



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

April 20, 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 investigation survey conducted on **February 21, 2023**. 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: 03/06/2023
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 02/21/2023
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 completed by the Division of Licensing and Protection on 2/14 - 2/21/2023. There were regulatory violations identified as a result of this investigation.	F 000		
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 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). §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. §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:	F 725	<ol style="list-style-type: none"> Residents 1,2 and 3 medications are being administered timely. The facility has a sufficient amount of staffing to meet the needs of residents, including providing medications timely. The facility provides sufficient nursing staff with 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. These competencies are completed upon hire, ongoing, and yearly. Clinical Lead Specialist/designee will educate the NHA, DNS, and Scheduler on FTag 725 and the updated staffing grid based on the current resident population. The DNS/designee will complete random weekly audits of resident's records to validate timely administration of medication in validation of sufficient staff for 4 weeks and then monthly for 2 months 	3/28/23

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

[Handwritten Signature]

TITLE

NHA

(X6) DATE

3/21/23

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 725	<p>Continued From page 1</p> <p>Based on observation, interview, and record review the facility failed to ensure that there was a sufficient amount of qualified staff to administer medications as ordered by a Physician, provide staff training, and evaluate competencies of new staff. Findings include:</p> <p>Per interview with the Director of Nursing (DON) on 2/14/2023 at 12:00 PM a Licensed Practical Nurse (LPN) had called in for their shift this morning, and they were using an "all hands-on deck" approach to provide care to the residents. This included the clinical reimbursement coordinator (CRC), Wound Care Registered Nurse, Activities, and Occupational Therapist (OT) being pulled from their original duties to assist in providing care and medication administration. The DON reported that several agency Licensed Nursing Assistants (LNAs) and nursing contracts had recently expired leaving the facility with short staffing, and they were in the process of implementing new contracts.</p> <p>Per observation of the second-floor unit with a census of 30 Residents on 2/14/2023 at approximately 12:45 PM there was one LPN and one LNA assigned to provide care and pass medications for all 30 Residents.</p> <p>Per interview with the LPN on 2/14 at 12:45 PM, S/he had been the only Nurse to report to the second floor for duty. Later in the shift the Wound Care Registered Nurse did come up and assist with "the rest of the medications." The LPN stated that "it is impossible to get all the medications out within the allowed time frame [one hour before ordered or one hour after ordered] and therefore some are administered late."</p>	F 725	<p>reporting findings to the QAPI Committee for review. The DNS/Designee will complete audits of employees, including new hires, to validate appropriate competencies and skills sets weekly x 4 weeks, monthly x 2 months. These audits will be brought to the monthly QAPI Committee for further review and recommendations.</p> <p>Tag F 725 POC accepted on 4/20/23 by S. Freeman/P. Cota</p>		

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F 725	<p>Continued From page 2</p> <p>Review of the February 2023 medication administration records (MAR) of three Residents (Residents #1, #2, and #3) who reside on the second floor confirmed that medications are often administered untimely. Examples include; 2/13 and 2/14/2023.</p> <p>Residents #1, #2, and #3's medications were administered as follows:</p> <p>Resident #1 2/13- 8 out of 8 physicians ordered medications to be administered at 8:00 AM were documented as not being administered until 10:05 AM.</p> <p>Resident #2 2/13- 2 out of 2 physicians ordered medications to be administered at 7:00 AM are documented as not being administered until 11:02 AM. 2 out of 2 physicians ordered medications to be administered at 8:00 AM are documented as not being administered until 11:01 AM. 2/14- 2 out of 2 physicians ordered medications to be administered at 7:00 AM are documented as not being administered until 9:41 AM. 2 out of 2 physicians ordered medications to be administered at 8:00 AM are documented as not being administered until 9:41 AM.</p> <p>Resident #3 2/13 - 6 out of 6 physicians ordered medications to be administered at 8:00 AM were documented as not being administered at 10:53 AM. A physician ordered medication (Lorazepam 0.5mg) scheduled to be administered at 2:00 PM was not documented as being administered at all. 2/14- 6 out of 6 physicians ordered medications to be administered at 8:00 AM were documented as not being administered at 10:23 AM.</p>	F 725			

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F 725	<p>Continued From page 3</p> <p>Per interview with an LNA on 2/14/2023 at 3:15 PM, S/he was new to the facility. S/he reported that the training S/he received included watching some videos and was then assigned to the unit with only one agency LNA. The LNA stated that S/he took a full assignment and the agency LNA was there if S/he had questions or needed help with the residents. When asked if S/he had been assessed for competency prior to taking an assignment S/he stated S/he had not.</p> <p>Per interview with a Wound Care Registered Nurse and the LPN scheduled on 2/14/2023 at 3:25 PM the Wound Care Registered Nurse is often pulled to assist staff on the floor. S/he confirmed that S/he had assisted the LPN with medication pass this morning. During this interview, the nurse stated that S/he was new to the facility and that S/he had worked there in the past. When asked about what type of training S/he received prior to being assigned to the floor S/he stated that S/he had very limited training prior to assignment. The Wound Care Registered Nurse explained that the Staff Educator/Infection Preventionist only works three days per week and is also pulled to the floor to assist, impacting the amount of training and competency evaluation that can be done.</p> <p>Review of the Nursing Schedule from 1/16-2/13/23 reflects that the RN Staff Educator/Infection Preventionist was scheduled 15 out of the 29 days. 5 of the scheduled shifts were scheduled as a floor nurse. This allowed for 10 out of 29 days being dedicated to both the staff education and infection preventionist role.</p> <p>During interview on 2/14/2023 at 6:15 PM the DON confirmed the Staff Educator/Infection</p>	F 725			

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F 725	Continued From page 4 Preventionist had recently began working 3 days per week and the Staff Educator/Infection Preventionist was often assigned to the floor when S/he was working due to lack of staff. The DON also confirmed that a new evening shift agency LNA on the first floor unit had not been assessed for competency or provided training specific to the residents in their care prior to being given an assignment. The DON stated that S/he would stay on the floor with the new LNA for the rest of the shift, and that the LNA would not be assigned alone until S/he was assessed for competency and received orientation to the unit and residents.	F 725			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows:	F 732	1. Nurse Staff Information is posted daily in the ground floor lobby. 2. Nurse Staff Information is posted daily in the ground floor lobby. 3. NHA/Designee has educated the Manager on Duty team, Nursing Administration, and Scheduler on posting the Nursing Staff Information daily. 4. NHA/designee will audit posting 5 times per week for 4 weeks then 5 times per month for 2 months to validate posting is current and report findings to the QAPI Committee for review. Tag F 732 POC accepted on 4/20/23 by S. Freeman/P. Cota	3/28/23	

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F 732	<p>Continued From page 5</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure that Nurse Staff Information was posted daily. Findings include:</p> <p>On 2/14/23 at 12:18 PM the facility "Daily Nurse Staffing Form" that is used to post Nurse Staff Information revealed that it had not been updated to reflect the Daily Nurse Staffing since 2/10/2023.</p> <p>Per interview with the Interim Director of Nursing on 2/14/2023 at 12:30 PM, the Scheduler is responsible to update the Daily Nurse Staffing Form and S/he was being trained at another facility this day. The DON confirmed that the posting had not been updated to reflect the Nurse Staffing levels since 2/10/2023.</p>	F 732			