

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

May 19, 2022

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

Dear Mr. Pratt:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **May 5, 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

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

PRINTED: 05/16/2022
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 05/05/2022
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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 filing of this Plan of Correction does not constitute an admission of the allegations set forth in the statement of deficiencies. St. Johnsbury Health and Rehab has prepared and executed a plan of correction as evidence of the facilities' continued compliance with applicable federal and state laws.	
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure 1 applicable resident (Resident # 1) received treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan. Findings include:</p> <p>On 4/29/22, Resident # 1, who has a status of and orders for NPO (nothing by mouth) was fed a small portion of a meal by mouth by an LNA (Licensed Nursing Assistant). Resident # 1 receives all nutrition and medications by a gastric tube, is at risk for aspiration if fed by mouth and had physician orders to be NPO. Resident # 1 was not properly identified by LNA staff and was fed by mouth. Resident # 1's care plans also indicate that h/she is NPO and receives all feedings and medications via a tube. On 5/5/22 at</p>	F 684	<p>Resident #1 continues to reside at the facility and have their needs met.</p> <p>All residents who are NPO are at risk for this alleged deficient practice. Resident #1 now has an alert bracelet on their w/c that they are NPO, in addition to their name.</p> <p>A house wide audit was conducted for any NPO residents to ensure proper identification of NPO status is there.</p> <p>The individual staff member received re-education on proper identification of residents prior to performing assisted feeding.</p> <p>All licensed staff who assist with feeding of residents have been reeducated on proper identification of residents prior to performing assisted feeding.</p> <p>The DNS or designee will conduct random weekly audits X 4 and monthly X 4 of NPO residents to ensure proper identification of dietary restrictions are adhered to. The results of these audits will be brought to QAPI for review and interventions if needed.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 5/18/22
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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.

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2022
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F 684	Continued From page 1 10:17 AM, the above was confirmed by the LNA that fed Resident # 1. It was also confirmed by the facility Director of Nursing on 5/5/22 at 8:48 AM.	F 684	TAG F 684 POC Accepted POC on 5/18/22 by R. Tremblay/P. Cota	
F 805 SS=D	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 resident receives food in a form designed to meet the resident's individual needs (Resident #1). Findings include: On 4/29/22, Resident # 1, who has a status of and orders for NPO (nothing by mouth) was fed a small portion of a meal by mouth by an LNA (Licensed Nursing Assistant). Resident # 1 receives all nutrition and medications by a gastric tube, is at risk for aspiration if fed by mouth and had physician orders to be NPO. Resident # 1 was not properly identified by LNA staff and was fed by mouth. Resident # 1's care plans also indicate that h/she is NPO and receives all feedings and medications via a tube. On 5/5/22 at 10:17 AM, the above was confirmed by the LNA that fed Resident # 1. It was also confirmed by the facility Director of Nursing on 5/5/22 at 8:48 AM.	F 805	Resident #1 continues to reside at the facility and have their needs met. All residents who are NPO are at risk for this alleged deficient practice. Resident #1 now has an alert bracelet on their w/c that they are NPO, in addition to their name. A house wide audit was conducted for any NPO residents to ensure proper identification of NPO status is there. The individual staff member received re-education on proper identification of residents prior to performing assisted feeding. All licensed staff who assist with feeding of residents have been reeducated on proper identification of residents prior to performing assisted feeding. The DNS or designee will conduct random weekly audits X 4 and monthly X 4 of NPO residents to ensure proper identification of dietary restrictions are adhered to. The results of these audits will be brought to QAPI for review and interventions if needed. TAG F 805 POC Accepted POC on 5/18/22 by R. Tremblay/P. Cota	