

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 22, 2022

Ms. Alyssa Maker-Lawal, Administrator  
St Johnsbury Health & Rehab  
1248 Hospital Drive  
Saint Johnsbury, VT 05819-9248

Dear Ms. Maker-Lawal:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on October 17, 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

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

PRINTED: 11/04/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/17/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOHNSBURY HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1248 HOSPITAL DRIVE</b> <b>SAINT JOHNSBURY, VT 05619</b>	
(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
{E 000}	Initial Comments	{E 000}	<b>St Johnsbury Health &amp; Rehabilitation Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.</b>	
{F 000}	INITIAL COMMENTS	{F 000}		
{F 656} SS=D	The Division of Licensing and Protection conducted an unannounced, onsite revisit survey at the facility on 10/17/2022. The revisit was for the survey dated 08/24/2022. The following regulatory violations were identified:  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.	F656		11/21/2022
			1. Resident #59 anticoagulant has been administered per the care plan 2. All residents that take medication have the potential to be affected by the alleged deficient practice. Residents taking medication have been reviewed to ensure they are receiving medication per the residents care plan 3. Education has been provided to licenced nurses regarding care plan implementation and maintenance 4. Random audits will be conducted weekly x 4 then monthly x 3 months to ensure medications are administered per the residents care plan. Results of the audits will be reported to the QAPI committee. 5. Compliance date 11-21-22	

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

TITLE

(X6) DATE

LNHA

11/14/2022

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>(iv) In consultation with the resident and the resident's representative(s)-</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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and medical record review, the facility failed to ensure a Care Plan was implemented regarding medications for one of three sampled residents (Resident #59). Findings include:</p> <p>Review of the medical record for Resident #59 reveals the resident was admitted to the facility with diagnoses that included Atrial Fibrillation [an irregular and often very rapid heart rhythm that can lead to blood clots in the heart], Nontraumatic Intracranial Hemorrhage [a spontaneous bleed into the brain] and Cerebral Infarction due to Embolism [stroke caused by a clot or obstruction].</p> <p>Review of Physician Orders for Resident #59 include orders for "Rivaroxaban Tablet- 15 MG Give 1 tablet by mouth in the evening for atrial fibrillation, history of CVA [stroke]." Review of Resident #59's Care Plan reveals the resident identified as having 'altered cardiovascular status related to Atrial Fibrillation' and 'is on</p>	{F 656}		
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{F 656}	<p>Continued From page 2</p> <p>Anticoagulant therapy related to Atrial fibrillation'. Care Plan interventions for Resident #59 list 3 times 'Administer medications as ordered'.</p> <p>Review of Res. #59's Medication Administration Record [MAR] between 10/1/2022 and 10/16/2022 under the order for the medication Rivaroxaban lists the medication codes 'HD' for "hold/See Nurse Notes" four times and 'NN' for "No/See Nurse Notes" twice. Nursing notes on the corresponding days indicated that Rivaroxaban was administered in the morning four times because the medication was being sent to the facility labeled to be administered in the morning instead of the evening. A nursing note from 10/10/2022 indicates that Resident #59's Rivaroxaban was held because it was "on order," and there is no documentation that Rivaroxaban was administered on 10/14/2022. There are no nurse notes or notations on the MAR that the resident received their scheduled medication on 10/10/2022 and no documentation that the Physician was contacted regarding the missed medications on either day it was not administered.</p> <p>Administering this medication at different times during the day or omitting a daily dose puts patients at risk for negative outcomes. Review of Rivaroxaban manufacturer's prescribing information reveals that it should be administered daily with an evening meal and stopping this medication increases the risk of forming blood clots and having a stroke. It notes that if stopped, the provider should be contacted. The therapeutic protection works through 24 hours.</p> <p>Per interview on 10/17/2022 at 12:05 PM, the Director of Nursing, while reviewing nursing</p>	{F 656}			

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{F 656}	Continued From page 3 notes, stated that the facility has been having problems with the pharmacy. S/he stated that Resident #59's Rivaroxaban should have been administered at night on those four days and that it doesn't appear that Resident #59's medication was administered on two of the days. S/he confirmed that Resident #59's medication was not administered as ordered per the Care Plan 6 times between 10/1/2022 and 10/16/2022.	{F 656}	Tag F 656 POC accepted on 11/22/2022 by S.Stem/P.Cota		
{F 755} SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.  §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate	{F 755}	1. Resident #59 anticoagulant has been administered per the care plan. 2. All residents that take medication have the potential to be affected by the alleged deficient practice. Residents taking medication have been reviewed to ensure they are receiving medication per the residents care plan 3. Education has been provided to licensed nurses regarding the pharmacy procedures, stat pharmacy services and administering medication per the residents care plan. 4. Random audits will be conducted weekly x 4 then monthly x 3 months to ensure medications are administered per the residents care plan. Results of the audits will be reported to the QAPI committee. 5. Compliance date 11-21-22	11/21/2022	

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{F 755}	<p>Continued From page 4 reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based upon observation, interview, and record review, the facility failed to provide pharmaceutical services that assure the accurate acquiring, receiving, dispensing, and administering of all drugs to meet the needs of 1 of 3 sampled residents [Resident #59]. Findings include:</p> <p>Review of the medical record for Resident #59 reveals the resident was admitted to the facility with diagnoses that included Atrial Fibrillation [an irregular and often very rapid heart rhythm that can lead to blood clots in the heart], Nontraumatic Intracranial Hemorrhage [a spontaneous bleed into the brain] and Cerebral Infarction due to Embolism [stroke caused by a clot or obstruction].</p> <p>Review of Physician Orders for Resident #59 include orders for "Rivaroxaban Tablet- 15 MG Give 1 tablet by mouth in the evening for atrial fibrillation, history of CVA [stroke]." Review of Resident #59's Care Plan reveals the resident identified as having 'altered cardiovascular status related to Atrial Fibrillation' and 'is on Anticoagulant therapy related to Atrial fibrillation'. Care Plan interventions for Resident #59 list 3 times 'Administer medications as ordered'.</p> <p>Review of Res. #59's Medication Administration Record [MAR] between 10/1/2022 and 10/16/2022 under the order for the medication</p>	{F 755}			

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{F 755}	<p>Continued From page 5</p> <p>Rivaroxaban lists the medication codes 'HD' for "hold/See Nurse Notes" four times and 'NN' for "No/See Nurse Notes" twice. Nursing notes on the corresponding days indicated that Rivaroxaban was administered in the morning four times and was not administered twice. A nursing note from 10/1/2022 states "Residents medication Rivaroxaban 15mg ordered to be administered @ HS [at bedtime]. Medication has been sent by pharmacy to be administered in am." Nursing notes from 10/1/2022, 10/11/2022, and 10/14/2022 indicate that the pharmacy was contacted about the incorrect labeling of administration time for Resident #59's Rivaroxaban. A nursing note from 10/10/2022 indicated that the reason Resident #59's Rivaroxaban was not administered that day was because it was on order.</p> <p>Per observation, interview, and record review on 10/17/2022 at 11:51 AM, a Licensed Practical Nurse [LPN] demonstrated that most medications are wrapped in plastic packages with labels that include the resident's names, medication, dosage, and administration time. S/he stated that the opportunities to administer medications in error are increased because of the way the medication is packaged; sometimes the information on the packaging does not match physician's orders. The LPN stated that Resident #59's Rivaroxaban was labeled by the pharmacy to be administered in morning, but the physician's order indicated that it was to be administered at night and because medications are to be administered per physicians' orders, the Rivaroxaban should be held and administered at night.</p> <p>Per interview on 10/17/2022 at 12:05 PM, the</p>	{F 755}		
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{F 755}	Continued From page 6 Director of Nursing confirmed that Resident #59's Rivaroxaban has been delivered from the pharmacy with the incorrect administration time and should be administered according to the physician's orders, not what is labeled on the pharmacy packaging.	{F 755}	Tag F755 POC accepted on 11/22/2022 by S.Stem/P.Cota		