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 2, 2022

Mr. Carl Pratt, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

Dear Mr. Pratt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on October 20, 2022**.** 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 10/20/2022

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 The Division of Licensing and Protection conducted an onsite, unannounced investigation of a complaint on 10/19/2022. The investigation concluded on 10/20/2022. The following regulatory violation was cited as a result:	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. Springfield Health and Rehabilitation Center has prepared and executed a plan of correction as evidence of the facilities continued compliance with applicable federal and state laws.	**Date of Compliance: Nov 11, 2022**
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and record review, the facility failed to provide adequate supervision to prevent accidents for one of five sampled residents (Resident #1) as evidenced by continued unwanted touching between residents. Findings include: 1. Per record Review, Resident #1 has a primary diagnosis of Unspecified Dementia with Behavioral Disturbance and a BIMS (brief interview of mental status) score of 1 (severely impaired cognition) per the 8/2/2022 MDS (minimum data set) assessment. Per review of nursing progress notes, Resident #1 was reported to have intruded on their roommate's space and to have touched their roommate, Resident #2, on their legs against their will on 8/30/2022, 8/31/2022, 9/4/2022, 9/10/2022, and 9/15/2022. Many of these incidences of	F 689	Resident #1 now resides in a private room. Resident #2 & #3 have been relocated to other rooms and resident #1, 2, and 3 are having their needs met. A house wide audit was conducted on all residents diagnosed with dementia with behavioral disturbances to ensure interventions are in place and care plans accurately reflect the interventions. All licensed nurses were re-educated on: NSG206 Behaviors: Management of Symptoms and OPS100: Accidents and Incidents. The DNS or designee will conduct random weekly audits X 4 and monthly X 2 of residents with the diagnosis of dementia with behaviors to ensure interventions are appropriate and care plans are updated. The results of these audits will be brought to QAPI for review and further interventions if needed. Tag F689 POC Accepted on 11/2/2022 by K. Ruffe/P.Cota	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Administrator — (X6) DATE 10/31/22

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 689	Continued From page 1 unwanted touching occurred several times on the same day. Per a nursing note on 8/31/2022, "redirected x 4 (four times) this shift for touching [their] roommate while [they were] sleeping. Resident pulls back privacy curtain and goes over to roommate's bed, then begins to rub [their legs]. Roommate is very upset about this behavior. Resident has no PRN (medications as needed) available for behaviors." There are many additional notes of this nature regarding Resident 1. Per progress notes, Resident #1 has also touched staff inappropriately against their will. Per a nursing note on 9/15/2022, "LNA (licensed nursing assistant) reported when she answered the call light, the resident was touching and feeling [their] roommate. Pulling back the covers, rubbing [their] legs. Roommate very upset. LNA stated she closed the curtain for roommate privacy. LNA stated once the curtain was closed, resident lifted up the curtain and began to feel the LNA's buttocks and put [their] hand between the LNA's legs. LNA redirected resident back to [their] side of the room to own bed." Per review of Resident #1's care plan, there is no mention of any behaviors exhibited by Resident #1 or any plan for intervention/prevention. Per review of Resident #1's orders, there is an order for "Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Wandering, difficult to redirect, yelling/swearing at staff, document in nursing note every shift for behavior monitoring" ordered on 1/24/2022. This order does not mention intrusive behaviors towards others and has not been updated since the intrusive behavior took place. Per review of Resident #2's MDS data	F 689		

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F 689	Continued From page 2 from 7/20/2022, Resident #2 has a BIMS score of 9 (moderately intact cognition). Per review of progress notes, there is a social work note from 9/15/22 that reads, "SW (social work) met with [Resident #2] to discuss possible room change ... [Resident #2] would like to move as [they are] unhappy with [their] current room." Per review of resident census on 9/15/2022, Resident #2 was moved to a different room. Resident #3 was admitted to Resident #2's former bed the same day that Resident #2 was moved out. At present, Resident #3 resides with Resident #1 in the same room. Resident #3 has a BIMS score of 2 (severely impaired cognition), per 8/12/2022 MDS data, and a primary diagnosis of Dementia. Per interview on 10/19/2022 at approximately 1:45 PM, a facility LNA who works regularly with Resident #1 stated that they were aware of the instances of Resident #1 touching Resident #2 but that they are not aware of any specific interventions to prevent reoccurrences of this behavior. Per interview with Resident #2 on 10/19/2022 at approximately 2:00 PM, Resident #2 recalled the occurrences of unwanted touching by Resident #1. Resident #2 stated that the touching made them feel "used" and "unsafe." Resident #2 felt that staff were not doing enough to prevent reoccurrences and that the unwanted touching happened over many days on many occasions, often within minutes of each other. The touching only stopped once Resident #2 requested a room change. Per interview on 10/19/2022 at approximately 2:15 PM, a facility LPN (licensed practical nurse)	F 689		

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F 689	Continued From page 3 who works regularly with Resident #1 confirmed that they were aware of Resident #1's history of intrusive behavior and inappropriate touching of another resident but that they were not aware of any plan of care or interventions to prevent reoccurrence. Per interview on 10/19/2022 at approximately 2:45 PM, the Administrator and Interim Director of Nursing confirmed that they were not aware of the instances of intrusive behavior and inappropriate touching by Resident #1 and that there had been no plan of care developed or implemented to prevent a reoccurrence of this behavior towards other residents.	F 689		