VERMONT

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 11, 2019

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

Dear Ms. Locke:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 11, 2019**. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. BUILDING _____ B. WING _____	C 03/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHNSBURY HEALTH & REHAB	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 four entity self-reports was completed by the Division of Licensing and Protection on 3/11/19. Based on information gathered, the following regulatory violations were identified.	F 000	St Johnsbury Health & Rehab 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.	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to ensure that one of five residents in the applicable sample received adequate supervision to prevent physical altercations. Findings include: 1. Resident #1 suffers from dementia and has an established pattern of potential for hitting out at both staff and other residents. The written plan of care directs staff that these behaviors can come without warning. Per record review, Resident #1 is capable of self propelling the wheelchair and is known to intrude into resident rooms. On 1/12/19, Resident #1 entered the room of Resident #2 and touched the food and drink on the tray. When asked by Resident #2 to stop, Resident #1 hit Resident #2 with fists on both hands, causing bruising. This was confirmed by interview with Resident #2 at about 9:30 AM, and per staff	F 689	F689 - Resident #1 care plan was reviewed and revised regarding supervision. An audit was conducted to ensure residents requiring supervision to prevent accidents/incidents of this nature were reviewed and revised as needed. Education for staff was provided regarding following the resident's plan of care. CNE or designee will audit resident's plan of care to ensure residents requiring supervision to prevent accidents/incidents of this nature are in place. This will be reviewed weekly x 4 and monthly x 3. Findings will be reviewed at QAPI & recommendations will be made as needed. Completion Date 4/8/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CED 4/9/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. BUILDING _____ B. WING _____	C 03/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHNSBURY HEALTH & REHAB	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 689	Continued From page 1 written notes and statements. Measures of medication, supervision and activity engagement employed by staff were insufficient to prevent the intrusion and altercation. 2. On 1/29/19 while in the main dining room, per staff witness statements, Resident #1 wheeled over to Resident #3 and struck him/her 3-4 times. Resident #3 has significant dementia, but did yell "Stop, get away from me." Despite the written care plan which addresses this potential, nearby staff failed to anticipate and prevent another physical altercation by Resident #1. During interview at 3:30 PM on 3/11/19, the Director of Nursing confirmed a failure to prevent physical altercations by Resident #1 on 1/12 and 1/29/19.	F 689	F689 POC accepted 4/10/19 KLamp RN/PMA	
F 755 SS=E	Pharmacy Srvcs/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	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. BUILDING _____ B. WING _____	C 03/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHNSBURY HEALTH & REHAB	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 755	Continued From page 2 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 reconciliation; and §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 on record review and staff interview, the facility failed to ensure that controlled drugs were reconciled and disposed of to prevent diversion for 4 residents reviewed (Residents #4, 5, 6, and 7). Findings include: Per record review, the Medical Director asked a nurse to review residents with narcotic orders to determine who would need a new prescription written on 2/18/19. The nurse discovered that Resident #4 had an order for Hydromorphone (Dilaudid) that had been discontinued by the physician on 2/11/19, and signed out in the narcotic record multiple times after that date. The discontinued order was for Dilaudid 2 mg., give every 24 hours as needed (PRN) for pain. The medication was signed out by the same LPN twice on 2/10/19 at 0800 and again at 1900 (not following the MD order of once daily), on 2/11/19 at 0600, twice on 2/13/19 at 0600 and 1900, on 2/14/19 at 0500, 2/17/19 at 0500, and 2/18/19 at 0600.	F 755	F755 – Residents #4, #5, #6, & #7 controlled drugs were reconciled & disposed of at the time of finding. An audit was conducted of discontinued controlled drugs to ensure all identified drugs were reconciled and disposed of. Education for staff was provided regarding reconciliation & disposal of controlled drugs. CNE or designee will audit resident's discontinued controlled drugs to ensure they are reconciled and disposed of timely. This will be reviewed weekly x 4 and monthly x 3. Findings will be reviewed at QAPI & recommendations will be made as needed. Completion Date 4/8/19 F755 POC accepted 4/10/19 K Campos RN/PM section amended 4/16/19 CK	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. BUILDING _____ B. WING _____	C 03/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHNSBURY HEALTH & REHAB	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 755	Continued From page 3	F 755		

When the nurse asked Resident #4 if they had asked for and been administered a Dilaudid pill that morning, or on any of those days, they stated that they had not asked or been given one. The resident also stated that they had not needed any of the Dilaudid for pain in quite awhile. Administration record and narcotic count sheet showed that the last time the resident had received the Dilaudid was on 1/26/19. Also, the medication was signed out on the narcotic sheet, but not recorded as being given on the Medication Administration Record (MAR) on any of the above-listed dates in February. This discovery initiated an investigation into other residents who take narcotic pain medications and the following residents also had discrepancies in the record.

Per review of the record of Resident #5, there was an MD order for Dilaudid that started out on 1/29/19 as every day in the AM for 5 days, then once daily PRN for pain for 7 days, discontinued on 2/10/19. The MD then wrote the order for the 2 mg. Dilaudid to only be given 30-40 minutes before dressing changes, and was then completely discontinued on 2/18/19. Per review of the narcotic sign-out sheet, the same LPN had signed out the Dilaudid on 2/10/19 at 0800 and 1900, on 2/11/19 at 0600, 2/12/19 at 1900, 2/13/19 twice at 0600 and 1900, 2/14/19 at 0500, and on 2/17/19 at 0500. The MAR was not signed as administered to the resident on 2/10, 2/12, 2/13, 2/14, or 2/17/19. Resident #5 was not able to recall whether they were administered due to a cognitive deficit.

Resident #6 also receives narcotic medication for pain, including Oxycontin ER 20 mg. scheduled twice daily, and a PRN order for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. BUILDING _____ B. WING _____	C 03/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHNSBURY HEALTH & REHAB	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 755	Continued From page 4	F 755		

Oxycodone 5 mg. 1-2 tabs every 4 hours as needed for pain. The same LPN signed out 2 tabs of Oxycodone for this resident on 2/1/19 at 1530, twice on 2/13/19 at 0405 and 2230, 2/14/19 at 0300, 2/15/19 at 1530, and 2/16/19 at 2000, and twice on 2/17/19 at 0800 and 1900 hours. Per review of the MAR, the LPN had not signed them as administered on 2/1, 2/13, 2/15, 2/16, 2/17, and one dose on 2/18/19. The 0500 dose was signed off on the MAR on 2/18/19. Resident #6 also has memory issues and was not a reliable historian to confirm that they received the pain medication on those days.

Resident #7 had an MD order for Dilaudid 2 mg. every 4 hours for pain. The resident received this medication in December 2018, but had not had been receiving any since, up until February. The same LPN signed out the Dilaudid on 2/11/19 at 0400, twice on 2/14/19 at 1500 and 2100, twice on 2/15/19 at 1600 and 2100, and on 2/16/19 at 0400 hours. The only one of these signed-out narcotics that were recorded as administered on the MAR was the dose on 2/12/19 at 0400. When Resident #7 was asked about taking the Dilaudid, they stated that they had not asked for or taken the medication for a long time as it did not really help with pain anyway.

The facility policy states that controlled medications are to be taken from the narcotic box in the medication cart when discontinued at least weekly and disposed of by two nurses. The policy does not indicate specifically how long a PRN narcotic should be kept in the narcotic box for non-use by the resident, however the Medical Director stated to this surveyor that 30 days of non-use was the time frame they generally use to consider discontinuing the medication.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. BUILDING _____ B. WING _____	C 03/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHNSBURY HEALTH & REHAB	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 755	Continued From page 5 The LPN involved in all these discrepancies was a travel nurse who started at the facility on 2/4/19. Background checks were on file with no concerns noted. The facility reported the suspected diversion to police, the appropriate state agencies, and the travel agency who employed the nurse, and did not allow them to come back to work. Per interview on 3/11/19, the Director of Nursing confirmed that the facility had not followed their own policies for the disposition of discontinued narcotics, and were putting in place audit systems to find irregularities between the narcotic sign-off sheet and the Medication Administration Record.	F 755		