

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 Reporting Line (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 27, 2018

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

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Belanger:

On **August 10, 2018**, the Division of Licensing and Protection, completed a complaint investigation at St Johnsbury Health & Rehab. As a result of that survey, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the survey. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. As the cited deficiency was corrected at the time of our visit, no plan of correction is required. Please **sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies to Suzanne Leavitt RN, MS, Assistant Division Director, Division of Licensing and Protection. **This written request must be received by this office by September 8, 2018.**

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN". The signature is written in black ink and is positioned above the typed name.

Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 08/27/2018
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 08/10/2018
NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819		
(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 onsite investigation of three self-reported incidents was conducted by the Division of Licensing and Protection on 8/7/18, and completed on 8/10/18. The following regulatory deficiency was identified, but since the facility had completed corrective actions prior to the onsite survey, this citation represents past non-compliance. F 698 Dialysis SS=D CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that a resident requiring dialysis received services consistent with professional standards of practice for 1 of 2 residents sampled (Resident #1). Findings include: Per record review, Resident #1 had a lengthy hospital admission from the facility from 4/25/18 to 6/1/18. The resident required the start of renal dialysis while at the hospital, and an External Hemodialysis Catheter (EHC) was placed for access. The resident was discharged back to the facility with a schedule to have outpatient dialysis services three times per week. Per review of the resident's care plan, there was a baseline care plan developed on 6/4/18 that included the need for Hemodialysis and monitoring for catheter	F 000			
		F 698	Past noncompliance: no plan of correction required.		

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

Melissa S. Belanger

TITLE

CEO

(X6) DATE

8/27/18

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 698	<p>Continued From page 1</p> <p>integrity, signs of infection, or excessive bleeding from the site. The care plan on 6/4/18 did not include any mention of the need to assure that smooth clamps meant to stop a bleeding event from the EHC were kept at the bedside and on the wheelchair when the resident was in it. The care plan also did not include directives to nursing staff that the EHC was not to be used for blood draws, not to be flushed, not to change end caps, or change the dressing. EHC care was only supposed to be provided by the trained dialysis center staff under sterile conditions as there is a high risk of blood infection. The facility policy regarding EHC care lists these interventions that are not supposed to be performed at the facility.</p> <p>The facility reported that on 6/14/18 a nurse utilized the EHC to draw a blood sample. This was discovered when the resident told the dialysis center staff that the nurse had accessed the catheter, and they called the facility to alert them. On 6/19/18, the facility obtained MD telephone orders that gave the directives to keep smooth clamps available at the bedside and on wheelchair, to not utilize the EHC for blood draws, not to do flushes or dressing changes, and not to change the end caps. The physician also gave an order to monitor the resident for signs of infection every shift and to report any signs immediately to the MD and the dialysis center. Per interview with the Director of Nursing, staff education was not provided upon the resident's readmission to the facility with the newly placed EHC. Extensive education to all nursing staff was completed after the incident to assure that the protocol was understood. Resident #1 did not develop an infection related to the access of the device. Per interview on 8/7/18 at 2:15 PM, the Director of Nursing confirmed that the care plan and MD</p>	F 698		
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F 698	Continued From page 2 orders did not include specific interventions and precautions related to the care of an External Hemodialysis Catheter.	F 698		
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F 698