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 Reporting Line (888) 700-5330
To Report Adult Abuse: (800) 564-1612

January 2, 2020

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

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Locke:

On **December 11, 2020**, 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.

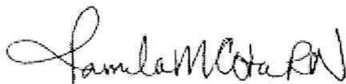
Statement of Deficiencies Form CMS 2567

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 January 14, 2020.**

Sincerely,



Pamela Cota, RN
Licensing Chief

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 12/11/2019

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 into one complaint and six facility reported incidents was conducted by the Division of Licensing and Protection from 12/10/19 to 12/11/19. The following regulatory deficiency was identified and cited as past non-compliance.	F 000		
F 600 SS=E	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to ensure that a resident was adequately supervised to prevent physical abuse of other residents for 1 of 8 residents sampled (Resident #1). Findings include: Per record review, Resident #1 was admitted in June of 2019, and has diagnoses that include Parkinson's Disease and Dementia, and self-propels in a wheelchair around the facility.	F 600	Past noncompliance: no plan of correction required.	

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

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 600	Continued From page 1 Resident #1 had not acted out aggressively toward other residents until an incident on 10/20/19 when this resident slapped another resident. On 10/27/19, Resident #1 went up behind Resident #2 who was also seated in a wheelchair, and grabbed the shirt collar and pulled back on it. Resident #2 was overheard stating "What did I do?", and staff intervened. Resident #1 let go, backed up, and stated that s/he was sorry. Thirty minutes later, Resident #1 went up to Resident #3, and pulled his/her hair and would not let go until staff intervened. The resident was put on 1:1 supervision when out of their room. The care plan was updated at that time. On 11/17/19, Resident #1 exited their room in the wheelchair, went across the hall into Resident #4's room, and began pulling apart things, and throwing items. Resident #1 picked up a wheelchair footrest attachment and threw it at Resident #4, striking them in the hand and causing a laceration to their thumb. Staff removed Resident #1 from the room. On 12/1/19, Resident #1 was propelling in the hall in the evening and approached Resident #5, throwing a glass of juice at him/her, then grabbing their wrist and punching them. Staff were close by, but not close enough to prevent the incident. On 12/5/19, Resident #1 while on 1:1 supervision, was able to approach Resident #6 and kick them in the shin. The following day, a the resident was put on supervision that included having staff sitting in the resident's room, or parked outside the room door at all times to prevent any further incidents.	F 600		

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F 600	Continued From page 2	F 600		

Despite having 1:1 supervision "when out of the room" since 10/28/19, there were three more altercations after that date on 11/17, 12/1, and 12/5/19. The facility has held inservices with the LNAs (Licensed Nursing Assistants) to further educate them on how to properly provide 1:1 supervision to prevent contact between Resident #1 and other residents. Per interview on 12/11/19 at 1:40 PM, the Administrator and Director of Nursing confirmed that the level of supervision provided for Resident #1, prior to the 12/6/19 intervention of having a constant guard with the resident, was not adequate to prevent resident abuse after the resident began to display violent tendencies.

The facility reported all of the above incidents as required in a timely manner. The physician and Nurse Practitioner have actively been trying to find placement at a Geri-Psych facility in multiple states, and many medication changes have been tried for Resident #1. Social Services has followed up with the victims of the aggressive acts, however all of them have dementia and were not able to recall the incidents when asked.

During the onsite investigation 12/10 to 12/11/19, it was confirmed that the facility completed multiple corrective actions in response to the incidents with Resident #1. These corrective actions included: A constant one on one posted at the resident's room or when out of the room; assessment and social services for all residents involved; care plan updates with new interventions for Resident #1; an in-service for licensed staff on 1:1 supervision methods to prevent contact, and continued medical

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F 600	Continued From page 3 assessment and medication adjustments for Resident #1. These corrective actions have been successful in preventing further incidents. Based on corrective actions completed prior to the onsite, this citation is designated as past noncompliance.	F 600		