



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

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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

February 8, 2023

Mr. Bruce Kimball, Administrator  
Springfield Health & Rehab  
105 Chester Rd  
Springfield, VT 05156-2106

Dear Mr. Kimball:

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

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: 01/10/2023  
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 12/20/2022
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	F 000			
F 656 SS=E	<p>The Division of Licensing and Protection conducted an onsite, unannounced investigation of one complaint and one facility reported incident on 12/19/2022 with additional documentation received on 12/20/2022. The following regulatory violations were cited as a result:</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§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 -</p> <p>(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</p> <p>(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).</p> <p>(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.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p>	F 656	<p>Resident 1 &amp; 2 care plans will be reviewed and revised. Skin checks, physician orders, and documentation will be reviewed to assure facility policy for wound care is being followed.</p> <p>Current residents with wounds will be audited to validate skin checks, physician orders, documentation, and wound care are being followed per policy.</p> <p>Nursing staff will be reeducated on the facility policies and procedures for skin checks, physician orders, documentation, and facility policy and procedures for wound care.</p> <p>The Director of Nursing or designee will complete audits weekly x 4 then monthly x 2 for residents with wounds to validate wound management policies and procedures and physician orders are being followed. Results of the audits will be reported by DON to QAPI monthly to validate improvements.</p>	02/07/23	

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



TITLE

Interim Administrator 2-1-23

(X6) DATE

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>(A) The resident's goals for admission and 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>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to implement comprehensive person-centered care plans related to skin/wound care for 2 of 5 sampled residents (Residents #1 and #2). Findings include:</p> <p>1. Per record review, Resident #1 has a care plan focus of "Resident has actual skin breakdown" initiated on 8/31/2022. One of the care plan interventions includes "Weekly skin check by licensed nurse", initiated on 8/31/2022.</p> <p>Per review of weekly skin check documentation since 8/31/2022, weekly skin checks were documented on 8/31/2022, 9/7/2022, 9/14/2022, 9/23/2022, 9/30/2022, 10/7/2022, 12/2/2022, and 12/13/2022.</p> <p>Per review of the facility's policy Treatments, the policy states under practice standards, "5. Perform treatment, as ordered."</p>	F 656			

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F 656	Continued From page 2  Per interview on 12/19/2022 at approximately 2:30 PM, the Administrator confirmed that weekly skin checks were not documented weekly per the care plan.  2. Per record review, Resident #2 has a care plan focus of "Currently has treatments to bilateral great toes status post nail debridement by podiatry" initiated on 11/4/2022 and revised on 12/8/2022. One of the care plan interventions includes "Weekly skin check by licensed nurse", initiated on 11/4/2022.  Per interview on 12/19/2022 at approximately 2:30 PM, the Administrator confirmed that no weekly skin checks were documented per Res. #2's care plan.	F 656	<b>Tag F 656 Accepted on 2/8/23 by K. Ruffe/P. Cota</b>		
F 658 SS=E	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 on staff interview and record review, the facility failed to assure that services provided by the facility are provided according to professional standards regarding documentation, following physician orders, and following facility protocols for wound care for 2 of 5 residents in the sample (Residents #1 and #2). Findings include:  1. Per record review, Resident #1 has a diabetic wound on the top of their left foot. On 10/21/2022,	F 658	Resident 1 & 2 care plans will be reviewed and revised. Skin checks, physician orders, and documentation will be reviewed to assure facility policy for wound care is being followed.  Current residents with wounds will be audited to validate skin checks, physician orders, documentation, and wound care are being followed per policy.  Nursing staff will be reeducated on the facility policies and procedures for skin checks, physician orders, documentation, and facility policy and procedures for wound care.  The Director of Nursing or designee will complete audits weekly x 4 then monthly x 2 for residents with wounds to validate wound management policies and procedures and physician orders are being followed. Results of the audits will be reported by DON to QAPI monthly to validate improvements.	02/07/23	

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F 658	<p>Continued From page 3</p> <p>an order was placed for "left forefoot - cleanse area, apply xeroform and bordered gauze every evening shift" and was discontinued on 11/3/2022. Per Resident #1's treatment record, the wound dressing was marked as having been completed by Nurse 1 on 10/28/2022, 10/31/2022, and 11/1/2022 and by Nurse 2 on 10/29/2022. There was no administration of the dressing documented for the days 10/21/2022-10/27/2022, 10/30/2022, and 11/2/2022-11/3/2022.</p> <p>Per review of the facility's investigation documentation, the facility's Nurse Educator was performing wound rounds with the Nurse Practitioner on 11/3/2022 when the Nurse Educator observed Resident #1's left foot dressing dated 10/27/2022 with the Nurse Educator's initials. The Nurse Educator signed a statement on 12/8/2022 that stated the same information.</p> <p>Per record review, the facility's Nurse Practitioner, who performs wound rounds every Thursday, entered a progress note for Resident #1 on 11/3/2022 that states, "Wound Care is consulted for the treatment of pressure ulcers to sacrum and bilateral buttocks, left forefoot wound and left knee abrasion. 11/3/2022 - Unfortunately it does not appear the dressing has been changed since the DON (Director of Nursing - the Nurse Educator was Interim DON at the time) did it last week on rounds."</p> <p>Per interview on 12/19/2022 at approximately 1:00 PM, the Nurse Educator confirmed that no one had changed the dressing on Resident #1's foot since they themselves had on 10/27/2022 until 11/3/2022, despite there being</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>documentation that it had been changed on 10/28/2022, 10/29/2022, 10/31/2022, and 11/1/2022. The Nurse Educator also confirmed that the dressing was not documented as having been changed as ordered by the physician from 10/21/2022 through 10/27/2022, on 10/30/2022, and from 11/2/2022 through 11/3/2022. The Nurse Educator stated that they changed the dressing themselves on 10/27/2022 and 11/3/2022, but that they did not document that they did so in the treatment record. The Nurse Educator provided a picture of the wound, dated 10/27/2022 with the Nurse Educator's initials, which was date stamped on 11/3/2022 on their cell phone.</p> <p>Per review of the facility's policy Skin Integrity and Wound Management, the policy states, "6. The licensed nurse will: ... 6.6 perform daily monitoring of wounds or dressings for presence of complications or decline. 6.6.1 document daily monitoring of ulcer/wound site with or without dressing." Per review of the facility's policy Treatments, the policy states under practice standards, "5. Perform treatment, as ordered."</p> <p>Per interview on 12/19/2022 at approximately 2:30 PM, the facility's administrator confirmed that the dressing change for Resident #1 had not been completed as ordered by the physician and had not been documented as completed when appropriate to do so.</p> <p>Ref: Lippincott Manual of Nursing Practice (9th Edition) Wolters, Kluwer Health/Lippincott, Williams, &amp; Wilkens</p> <p>2. An observation and interview were conducted with Res. #2 on 12/19/22. Per observation, the</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>resident had multiple scabbed areas on h/her right shin that were open to air. There was a scabbed area on h/her right great toe, which was open to air and had no dressing. On h/her left great toe was a white gauze dressing with white tape. There was no date on the dressing. Per interview with the resident, the dressing on the left great toe gets changed "every other day". The resident could not recall when the dressing was changed last.</p> <p>Review of Physician Orders for Res. #2 include "Cleanse left great toe with normal saline, pat dry, apply Bacitracin Ointment and cover with a dry dressing and secure daily secondary to podiatry nail debridement one time a day for status post podiatry nail debridement until healed -Start Date 12/06/2022". Identical treatment orders are written for Res.#2's right great toe, also to start on 12/6/2022.</p> <p>Per review of Res. #2's Treatment Administration Record [TAR] beginning on 12/6/2022, the first day of wound treatment orders, the TAR has blank spaces for when Nursing initials after the treatment is completed on 4 of 13 days. On 12/12/2022, Nursing Notes record "resident stated a nurse did it already today". Further review reveals no documentation recording that the dressing was changed by any Nursing staff.</p> <p>On Thursday, 12/8/2022 Nursing notes document that "wound care team did this treatment". Per interview with Nurse Educator on 12/19/2022 at 1:00 PM, The Nurse Educator stated s/he is the only staff member that goes on weekly wound rounds with the physician. The Physician performs the wound rounds once a week, on Thursdays- that is the only day wound rounds are performed by the physician. The</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>Nurse Educator stated that Resident #2 was on a dialysis treatment schedule of Tuesday, Thursday, and Saturday, and that the resident is picked up for dialysis treatment at 6:00 AM. The Nurse Educator stated that the resident would have been at dialysis on Thursday, 12/8/2022, and would not have been seen by h/him or the Physician. The Nurse Educator stated that h/she has "never seen [Res.#2]" regarding wounds and treatment.</p> <p>Per review of Res. #2's medical record and dialysis treatment book, there was no documentation regarding the resident missing h/her dialysis treatment on 12/8/2022.</p> <p>Per interview on 12/19/2022 at approximately 2:30 PM, the facility's administrator [ADM] stated they would attempt to contact the nurse who documented that the resident had been seen by the wound team and received treatment and would then contact the Surveyor. As of 1/4/2023, the Surveyor had not received any additional information from the facility.</p> <p>Per interview on 12/19/2022 the facility's ADM and the Nurse Educator confirmed Res. #2 had documented wounds on both lower extremities. Both ADM and the Nurse Educator confirmed there was no documentation that the resident had received ordered treatments on 4 of 13 days. Also, on 2 additional days treatment was documented as having been done by someone other than the resident's assigned nurse with no documentation to support that record, and in one case, with the resident not being in the facility and the staff member documented as having performed the treatment stating they had "never seen" the resident for treatment.</p> <p>Additionally, per observation of the resident on 12/19/2022, the resident was ordered to have dressing changed daily on both great toes on</p>	F 658			



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F 658	Continued From page 7 h/her feet. Per observation, there was no dressing on the resident's Right great toe, and the dressing on the resident's Left great toe had no date written on it as to when it was last changed.	F 658	<b>Tag F 658 Accepted on 2/8/23 by K. Ruffe/P. Cota</b>		
F 686 SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on staff interview, and record review, the facility failed to ensure that residents with pressure ulcers receives necessary treatment and services to promote healing for 2 of 5 sampled residents (Residents #1 and #2). Findings include:  1. Per record review, Resident #1 has a diabetic ulcer on the top of their left foot. On 10/21/2022 an order was placed in Resident #1's chart for "left forefoot - cleanse area, apply xeroform and bordered gauze every evening shift." This order was discontinued on 11/3/2022. Per review of Resident #1's treatment administration record, there are no dressing changes marked as	F 686	Resident 1 & 2 care plans will be reviewed and revised. Skin checks, physician orders, and documentation will be reviewed to assure facility policy for wound care is being followed.  Current residents with wounds will be audited to validate skin checks, physician orders, documentation, and wound care are being followed per policy.  Nursing staff will be reeducated on the facility policies and procedures for skin checks, physician orders, documentation, and facility policy and procedures for wound care.  The Director of Nursing or designee will complete audits weekly x 4 then monthly x 2 for residents with wounds to validate wound management policies and procedures and physician orders are being followed. Results of the audits will be reported by DON to QAPI monthly to validate improvements.	02/07/23	

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F 686	<p>Continued From page 8</p> <p>administered for this wound for the dates of 10/21/2022 through 10/27/2022, 10/30/2022, or 11/2/2022 through 11/3/2022.</p> <p>Per interview on 12/19/2022 at approximately 1:00 PM, the facility's Nurse Educator confirmed that they performed the dressing changes for this wound on 10/27/2022 and 11/3/2022, but that they did not document this in Resident #1's record. The Nurse Educator also confirmed that dressing changes were not performed on any other day that this dressing change order was active, including for the days that they were signed off as administered (see citation F658).</p> <p>Per review of the facility's policy Skin Integrity and Wound Management, the policy states, "6. The licensed nurse will: ... 6.6 perform daily monitoring of wounds or dressings for presence of complications or decline. 6.6.1 document daily monitoring of ulcer/wound site with or without dressing." Per review of the facility's policy Treatments, the policy states under practice standards, "5. Perform treatment, as ordered."</p> <p>Per interview on 12/19/2022 at approximately 2:30 PM, the facility's Administrator confirmed that Resident #1's dressing changes for the left foot wound had not been administered as ordered to promote healing.</p> <p>2. Review of Physician Orders for Res. #2 include "Cleanse left great toe with normal saline, pat dry, apply Bacitracin Ointment and cover with a dry dressing and secure daily secondary to podiatry nail debridement one time a day for status post podiatry nail debridement until healed -Start Date 12/06/2022". Identical treatment orders are written for Res.#2's right great toe, also to start</p>	F 686			

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F 686	<p>Continued From page 9 on 12/6/2022.</p> <p>Per review of Res. #2's Treatment Administration Record [TAR] beginning on 12/6/2022, the first day of wound treatment orders, the TAR has blank spaces for when Nursing initials after the treatment is completed on 4 of 13 days. On 12/12/2022, Nursing Notes record "resident stated a nurse did it already today". Further review reveals no documentation recording that the dressing was changed by any Nursing staff. On Thursday, 12/8/2022 Nursing notes document that "wound care team did this treatment". Per interview with Nurse Educator on 12/19/2022 at 1:00 PM, The Nurse Educator stated s/he is the only staff member that goes on weekly wound rounds with the physician. The Physician performs the wound rounds once a week, on Thursdays- that is the only day wound rounds are performed by the physician. The Nurse Educator stated that Resident #2 was on a dialysis treatment schedule of Tuesday, Thursday, and Saturday, and that the resident is picked up for dialysis treatment at 6:00 AM. The Nurse Educator stated that the resident would have been at dialysis on Thursday, 12/8/2022, and would not have been seen by h/him or the Physician. The Nurse Educator stated that h/she has "never seen [Res.#2]" regarding wounds and treatment.</p> <p>Per review of Res. #2's medical record and dialysis treatment book, there was no documentation regarding the resident missing h/her dialysis treatment on 12/8/2022.</p> <p>Per interview on 12/19/2022 at approximately 2:30 PM, the facility's administrator [ADM] stated they would attempt to contact the nurse who documented that the resident had been seen by the wound team and received treatment and</p>	F 686			

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

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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>12/20/2022</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>		
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F 686	<p>Continued From page 10</p> <p>would then contact the Surveyor. As of 1/4/2023, the Surveyor had not received any additional information from the facility.</p> <p>Per interview on 12/19/2022 the facility's ADM and the Nurse Educator confirmed Res. #2 had documented wounds on both lower extremities. Both ADM and the Nurse Educator confirmed there was no documentation that the resident had received ordered treatments on 4 of 13 days. Also, on 2 additional days treatment was documented as having been done by someone other than the resident's assigned nurse with no documentation to support that record, and in one case, with the resident not being in the facility and the staff member documented as having performed the treatment stating they had "never seen" the resident for treatment.</p> <p>Additionally, per observation of the resident on 12/19/2022, the resident was ordered to have dressing changed daily on both great toes on h/her feet. Per observation, there was no dressing on the resident's Right great toe, and the dressing on the resident's Left great toe had no date written on it as to when it was last changed.</p> <p>Per interview on 12/19/2022 at approximately 2:30 PM, the facility's Administrator confirmed that Resident #2's dressing changes for bilateral foot wounds had not been administered as ordered to promote healing.</p>	F 686	<p><b>Tag F 686 Accepted on 2/8/23 by K. Ruffe/P. Cota</b></p>		