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

November 24, 2020

Mr. Christopher Phillips, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

Dear Mr. Phillips:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 20, 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

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 10/20/2020

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 on-site complaint investigation was conducted by the Division of Licensing and Protection at Springfield Health and Rehabilitation Center on 10/19 -10/20/2020. The following regulatory violations were indentified:	F 000		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by; Based upon interview and record review, the facility failed to ensure 1 resident [Res. #1] of 4 sampled residents receiving Controlled Substance medications, remained free of significant medication errors. Findings include: Per review of Res. #1's medical record, the resident's diagnoses included progressive Alzheimer's disease and the resident was placed on hospice care on 12/4/19. On 12/3/19, a physician's order was written for Morphine Sulfate [a 'Controlled Drug'] in a concentration of 20 milligrams [mg] per 1 milliliter [ml] to be given as needed [PRN]. The dose was for 0.5 ml [10 mg] for respiratory distress/moderate pain, or 1 ml [20mg] to be given for respiratory distress/severe pain. Per review of Res. #1's Medication Administration Record [MAR], from the date of the order on 12/3/19 to 6/26/20, the Morphine Sulfate was not used, and on 6/26/20, a physician's order	F 760	1.Resident #1 and #3's discontinued morphine were disposed/destroyed 2.A facility wide audit of current residents receiving morphine was completed to evaluate physician's orders, transcription of morphine orders, and disposal/destruction of expired/discontinued medication. 3.DON or designee will in-service licensed nurses regarding transcription of physicians morphine orders, disposal/destruction of expired/discontinued medications, administration of morphine, and dosage calculation. 4.DON or designee will perform audits of transcription of physician's morphine orders, disposal/destruction of expired/discontinued medications, administration of morphine, and dosage calculation weekly X 4 weeks and then monthly X 2 months and results of these audits will be presented to the QAPI committee for review and determine the need for any further action. F-760 POC accepted 11/24/20 T. Doughtery RN/SPenny RN	11/17/20 11/17/20 11/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/13/2020

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 760	Continued From page 1 discontinued the medication. Per review of the facility's policy 'Disposal/Destruction of Expired or Discontinued Medication', dated 12/1/07, "Once an order to discontinue a medication is received, Facility staff should remove this medication from the resident's medication supply". Additionally, review of the facility's 'Controlled Drugs: Management of' policy, revised 11/1/19, states "The management of controlled drugs- including the ordering, receipt, storage, administration, ongoing inventory, and destruction- is conducted under the direction and ultimate responsibility of the Center Executive Director and Center Nurse Executive and follows safe practice and federal/state guidelines". An interview was conducted with Staff 'A' on 10/20/20 at 8:59 AM. Staff 'A' stated that on 10/8/20 "I received in morning report that [Res. #1] was actively dying." Staff 'A' continued that the Hospice Nurse "saw the resident, got hold of the Doctor, who faxed her orders for Morphine Sulfate." Per review, Physician Orders for Res. # 1 dated 10/8/20 include 'Morphine Sulfate (Concentrate) Solution 100 mg/5ml *Controlled Drug*, Give 0.25 ml by mouth every 1 hour as needed for shortness of breath/pain. Staff 'A' stated "I put the orders in the computer and faxed them to Pharmacy. We didn't have the Morphine in the concentration that was ordered. [Res. #1] had the old Morphine in the medication cart." Staff 'A' further stated "[Res. #1] was in such distress, and the family was in there watching [Res. #1] struggle. I decided to use what was there. I calculated it a million times before. I calculated wrong. The calculations came out to 1 ml. I gave	F 760		

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F 760	Continued From page 2 it to her 4 times." Review of the facility's Controlled Substances Book revealed that Staff 'A' documented as having given 1 ml of Morphine Sulfate, equaling 20 mg, 4 times to the resident. The Physician Order calls for 0.25 ml, equaling 5 mg, to be given. Further review of Res. #1's medical record revealed the resident received the last incorrect dose of Morphine from Staff 'A' at 2:25 PM on 10/8/20. The oncoming nurse gave the resident 2 additional doses of the Morphine at the correct dosage, at 5:00 PM and 6:00 PM. At 6:43 PM, Res. #1 expired. An interview was conducted with the Nurse Practice Educator [NPE] on 10/19/20 at 2:28 PM. The NPE stated that 'at this point' only Staff 'A' had been in-serviced and re-educated on medication administration and tested on competency including calculation of dosage. The NPE reported that h/she had only been in his/her position since August 2020, and that h/she and the DON 'were going to come up with an education plan' for the remaining nursing staff regarding the concerns related to the incident. An interview was conducted with the Interim Center Nurse Executive/Director of Nursing [DON] on 10/20/20 at 10:30 AM. The DON confirmed that regarding the wrong dosage of Morphine given Res. #1 that a significant medication error had occurred. The DON was asked what had been done to ensure policies and procedures were followed, and if any preventative measures had been put in place since this incident? The DON stated "Not that I know of."	F 760		
F 761 SS=D	Label/Store Drugs and Biologicals	F 761		

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F 761	Continued From page 3 CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure discontinued medications were removed or stored in a safe manner for 2 residents [Res. #1 and Res. #3] of 4 sampled residents on Controlled Substance medications. Findings include: 1.) Per review of Res. #1's medical record, the resident's diagnoses included progressive Alzheimer's disease, and the resident was placed	F 761	1.Resident #1 and #2's discontinued medications have been disposed/destroyed 2.All medication carts were inspected to evaluate for expired/discontinued narcotics 3.DON or designee will in-service licensed nurses regarding disposal/destruction of expired/discontinued medications 4.DON or designee will perform audits of transcription of physicians morphine orders, disposal/destruction of expired/discontinued medications weekly X 4 weeks and then monthly X 2 months and results of these audits will be presented to the QAPI committee for review and determine the need for any further action. F-761 POC accepted 11/24/20 T. Dougherty RN/S. Lunger	11/17/20 11/17/20 11/17/20

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F 761	Continued From page 4 on hospice care on 12/4/19. On 12/3/19, a physician's order was written for Morphine Sulfate [a 'Controlled Drug'] in a concentration of 20 milligrams [mg] per 1 milliliter [ml] to be given as needed [PRN]. The dose was for 0.5 ml [10 mg] for respiratory distress/moderate pain, or 1 ml [20mg] to be given for respiratory distress/severe pain. Per review of Res. #1's Medication Administration Record [MAR], from the date of the order on 12/3/19 to 6/26/20, the Morphine Sulfate was not used, and on 6/26/20, a physician's order discontinued the medication. Per review of the facility's policy 'Disposal/Destruction of Expired or Discontinued Medication', dated 12/1/07, "Once an order to discontinue a medication is received, Facility staff should remove this medication from the resident's medication supply", and "Facility should place all discontinued or outdated medications in a designated, secure location which is solely for discontinued medications or marked to identify the medications are discontinued and subject to destruction." Review of the facility's 'Disposal of Medication Waste' policy, dated 11/01/19 reveals "Medications for disposal include: Discontinued, expired, or contaminated medications not returned to the pharmacy". Additionally, review of the facility's 'Controlled Drugs: Management of' policy, revised 11/1/19, states "The management of controlled drugs- including the ordering, receipt, storage, administration, ongoing inventory, and destruction- is conducted under the direction and ultimate responsibility of the Center Executive Director and Center Nurse Executive and follows safe practice and federal/state guidelines". An interview was conducted with Staff 'A' on 10/20/20 at 8:59 AM. Staff 'A' stated that on	F 761		

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F 761	Continued From page 5 10/8/20 "I received in morning report that [Res. #1] was actively dying." Staff 'A' continued that the Hospice Nurse "saw the resident, got hold of the Doctor, who faxed her orders for Morphine Sulfate." Per review, Physician Orders for Res. # 1 dated 10/8/20 include 'Morphine Sulfate (Concentrate) Solution 100 mg/5ml *Controlled Drug*, Give 0.25 ml by mouth every 1 hour as needed for shortness of breath/pain. Staff 'A' stated "I put the orders in the computer and faxed them to Pharmacy. We didn't have the Morphine in the concentration that was ordered. [Res. #1] had the old Morphine in the medication cart. Staff 'A' further stated "[Res. #1] was in such distress, and the family was in there watching [Res. #1] struggle. I decided to use what was there. I calculated it a million times before. I calculated wrong. The calculations came out to 1 ml. I gave it to her 4 times. Usually the primary nurse and unit manager get rid of things that are not needed anymore." Review of the facility's Controlled Substances Book revealed that Staff 'A' documented as having given 1 ml of Morphine Sulfate, equaling 20 mg, 4 times to the resident. The Physician Order calls for 0.25 ml, equaling 5 mg, to be given. During the interview on 10/20/20, Staff 'A' reported "I think if the medication wasn't in there, I wouldn't have used it." Further review of Res. #1's medical record revealed the resident received the last incorrect dose of Morphine at 2:25 PM on 10/8/20. The oncoming nurse gave the resident 2 additional doses of the Morphine at the correct dosage, at 5:00 PM and 6:00 PM. At 6:43 PM, Res. #1	F 761		

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F 761	Continued From page 6 expired. 2.) A review was conducted of the medical record for Res. #3, who's Physician Orders included an order for Morphine Sulfate 0.5 ml [10mg] every hour as needed. Further review revealed an order for the medication to be discontinued on 1/22/20. Per review of the facility's Controlled Substances Book regarding Res. #3's Morphine, the medication was not removed or destroyed but remained available in the medication cart for greater than 5 months, when it was removed on 6/25/20. An interview was conducted with the Nurse Practice Educator [NPE] on 10/19/20 at 2:28 PM. The NPE stated that 'at this point' only Staff 'A' had been in-serviced and re-educated on medication administration, medication storage, and tested on competency including calculation of dosage. The NPE reported that h/she had only been in his/her position since August 2020, and that h/she and the DON 'were going to come up with an education plan' for the remaining nursing staff regarding the concerns related to Res. #1. The NPE further stated that h/she was not familiar with the facility's policies regarding medication errors, administration, and storage, but was 'familiar with where to find them, but would have to pull them up to read them'. An interview was conducted with the Interim Center Nurse Executive/Director of Nursing [DON] on 10/20/20 at 10:30 AM. The DON confirmed that regarding the wrong dosage of Morphine given Res. #1 that a significant medication error had occurred. The DON was asked what had been done to ensure policies and procedures were followed, and if any preventative measures had been put in place	F 761		

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F 761	Continued From page 7 since this incident? The DON stated "Not that I know of." The DON further reported that h/she was not aware of whose responsibility it was to remove discontinued medications from the medication carts, and that after an initial audit immediately following the incident with Res. #1, no other audits or monitoring were scheduled to ensure medications were properly stored, administered, and discontinued per federal/state regulations. The DON also confirmed the medication for Res. #3 should have been removed from the medication cart when the medication order was discontinued on 1/22/20, per facility policy and to ensure resident safety, and should not have remained in the medication cart for greater than 5 months after the discontinuation order.	F 761		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §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. §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- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and	F 842	1.Resident #1 no longer resides at the facility Resident #2 has accurately documented medication records 2.A facility wide audit of current residents receiving morphine was completed to evaluate accuracy of documentation of morphine administration. 3.DON or designee will in-service licensed nurses regarding the documentation of morphine administration. 4.DON or designee will perform audits of documentation of morphine administration weekly X 4 and then monthly X 2 and results of these audits will be presented to the QAPI committee for review and determine the need for any further action. F 842 POC accepted 11/24/20 T. Dougherty RN/S. Leary RN	11/17/20 11/17/20 11/17/20

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F 842	Continued From page 8 (iv) Systematically organized §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- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided;	F 842		

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F 842	Continued From page 9 (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to maintain accurate medical records regarding medication administration for 2 residents [Res. #1 & Res. #2] of 4 sampled residents. Findings include: 1.) Per review, Physician Orders for Res. # 1 dated 10/8/20 include 'Morphine Sulfate (Concentrate) Solution 100 mg/5ml *Controlled Drug*, Give 0.25 ml by mouth every 1 hour as needed for shortness of breath/pain.' Review of the facility's Controlled Substances Book revealed that Staff 'A' documented as having given 1 ml of Morphine Sulfate, equaling 20 mg, 4 times to the resident, once an hour, beginning at 11:00 AM Per review of Res. #1's Medication Administration Record [MAR], dated 10/8/20, reveal Staff 'A' signed as having administered 0.25 ml of Morphine Sulfate, equaling 5 mg, 4 times, once an hour, beginning at 11:00 AM 2.) Review of Physician Orders for Res. #2 reveal an order dated 9/10/2020 for Morphine sulfate 20 milligrams [mg] per 1 milliliter [ml], give 0.5ml [10mg] every hour as needed. Per review of the facility's Controlled Substances Book regarding Res. #2's Morphine, the	F 842		

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F 842	Continued From page 10 Controlled Substances Book records Res. #2 being administered the Morphine 4 times; on 10/1, 10/3, 10/9, & 10/10. The Controlled Substances Book narcotics count is verified by 2 nurses at the end of every shift. Per review of Res. #2's Medication Administration Record [MAR] on 10/20/20, Nursing staff signed as having administered the Morphine only 3 times between 10/1 and 10/10: there is no documentation on the MAR that Res. #2 received a dose of the controlled medication on 10/9/20. An interview was conducted with the Interim Center Nurse Executive/Director of Nursing [DON] on 10/20/20 at 10:30 AM. The DON confirmed that Res. #1 was given 4 doses of Morphine at 1mg each, and it was documented on the resident's MAR as having received doses of 0.25mg each. The DON also confirmed that Res. #2's MAR showed the resident having received 3 doses of Morphine between 10/1 and 10/10, and the Controlled Substances Book, whose count is verified by 2 Nurses, documents the resident was given 4 doses. Per interview with the DON and the facility's Nurse Practice Educator [NPE], no monitoring, auditing, education or in-services had been conducted regarding inaccurate documentation on residents' medical records.	F 842		