

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 Reporting Line (888) 700-5330  
To Report Adult Abuse: (800) 564-1612

September 14, 2020

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

**RE: Complaint Survey Findings - Past Non-Compliance**

Dear Ms. Presch:

On **August 19, 2020**, the Division of Licensing and Protection, completed a complaint investigation at Springfield Health & Rehab. As a result of that survey, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the survey. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. As **the one cited deficiency was corrected at the time of our visit, no plan of correction is required.** Please **sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies to Suzanne Leavitt RN, MS, Assistant Division Director, Division of Licensing and Protection. **This written request must be received by this office by September 26, 2020.**

Sincerely,



Pamela M. Cota, RN  
Licensing Chief  
Enclosure

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

PRINTED: 09/14/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/19/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGFIELD HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 CHESTER RD</b> <b>SPRINGFIELD, VT 05156</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	<b>INITIAL COMMENTS</b>	F 000		
F 600 SS=D	<p>An unannounced on-site investigation of 3 complaints was conducted by the Division of Licensing &amp; Protection at Springfield Health and Rehabilitation Center on 8/18/2020. The investigation was completed on 8/19/2020. The following regulatory violation was identified, and due to corrective actions being completed by the facility prior to the onsite investigation, it is cited as past noncompliance.</p> <p><b>Free from Abuse and Neglect</b> CFR(s): 483.12(a)(1)</p> <p>§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.</p> <p>§483.12(a) The facility must-</p> <p>§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 upon interview and record review, the facility failed to ensure 1 resident [Res. #1] of 6 sampled residents, remained free from physical abuse when a staff member [Staff 'A'], after being struck by Res. #1, retaliated by striking the resident in the face. Findings include:</p>	F 600	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_  
*W. D. [Signature]* Center Executive Director 9/14/20

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 600	<p>Continued From page 1</p> <p>Per record review, Res. #1 was admitted to the facility in 2019 with diagnoses that included "dementia with behavioral disturbance, attention and concentration deficit, and other symptoms and signs involving cognitive functions and awareness." Review of the Plan of Care for Res. #1 reveals the resident was identified as "exhibiting, or has the potential to exhibit physical aggressive behaviors- hitting at staff and throwing objects. Resists care from staff and is verbally abusive and also wanders into others rooms and not easily redirected at times related to: Cognitive Loss/Dementia". [Initiated: 02/19/2019]. Interventions listed for staff to deal with Res. #1's behaviors include "Approach the resident/patient in a calm, unhurried manner; reassure as needed" [Date Initiated: 02/19/2019] and "If resident/patient becomes combative or resistive, postpone care/activity and allow time for him/her to regain composure." [Date Initiated: 02/19/2019].</p> <p>Per interview on 8/18/2020 at 2:56 PM with the facility's Director of Nursing [DON] and Administrator [ADM], Video Surveillance on 4/2/2020 documents that at approximately 9:00 PM, Res.#1 was walking in the facility's East hallway and took an item off Staff 'A's' medication cart. Staff 'A' approached the resident from behind and reached over the top of Res. #1 and grabbed the item from the resident. The resident then struck Staff 'A'. Staff 'A' then took a step back and struck Res. #1 in the face.</p> <p>Per review of the facility's investigation of the incident, another staff member reported "there was a spot of blood on the floor, and [Res. #1's] nose was bleeding." Witness statements include "[Res. #1] was doubled over. I went to [Res. #1]</p>	F 600			

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F 600	<p>Continued From page 2</p> <p>who had a bloody nose and was saying 'I didn't mean to.'" The investigation also reports "Subsequent skin checks are showing slight bruising to the peri right eye, and redness has spread to most of right eye." The investigation concluded "that there is sufficient evidence to support abuse", and during the interview, the DON stated it was "definitely a situation of abuse".</p> <p>This citation is considered past noncompliance, due to the facility taking corrective actions prior to the onsite investigation. Per interview with the DON and per record review, after staff reported the incident to the DON, the DON went to the facility and initiated an investigation. Required reports to State Agencies were submitted in a timely manner and local authorities were contacted. Staff 'A' was immediately suspended and subsequently terminated. Review of personnel records of Staff 'A' reveal the staff member was appropriately screened, had received annual Abuse Prevention training, and had no disciplinary records. Res. #1's Plan of Care was updated to reflect the incident and behaviors, and Social Services followed up with the resident for 3 days after the incident to ensure the resident's physical and emotional wellbeing. All staff were given in-service education after the incident that included dementia and resident behaviors, and Abuse Prevention, Identification, and Reporting. Interviews with current staff revealed staff able to demonstrate knowledge of Abuse procedures and protocols.</p>	F 600			