

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

July 30, 2021

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 **June 30, 2021**. 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: 475025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/30/2021
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 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 6/30/21. There were regulatory violations identified.	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statements of deficiencies. Springfield Rivers has prepared and executed a plan of correction as evidence of the facilities continued compliance with applicable federal and state laws.	
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 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	F 656	F 656 Develop/Implement Comprehensive Care Plan Resident #1 is no longer in facility. All newly admitted residents have the potential to be affected by this alleged deficient practice. A house wide audit was conducted on all newly admitted residents to ensure compliance with care plan interventions regarding medications. All licensed nurses have been re-educated on Nursing Policy NSG102 and ensuring residents care plan interventions have been implemented regarding medications. This was completed July 31, 2021. The DNS or designee will conduct random audits on new admissions to ensure medication compliance with care plan weekly x 4 then monthly X 2. Results of these audits will be brought to the QAPI committee for review and recommendations.	7/31/2021

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



TITLE

Administrator

(X6) DATE

7/22/21

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 656	<p>Continued From page 1</p> <p>desired outcomes.</p> <p>(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.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon interview and record review, the facility failed to implement care plan interventions regarding medications for 1 resident [Res.#1] of 4 sampled residents.</p> <p>Findings include:</p> <p>Review of the medical record for Res.#1 reveals the resident was admitted to the facility on 5/14/21 with diagnoses that included Hypertension [High Blood Pressure], Chronic Kidney Disease, Bipolar Disorder, allergic rhinitis, and Post Traumatic Stress Disorder.</p> <p>Review of Res.#1's Care Plan reveals the resident identified as having "an alteration in neurological status related to dementia" and "uses psychotropic medication related to depression and Post Traumatic Stress Disorder". Interventions for both identified areas in the Care Plan include "Administer medications as ordered".</p> <p>Review of Physician Orders for medications for Res.#1 reveal orders for:</p> <p>-Torseamide tablet 20 milligrams [mg]- give 1 tablet by mouth one time a day for Hypertension The start date is 5/15/2021</p>	F 656	Tag F 656 POC Accepted on 7/28/21 T. Dougherty/P. Cota		

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F 656	<p>Continued From page 2</p> <p>-Lamotrigine tablet 200mg give 1 tablet by mouth two times a day for bipolar disorder Start date 5/14/2021</p> <p>-Buspirone tablet 10mg give 2 tablet by mouth 3 times a day for depression Start date 5/15/21</p> <p>-Calcitriol Capsule 0.5 micrograms [MCG] Give 1 capsule by mouth one time a day every Mon, Wed, Fri for Vitamin D deficiency Start date 5/17/21</p> <p>-Nasonex Suspension 50 MCG- 2 spray in both nostrils one time a day for allergic rhinitis for 30 Days. Start date 5/17/21</p> <p>Per review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/15/21 at 7:00 AM, the MAR lists the code "16" for the medication 'Torsemide tablet 20mg give 1 tablet by mouth one time a day for Hypertension'. Reference for the code '16' on the MAR reads '16 = Hold/See Nurses Notes'.</p> <p>Review of Nurses Notes for 5/15/2021 at 8:28 AM read "drug not available, not in back up".</p> <p>Review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/15/21 at 7:00 AM lists the code "16" for the medication 'Lamotrigine tablet 200mg give 1 tablet by mouth two times a day for bipolar disorder. Review of Nurses Notes for 5/15/2021 at 8:29 AM read "drug not available, not in back up".</p> <p>Review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/16/21 8:00 AM lists the code "16" for the medication 'Buspirone Hcl tablet 10mg give 2 tablet by mouth 3 times a day for depression'.</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>Review of Nurse Notes for 5/16/2021 07:55 AM read "unavailable, ordered."</p> <p>Review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/17/2021 lists the code "16" for the medication 'Calcitriol Capsule 0.5 MCG- Give 1 capsule by mouth one time a day every Mon, Wed, Fri for Vitamin D deficiency' Review of Nurse Notes for 5/17/2021 7:34 AM regarding the medication read "unavailable on order from Pharmacy."</p> <p>Review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/19, 5/20, & 5/21/2021 lists the code "16" for the medication 'Nasonex Suspension 50 MCG/ACT 2 sprays in both nostrils one time a day for allergic rhinitis for 30 Days'. Review of Nurse Notes for 5/19, 5/20, & 5/21/2021 read respectively "awaiting delivery from pharmacy", "unavailable pharmacy notified", and "unavailable. on order."</p> <p>Review of the facility's Medication Shortages Policy reveals "The facility nurse must make every effort to ensure a medication ordered for the resident is available to meet their needs." Under 'Procedures', the policy reads "Nursing staff shall, if the shortage will impact the patient's immediate need of the ordered product: a) Notify the attending physician of the situation, explain the circumstances, expected availability and optional therapy[ies] that are available. b) Obtain a new order and cancel/discontinue the order for the non-available medication."</p> <p>An interview was conducted with the Director of Nursing [DON] on 6/30/21 at 10:34 AM. The DON</p>	F 656			

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F 656	Continued From page 4 stated that if a resident's medication was not available, Nursing staff would call the provider regarding the missing medication and receive orders as to how to proceed, and the physician notification would be documented in the Nurses Notes, along with the Physician recording their notification and response in Progress Notes. Per review of Res.#1's medical record, there is no documentation that Nursing notified the Physician regarding the missed doses of medication, and no documentation from the Physician that they were notified. Per interview with the DON, the DON stated that Nursing holds daily verbal meetings with the Physician, and the missed medications would have been discussed during the verbal meetings. The DON confirmed that there was no documentation regarding any discussion regarding the multiple missed medications on any of the multiple days the medications were not administered as ordered.	F 656			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure services provided met professional standards of quality regarding resident medications administered as ordered for 1 resident [Res.#1] of 4 sampled residents. Findings include: Review of the American Nurses Association's	F 658	F 658 Services Provided Meet Professional Standards Resident #1 is no longer in facility. All newly admitted residents have the potential to be affected by this alleged deficient practice. A facility wide audit of medications available was conducted to ensure compliance for services provided by the facility as outlined by the comprehensive care plan, to meet the professional standards of quality.		

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F 658	Continued From page 5 Standards of Professional Nursing Practice (Nursing: Scope and Standards of Practice (wordpress.com)) reveals "The Standards of Professional Nursing Practice are authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently". Under 'Standard 5. Implementation: -The registered nurse implements the identified plan. - Implements the plan in a timely manner in accordance with patient safety goals. -Documents implementation and any modifications, including changes or omissions, of the identified plan'. Review of Res.#1's Care Plan reveals the resident identified as having "an alteration in neurological status related to dementia" and "uses psychotropic medication related to depression and Post Traumatic Stress Disorder". Interventions for both identified areas in the Care Plan include "Administer medications as ordered". Review of the medical record for Res.#1 reveals the resident was admitted to the facility on 5/14/21 with diagnoses that included Hypertension [High Blood Pressure], Chronic Kidney Disease, Bipolar Disorder, allergic rhinitis, and Post Traumatic Stress Disorder. Review of Physician Orders for medications for Res.#1 reveal orders for: Torsemide tablet 20 milligrams [mg]- give 1 tablet by mouth one time a day for Hypertension The start date is 5/15/2021 Lamotrigine tablet 200mg give 1 tablet by mouth	F 658	All licensed nurses have been educated to Nursing Policy NSG305, NSG 306, and Pharmacia Medication Shortages, medication Incident Reporting. This was completed on July 31, 2021. The DON or designee will conduct "admission medication arrival audit" to ensure that services provided meet professional standards. This random audit will be performed on admission weekly x 4, then monthly x 2. Results of these audits will be brought to the QAPI committee for review and recommendations. Tag F 658 POC Accepted on 7/28/21 T. Dougherty/P. Cota	7/31/2021	

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F 658	<p>Continued From page 6</p> <p>two times a day for bipolar disorder Start date 5/14/2021</p> <p>Buspirone tablet 10mg give 2 tablet by mouth 3 times a day for depression Start date 5/15/21</p> <p>Calcitriol Capsule 0.5 micrograms [MCG] Give 1 capsule by mouth one time a day every Mon, Wed, Fri for Vitamin D deficiency Start date 5/17/21</p> <p>Nasonex Suspension 50 MCG- 2 spray in both nostrils one time a day for allergic rhinitis for 30 Days. Start date 5/17/21</p> <p>Per review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/15/21 at 7:00 AM, the MAR lists the code "16" for the medication 'Torsemide tablet 20mg give 1 tablet by mouth one time a day for Hypertension'. Reference for the code '16' on the MAR reads '16 = Hold/See Nurses Notes'.</p> <p>Review of Nurses Notes for 5/15/2021 at 8:28 AM read "drug not available, not in back up".</p> <p>Review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/15/21 at 7:00 AM lists the code "16" for the medication 'Lamotrigine tablet 200mg give 1 tablet by mouth two times a day for bipolar disorder. Review of Nurses Notes for 5/15/2021 at 8:29 AM read "drug not available, not in back up".</p> <p>Review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/16/21 8:00 AM lists the code "16" for the medication</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>'Buspirone Hcl tablet 10mg give 2 tablet by mouth 3 times a day for depression'. Review of Nurse Notes for 5/16/2021 07:55 AM read "unavailable, ordered."</p> <p>Review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/17/2021 lists the code "16" for the medication 'Calcitriol Capsule 0.5 MCG- Give 1 capsule by mouth one time a day every Mon, Wed, Fri for Vitamin D deficiency' Review of Nurse Notes for 5/17/2021 7:34 AM regarding the medication read "unavailable on order from Pharmacy."</p> <p>Review of the Medication Administration Record [MAR] for Res.#1 for May 2021 on 5/19, 5/20, & 5/21/2021 lists the code "16" for the medication 'Nasonex Suspension 50 MCG/ACT 2 sprays in both nostrils one time a day for allergic rhinitis for 30 Days'. Review of Nurse Notes for 5/19, 5/20, & 5/21/2021 read respectively "awaiting delivery from pharmacy", "unavailable pharmacy notified", and "unavailable. on order."</p> <p>Review of the facility's Medication Shortages Policy reveals "The facility nurse must make every effort to ensure a medication ordered for the resident is available to meet their needs." Under 'Procedures', the policy reads "Nursing staff shall, if the shortage will impact the patient's immediate need of the ordered product: a) Notify the attending physician of the situation, explain the circumstances, expected availability and optional therapy[ies] that are available. b) Obtain a new order and cancel/discontinue the order for the non-available medication."</p>	F 658			

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

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F 658	Continued From page 8 An interview was conducted with the Director of Nursing [DON] on 6/30/21 at 10:34 AM. The DON stated that if a resident's medication was not available, Nursing staff would call the provider regarding the missing medication and receive orders as to how to proceed, and the physician notification would be documented in the Nurses Notes, along with the Physician recording their notification and response in Progress Notes. Per review of Res.#1's medical record, there is no documentation that Nursing notified the Physician regarding the missed doses of medication, and no documentation from the Physician that they were notified. Per interview with the DON, the DON stated that Nursing holds daily verbal meetings with the Physician, and the missed medications would have been discussed during the verbal meetings. The DON confirmed that there was no documentation regarding any discussion regarding the multiple missed medications on any of the multiple days the medications were not administered as ordered.	F 658			