concerns were noted. The following was completed as corrective action for all residents found to be potentially affected by the alleged deficient practice. A chart review was conducted for residents with known sexual behaviors and care plans were revised as needed. Education will be provided to nursing staff regarding what constitutes abuse, how to report and who to report to. Education will be completed by 9/11/19. An audit will be completed weekly x4 and monthly x2 by the CNE or designee to monitor the effectiveness of the plan.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Center Executive Director 9/4/19

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 600	Continued From page 1 made aware." On 8/14/2019 at 3:20 PM, per interview with the RN who wrote the progress note, the Licensed Nursing Assistant (LNA) reported that Resident #2 had grabbed Resident #1 in the groin area. Per interview with the LNA on 8/14/2019 at 5:00 PM, Resident #2 had become more aggressive lately so staff were spending more time closely with him/her. The LNA confirmed that Resident #2 had grabbed Resident #1 in the groin area and that Resident #1 was "freaked out and started to cry".	F 600	The QAPI committee will evaluate the data and act on the information as indicated and at the end of three months to determine further frequency of the audits. F600 POC accepted 9/4/19 JFreeman RN/PMC	
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all	F 609	F609 Reporting of Alleged Violations 5/22/19 incident was reported to APS, DAIL and local authorities. The center initiated 24 hour report checks and no other nursing progress reports were noted to contain any allegations of abuse. Alleged abuse reports will be audited with checklist monitored for completions and areas noted addressed per policy. The following was completed for all residents found to be potentially affected by the alleged deficient practice. Education provided to nursing staff regarding the requirements for reporting abuse. Education will be completed by 9/11/19.	

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F 609	Continued From page 2	F 609		

investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the facility failed to report an incident of abuse to the State Survey Agency and adult protective services (APS) for one (1) of four (4) sampled residents, Resident #1. Findings include:

Per record review, a nursing progress note in Resident #2"s record dated 5/22/2019 at 10:44 PM reads; [Resident #2] "also was noted to have grabbed a resident in the groin area and chuckled that '[S/he must have liked that]' Supervisor and DON [Center Nurse Executive (CNE)] made aware."

On 8/14/2019 at 3:20 PM, during an interview with the Registered Nurse (RN) who wrote the progress note, the Licensed Nursing Assistant (LNA) reported that Resident #2 had grabbed Resident #1 in the groin area. The RN informed the Nursing Supervisor who instructed her to contact the Director of Nursing. The RN confirmed that the CNE advised to monitor both residents but did not advise to file a report to the State Survey Agency or APS.

Per interview with the LNA on 8/14/2019 at 5:00 PM, s/he confirmed that Resident #2 had grabbed Resident #1 in the groin area and that Resident #1 was "freaked out and started to cry".

Per interview with the interim CNE on 8/14/2019

An audit will be completed weekly x4 and monthly x2 by the CNE or designee to monitor the effectiveness of the plan.

The QAPI committee will evaluate the data and act on the information as indicated and at the end of three months to determine further frequency of the audits.

F609 POC accepted 9/4/19 SFreamanRN/PMC

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F 609	Continued From page 3 at 5:47 PM, s/he confirmed that the incident should have been reported to the State Survey Agency and to APS, and that it had not been. During an interview on 8/14/2019 at 2:56 PM the Administrator stated that s/he "was just hearing of the incident now". On 8/14/2019 at 5:55 PM, the Administrator also confirmed that the incident should have been reported.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to thoroughly investigate and implement appropriate corrective action to prevent further potential abuse for one (1) of four (4) sampled residents, Resident #1. Findings include:	F 610	F610 Investigate/Prevent/Correct Alleged Violations Progress notes reviewed at morning meeting by CNE or Designee and staff interviewed to ensure no allegations of abuse are present and areas noted addressed per policy. The following was completed for all residents found to be potentially affected by the alleged deficient practice. Education provided to nursing staff regarding what constitutes abuse and the requirements for reporting abuse. Education will be completed by 9/11/19.	

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F 610	Continued From page 4 Per record review, a nursing progress note in Resident #2"s record dated 5/22/2019 at 10:44 PM reads; [Resident #2] "also was noted to have grabbed a resident in the groin area and chuckled that '[S/he must have liked that]' Supervisor and DON [Center Nurse Executive (CNE)] made aware." Resident #2 is care planned for sexually inappropriate behaviors related to cognitive loss/dementia, initiated on 5/20/2019. Resident #2's plan of care did not address sexual inappropriateness towards other residents, and it was not updated to reflect this incident. There is no evidence in Resident #1 or Resident #2's record that the incident was investigated or that any corrective action was taken to prevent further potential abuse. During an interview on 8/14/2019 at 2:56 PM the Administrator confirmed that there was no evidence that the incident was thoroughly investigated. Per interview with the interim CNE on 8/14/2019 at 5:47 PM, s/he confirmed that there was no evidence that the incident had been thoroughly investigated, nor were any corrective actions implemented to prevent further potential abuse.	F 610	An audit will be completed weekly x4 and monthly x2 by the CNE or designee to monitor the effectiveness of the plan. The QAPI committee will evaluate the data and act on the information as indicated and at the end of three months to determine further frequency of the audits. F610 POC accepted 7/4/19 Streeman RN/PMC	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's	F 656	F656 Develop/Implement/Comprehensive Care Plan Care Plans for residents #1 and #2 were reviewed and revised as needed. Residents #1 and #2 had no lasting effects from the alleged deficient practice.	

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F 656	Continued From page 5	F 656		

medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to develop and implement a comprehensive person-centered care plan for two (2) of four (4) sampled residents, Resident #1

The following was completed for all residents found to be potentially affected by the alleged deficient practice.

An in house screen was conducted for residents with known sexual behaviors. Care plans were reviewed and updated as needed.

Education provided to nurses on the care plan process. Education will be completed by 9/11/19.

An audit will be completed weekly x4 and monthly x2 by the CNE or designee to monitor the effectiveness of the plan.

The QAPI committee will evaluate the data and act on the information as indicated and at the end of three months to determine further frequency of the audits.

F656 POC accepted 9/4/19 SFreemanRN/PMC

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

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F 656	Continued From page 6	F 656		

and Resident #2. Findings include:

1. Per review of Resident #2's record, s/he grabbed Resident #1 in the groin area. Resident #1's care plan does not reflect the incident, nor does it include any interventions to prevent further potential abuse. There is no evidence in Resident #1's record that a care plan was developed or implemented that address the potential for further sexual abuse.

Per interview with the interim CNE on 8/14/2019 at 5:47 PM, s/he confirmed that there was no evidence that Resident #1's care plan was developed or implemented to prevent further potential sexual abuse.

2. Per record review, Resident #2 is care planned for sexually inappropriate behaviors related to cognitive loss/ dementia that was initiated on 5/20/2019. Resident #2's plan of care does not address sexual inappropriateness towards other residents, and it was not updated to reflect the incident.

Per interview with the interim CNE on 8/14/2019 at 5:47 PM, s/he confirmed that there was no evidence that Resident #2's care plan was updated to reflect actual or potential sexual abuse toward other residents.