

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

May 26, 2020

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 **February 19, 2020**. 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: 03/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475025	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2020
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NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHESTER RD SPRINGFIELD, VT 05156
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(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
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F 000	INITIAL COMMENTS	F 000		
F 842 SS-B	<p>An unannounced on-site investigation of 5 facility self-reported incidents and 1 anonymous complaint was conducted by the Division of Licensing and Protection on 2/18/20 through 2/19/20. There were no regulatory violations identified for the allegations related to the 5 facility self-reported incidents or the anonymous complaint; however, there was a regulatory violation identified.</p> <p>Resident Records- Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5).</p> <p>§483.20(f)(5) Resident identifiable information. (i) A facility may not release information that is resident identifiable to the public. (ii) The facility may release information that is resident identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident</p>	F 842		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debra Metketch CEO TITLE: Center Executive Director (X6) DATE: 3/12/20

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 842	<p>Continued From page 1</p> <p>representative where permitted by applicable law:</p> <p>(i) Required by Law;</p> <p>(ii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for:</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain:</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology, and other diagnostic services reports as required under §483.50.</p>	F 842	

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F 842	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed maintain complete and accurate records in accordance with acceptable standards and practices for 1 applicable resident in the sample (Resident #1). Findings include:</p> <p>Per record review Resident #1 has a diagnosis of dementia and depression. Resident #1 tended to wander into other resident's rooms and not want to leave. On 10/31/19, Resident #1 was involved in a resident to resident altercation. On 11/1/19 a care plan was developed for Resident #1 that read: Resident #1 "was the perpetrator of alleged resident to resident abuse. Monitor for change in behavior." "Monitor Resident #1's whereabouts every 15 minutes." Per review of the facility's "Every 15 Minute Resident Safety Checks" form on 11/1/19 at 3:00 PM, Resident #1's 15-minute safety checks began. Upon further review of the form, there was no evidence that the safety checks had been done for Resident #1 from 11:00 PM to 6:45 AM. Per interview on 2/18/20 with the Unit Manager, s/he stated that the nurses were responsible to sign off the resident's 15-minute checks. S/He confirmed that on 11/1/19 a "whole shift of checks were missing" for Resident #1 and that "15-minute checks not useful when not being done".</p>	F 842	<p>F842 Resident Records</p> <p>The chart for Resident #1 was reviewed and it was determined to be appropriate to replace 15 minute checks with frequent observation.</p> <p>There were no negative effects from the shift where 15 minute checks were allegedly not completed.</p> <p>The following was completed for residents with the potential to be impacted by the alleged deficient practice. Care plans were reviewed and where appropriate 15 minute checks were replace by frequent observation.</p> <p>Education provided to nursing staff regarding appropriate interventions and corresponding documentation. Education will be completed by 3/15/20. An audit will be completed weekly by the CNE or designee to monitor the effectiveness of the plan.</p> <p>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.</p>

F842 POC accepted 3/24/20 SFreeman RN/PM