

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 22, 2018

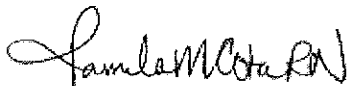
Ms. Melissa Belanger, Administrator  
St Johnsbury Health & Rehab  
1248 Hospital Drive  
Saint Johnsbury, VT 05819-9248

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 3, 2018**. 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: 01/10/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/03/2018
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NAME OF PROVIDER OR SUPPLIER  ST JOHNSBURY HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819
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(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
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F 000 INITIAL COMMENTS

F 000

The Division of Licensing and Protection conducted 1 complaint and 1 facility self-report investigation on 1/3/17. Regulatory violations related to the complaint investigation were cited.

F 757 Drug Regimen is Free from Unnecessary Drugs SS=G CFR(s): 483.45(d)(1)-(6)

F 757

F 757:

Resident # 1 was treated effectively and has no lasting effects from the alleged deficient practice. Anyone receiving medication and those with allergies to medications have the potential to be effected.

§483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-

§483.45(d)(1) In excessive dose (including duplicate drug therapy); or

§483.45(d)(2) For excessive duration; or

§483.45(d)(3) Without adequate monitoring; or

§483.45(d)(4) Without adequate indications for its use; or

§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident #1) was free from unnecessary drugs. Findings include:

Per record review, Resident # 1 was administered

1. Education will be provided to licensed staff on the 5 rights of medication administration and PPD administration.
2. Med. pass audits including competencies for PPD administration will be completed weekly x4 weeks. Monthly x2 to monitor effectiveness of the plan.
3. Results of the audits will be reported to the QA committee x3 months at which time the committee will determine further frequency of the audits.
4. Corrective action date will be: February 2, 2018.

F757 POC accepted 1/19/18 Reviewed 2/1/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Melissa J. Belanger* TITLE *Center Executive Director* (X6) DATE *1/18/18*

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 757 Continued From page 1  
the wrong drug on 11/2/17. A fax notice from facility nursing staff to the physician dated 11/4/17 stated that "flu vaccine was drawn up in error instead of tuberculin solution and administered. [H/she] does have a flu vaccine allergy listed". Review of the Medication Administration Record (MAR) confirmed the drug was administered on 11/2/17. A second fax to the physician on 11/4/17 indicated that Resident # 1 had developed a "rash to abdomen and bilateral thighs, bilateral arms and back, hive-like and itching". At 1:10 PM on 1/3/18, the Center Nurse Executive (CEN) confirmed that on 11/2/17, Resident # 1 was administered Influenza vaccine on 11/2/17 instead of tuberculin solution despite having a documented allergy to flu vaccine.

F 757

F 760 Residents are Free of Significant Med Errors SS=G CFR(s): 483.45(f)(2)  
The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.  
This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the facility failed to ensure that 1 applicable resident (Resident #1) was free from any significant medication errors. Findings include:

F 760:

F 760:  
Resident #1 was treated effectively and has no lasting effects from the alleged deficient practice.  
Anyone receiving medication and those with allergies to medications have the potential to be effected.  
1. Education will be provided to licensed staff on the 5 rights of medication administration and PPD administration.  
2. Med. pass audits including competencies for PPD administration will be completed weekly x4 weeks. Monthly x2 to monitor effectiveness of the plan.  
3. Results of the audits will be reported to the QA committee x3 months at which time the committee will determine further frequency of the audits.  
4. Corrective action date will be: February 2, 2018.

Per record review, Resident # 1 was administered the wrong drug on 11/2/17 which caused the resident discomfort and/or jeopardized his/her health and safety. A fax notice from facility nursing staff to the physician dated 11/4/17 stated that "flu vaccine was drawn up in error instead of tuberculin solution and administered. [H/she] does have a flu vaccine allergy listed". Review of the Medication Administration Record (MAR)

F760 POC accepted 1/11/18 R Tremblay RN/PHN

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F 760 Continued From page 2  
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F 760: