



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

January 3, 2023

Ms. Wendy Ness, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

Dear Ms. Ness:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 1, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 12/15/2022
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 12/01/2022
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHESTER RD SPRINGFIELD, VT 05156		
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F 657	Continued From page 1 Based on staff interview and record review, the facility failed to revise the care plan following a fall for one of 3 sampled residents (Resident #1). Findings include: Per record review, a progress note from 9/3/2022 at 2:10 PM reads, "Resident hollering more than usual, entered room and observed resident laying face down on floor parallel to bed. Assessed for injury at this time, not finding any multiple staff assisted resident back to bed." Per review of Resident #1's care plan for "[Resident #1] is at risk for falls" initiated on 12/1/2020, there were no updates or changes to the care plan interventions following the 9/3/2022 fall. Per record review, Resident #1 had a fall of a similar nature to the one that occurred on 9/3/2022. A progress note from 11/6/2022 at 5:39 AM reads, "At approximately 0200am LNA (licensed nursing assistant) made me aware resident was on floor. When I arrived, res was face down on floor at bed side. On observation blood was noted on left side of head with bruising and swelling." Per interview on 12/1/2022 at approximately 3:00 PM, the Administrator confirmed that there was no new interventions or changes added to Resident #1's care plan following the 9/3/2022 fall.	F 657			
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with	F 725			

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F 725	<p>Continued From page 2</p> <p>the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that the facility has sufficient nursing staff to provide nursing services to maintain the highest practicable well-being of each resident for 3 sampled residents (Residents #2-4). Findings include:</p> <p>1. Per observation of the first-floor unit on 10/30/22 at approximately 1000, the nurse assigned to care for all residents on the floor was the facility's MDS (minimum data set) coordinator. Per interview, they confirmed that the role they</p>	F 725	<p>#1 Resident #2, #3 and #4 are receiving their medication as ordered</p> <p>#2 The medication administration audit will be reviewed for the past seven days and the MD will be notified of any medications omitted</p> <p>#3 Licensed nursing staff will be educated on the process to follow if a medication cannot be administered as ordered.</p> <p>#4 The medication administration audit report will be reviewed weekly x 4 weeks then monthly x 2 months to ensure medication administration compliance. Results will be presented and reviewed at QAPI on a monthly basis until substantial compliance has been determined.</p> <p>Tag F725 POC Accepted on 01/03/2023 by K.Ruffe/P.Cota</p>	1/3/2023

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F 725	<p>Continued From page 3</p> <p>were filling was not their hired position. They stated that they were trying to finish morning medications scheduled for 8:00 AM.</p> <p>Per observation of the second-floor unit on 10/30/22 at approximately 1030, the nurse assigned to care for all residents on the floor was the facility's nurse educator and Infection Preventionist. Per interview, they confirmed that the role they were filling was not their hired position. They also stated that they have been filling in nurse vacancies on the units for "several weeks." They stated that they were trying to finish morning medications scheduled for 8:00 AM. Per interview on 11/30/22 at approximately 1100, the facility Administrator stated that the facility has been struggling with finding enough nurses to fill vacancies, even with recruiting for agency nurses. The Administrator also stated that the facility was working to even out the resident census between the two floors (by moving residents from their original rooms) in the event that they can only find one nurse to cover both sides of one unit. The Administrator confirmed that they were currently operating short a nurse on the second floor and that there was a vacant nurse position for the coming evening shift that they were struggling to fill.</p> <p>Per interview on 11/30/22 at approximately 3:45 PM, an agency RN (registered nurse) stated that they have been at the facility on contract for 12 weeks. Of those 12 weeks, they have worked every day, often double shifts (evening shift into night shift). They stated that they are afraid to not work because they have seen residents not get their medications or treatments on their off shifts so frequently. They try to catch up on the missing medications and treatments during their shifts, or</p>	F 725			

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F 725	<p>Continued From page 4</p> <p>stay beyond their double shift into the morning to help pass medications. Per the nurse, they have been asked by the facility to be the only nurse for the entire facility on night shift on one occasion, though that did not end up being the case.</p> <p>Per phone interview on 12/1/22 at approximately 10:00 AM, a facility LPN (licensed practical nurse) who primarily works on the night shift stated that there is often no one scheduled to come in and relieve them in the morning. They often stay into the morning in order to give residents their medications. They confirmed that they have been the only nurse on night shift for the whole facility on one occasion, though they could not remember when it was.</p> <p>Per record review, Residents #2, #3, and #4 all had the following note in their chart on 11/25/22, written by the MDS Coordinator: "MD (medical director) aware that AM medications on 11/24/22 were not given."</p> <p>Per interview on 12/1/22 at approximately 11:00 AM, the MDS Coordinator confirmed that the nurse assigned to the second-floor unit on the 12/24/22 day shift did not give morning medications to residents on the west wing, despite being assigned to both the east and west wing. It was the MDS Coordinator's job to inform the Medical Director and document the notification in all applicable resident records.</p> <p>Per interview on 12/1/22 at approximately 12:20 PM, the Administrator confirmed that the nurse assigned to the second floor on 12/24/22 day shift was aware that they were assigned all residents on the second floor but did not give morning medications to residents on the west wing. The</p>	F 725			

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F 725	Continued From page 5 Administrator also confirmed that this was a nurse sent from another facility to fill a vacancy in the facility's schedule.	F 725			

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S320 SS=F	<p>7.13 (d)(1) QUALITY OF CARE - STAFFING LEVELS</p> <p>7.13 (d)(1) The facility shall maintain staffing levels adequate to meet resident needs.</p> <p>1. At a minimum, nursing homes must provide:</p> <p>i. no fewer than three (3) hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and</p> <p>ii. of the three hours of direct care, no fewer than two (2) hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to maintain required minimum staffing levels to allow for 3.0 hours of direct care per resident per day (PPD) on a weekly average, including nursing care, personal care and restorative nursing care. Findings include:</p> <p>Per review of the daily nursing PPD hours as calculated by the facility's timecard software, the average direct care PPD by qualifying nursing staff were as follows: Week of 11/1/22 through 11/7/22 - 2.97 Week of 11/8/22 through 11/14/22 - 2.89 Week of 11/15/22 through 11/21/22 - 2.52 Week of 11/22/22 through 11/28/22 - 2.49</p>	S320	<p>#1 Staffing levels are meeting the required minimum to allow for 3.0 hours of direct care per resident day.</p> <p>#2 All residents have the potential to be affected.</p> <p>#3 The scheduler will be educated on the state required staffing minimums.</p> <p>#4 PPD will be audited weekly x 4 weeks then monthly x 2 to ensure that state minimum of 3.0 hours of direct care per resident day are being met. Results will be presented and reviewed at QAPI on a monthly basis until substantial compliance has been determined.</p> <p>Tag S320 POC Accepted on 01/03/2023 by K.Ruffe/P.Cota</p>	1/3/2023

Division of Licensing and Protection

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

TITLE

Paqueline Thornton *Interim DON*

(X6) DATE

12/27/23

STATE FORM

6888

FW4U11

If continuation sheet 1 of 2

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S320	<p>Continued From page 1</p> <p>Per interview on 11/30/22 at approximately 3:00 PM, the facility scheduler was asked to manually calculate the PPD based on actual staff worked hours (as documented by punches in and out) for a random sample of dates listed as having PPD below 3.0 (11/3/22, 11/20/22, 11/21/22, 11/22/22, 11/23/22, 11/24/22, 11/28/22). The manual calculations confirmed PPD below 3.0 for all days.</p> <p>Per interview on 12/1/22 at approximately 1300, the Director of Nursing confirmed the days with PPD below 3.0 during November 2022.</p>	S320		