

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 8, 2022

Mr. Ross Farnsworth, Administrator
St Johnsbury Health & Rehab
1248 Hospital Drive
Saint Johnsbury, VT 05819-9248

Dear Mr. Farnsworth:

Enclosed is a copy of your acceptable plans of correction for the investigation completed on **March 21, 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

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 03/21/2022
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	F 000	F000	4/13/22	
F 812 SS=F	<p>The Division of Licensing and Protection conducted an onsite, unannounced investigation of two complaints on 3/21/2022. The following regulatory deficiency was identified:</p> <p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to store and prepare food in accordance with professional standards for food service safety as evidenced by a lack of sufficient temperature monitoring of cooked and held foods. Findings include:</p> <p>1. Per interview on 3/21/22 at approximately 12:30 PM, the ADM (Assistant Dietary Manager)</p>	F 812	<p>The filing of this Plan of Correction does not constitute an admission of the allegations set forth in the statement of deficiencies.</p> <p>St. Johnsbury Health & Rehabilitation Center has prepared and executed a plan of correction as evidence of the facilities' continued compliance with applicable federal and state laws.</p>		

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

Ross Farnsworth

TITLE

Administrator

(X6) DATE

4/1/2022

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 812	<p>Continued From page 1</p> <p>stated that they had been in their current role for approximately one week along with the Dietary Manager. They also stated that temperatures are taken for hot foods after cooking as well as prior to plating to ensure proper cooking/holding temperatures. The ADM said that, prior to their arrival at the facility, there was no process in place for monitoring the holding temperatures of foods on the steam table and that foods may be held on the steam table anywhere from 30 minutes to a couple hours prior to plating.</p> <p>Per review of the facility's policy Food Handling, the policy states, "15. Foods are cooked to the internal temperature specified in the recipe directions. 16. All Time/Temperature Control for Safety Food must maintain an internal temperature of 41 degrees Fahrenheit or lower, or 135 degrees Fahrenheit or higher while being held for service ... 20. Trayline holding food temperatures are taken and recorded on the Production Worksheets at the beginning of each meal service ... 21.2. Hot items may be left on the steamtable; foods must remain at 135 degrees Fahrenheit or above."</p> <p>Per review of food temperature logs provided by the facility, several meals since January of 2022 had no values recorded. These include 1/8/22 dinner, 1/9/22 dinner, 1/19/22 dinner, 1/21/22 breakfast and lunch, 1/22/22 breakfast and lunch, 1/23/22 breakfast, 1/25/22 lunch, 1/26/22 all meals, 1/29/22 lunch, 1/30/22 dinner, 2/1/22 dinner, 2/3/22 lunch and dinner, 2/9/22 all meals, 2/17/22 all meals, 2/22/22 lunch, and 2/25/22 lunch and dinner. The facility could not provide any food temperature logs for the dates of 1/1/22 through 1/5/22, 2/18/22 through 2/21/22, 2/26 through 2/28/22, or for any dates in March 2022.</p>	F 812	<p>F812</p> <p>All residents are at risk for this alleged deficient practice.</p> <p>The Administrator and all Dietary staff were educated on the HCGS Food Temp policy on the proper food temperature procedures and documentation.</p> <p>The Administrator will conduct random weekly audits x 4 and monthly audits x 2 of daily Temperature Log Forms/Production Worksheets.</p> <p>The results of the audits will be brought to QAPI for review and further intervention as needed.</p> <p>TAG F 812 POC Accepted on 04/07/22 by K. Ruffe/P. Cota</p>	4/13/22	

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

PRINTED: 03/24/2022
FORM APPROVED
OMB NO. 0938-0391

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F 812	Continued From page 2 The logs also only contained one temperature taken per food item per meal. It is not specified whether this temperature was the temperature of the food after cooking or during holding on the steam table. Per interview on 3/21/22 at approximately 2:45 PM, the ADM confirmed that there are many missing temperatures in the logs provided and that the records are incomplete. The ADM also confirmed that the logs that were provided do not include documented holding temperatures for foods held on the steam table.	F 812		