

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

June 13, 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 investigation conducted on **May 10, 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: 05/26/2022
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 05/10/2022
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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F 583	<p>Continued From page 1</p> <p>to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to maintain resident records in a confidential manner.</p> <p>Observation on 5/10/22 at approximately 12:50 PM, a medication cart on B Wing/Unit revealed a computer on the top of the medication cart that was left open to a screen with resident names and their pictures. A list of residents on a nursing report sheet that was face up on the top of the medication cart with handwritten documentation specific to each residents needs for the shift, and a list of residents titled "BM [bowel movement]" and a document titled, "Vitals List". The medication cart was left unattended with residents personal information left accessible to passers by for greater than 10 minutes.</p> <p>Interview on 5/10/22 at approximately 12:51 PM with the Unit Manager, confirmed that the computer was left in the open position that revealed to passers by all residents on the B Wing/Unit and the 2 separate lists that were face up on the top of the medication cart that contained resident names and medical information, as well as upcoming or completed treatments.</p> <p>Interview on 5/10/22 at approximately 1 PM with a Licensed Practical Nurse (LPN) that confirmed s/he was responsible for the medication cart listed above. The LPN confirmed the above observations and stated that these lists and the open computer allowed access to passers by to</p>	F 583		

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F 583	Continued From page 2 protected health information belonging to the residents in her/his care. The LPN stated that s/he did leave this information accessible as s/he had left the medication cart to provide care to a resident who was having an issue with her/his colostomy.	F 583			
F 880 SS=E	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other</p>	F 880	<p>All residents who are on precautions are at risk for this alleged deficient practice.</p> <p>A house wide audit was conducted to ensure all rooms requiring precaution signs are in place or removed as necessary.</p> <p>The padded shower cushion was removed from use.</p> <p>The shower room was cleaned, and the dirty gown and gloves were removed.</p> <p>The nursing staff have been educated on the precaution procedures which include proper signage and removal, timely cleaning the shower room after each use and to remove tattered shower equipment from use when discovered.</p> <p>The Administrator or designee will conduct random weekly X4 and monthly X2 of precaution room signage, shower equipment and cleanliness of shower rooms.</p> <p>The audit will be brought to QAPI for review and further interventions if needed.</p>		

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F 880	<p>Continued From page 3</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure the facility was free of breeches in infection control</p>	F 880	<p>TAG F 880 POC Accepted on 6/13/22 by J. Kendall/P. Cota</p>	

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F 880	<p>Continued From page 4 practices for 1 of 2 units.</p> <p>1.) Observation on 5/10/22 at approximately 12:45 PM revealed Resident #1, identified by the Unit Manager, as a resident who was on precautions. Resident #1 did not have signage on her/his room door that would alert staff or visitors that Resident #1 was on precautions and Personal Protective Equipment (PPE) was required prior to entering Resident #1's room.</p> <p>Interview on 5/10/22 at approximately 12:46 PM with the Unit Manager, confirmed that signage is required when a resident is on precautions. The Unit Manager confirmed that Resident #1's room should have had a precaution sign on her/his room do, however the sign was not in place.</p> <p>2.) Resident #2 was not on precautions; however, Resident #2's room door did have signage that alerted staff and/or visitors that s/he was on precautions. A staff member, identified by the Unit Manager, as an LNA was observed entering this residents room with full PPE.</p> <p>Interview on 5/10/22 at approximately 12:46 PM with the Unit Manager, confirmed that Resident #2's room should not have had a precaution sign on her/his room door, however a sign was in place on Resident #2's room door. The Unit Manager stated that the LNA probably wore her/his PPE into Resident #2's room "because [pronoun omitted] knew you are a surveyor".</p> <p>Interview on 5/10/22 at approximately 1:45 PM with the facility's Infection Preventionist, confirmed that residents who are on precautions need to have a precaution sign posted on their door and PPE must be worn when entering</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>rooms of residents who are on precautions. Residents who are not on precautions should not have precaution signs on their doors and PPE should not be used for these residents.</p> <p>3.) Observation on 5/10/22 at approximately 1:15 PM with the Unit Manager, revealed the B Wing/Unit shower and whirlpool room had 2 washcloths on the floor of the shower area, a rolled up green johnny on a shower chair in the shower area, and a wet washcloth hanging on the grab bar in the shower area. A pair of nitrile gloves were observed on the floor in the shower next to the shower chair.</p> <p>Interview on 5/10/22 at approximately 1:17 PM with the Unit Manager, confirmed the above findings. The Unit Manager and Surveyor continued the tour of the unit and returned to the B Wing/Unit shower/whirlpool room at approximately 1:35 PM and noted that the shower/whirlpool room was in the same condition as it was when previously observed at approximately 1:15 PM. The Unit Manager confirmed that the shower/whirlpool room was not cleaned or picked up timely from the previous staff and resident use and that this was not acceptable.</p> <p>4.) Observation on 5/10/22 at approximately 1:15 PM revealed a reusable gel shower chair cushion with poor integrity, with tears/rips on the seams and the surface of the cushion which prevents the gel shower chair cushion from being properly sanitized between resident uses in a way that would prevent the potential spread of infection/pathogens to other residents.</p> <p>Interview on 5/10/22 at approximately 1:17 PM</p>	F 880			

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F 880	Continued From page 6 with the Unit Manager, confirmed that above findings and that the gel shower chair cushion is not able to be properly sanitized in a way that would prevent potential spread of infection/pathogens to other residents. Interview on 5/10/22 at approximately 1:45 PM with the acting Administrator and the Infection Control Practioner regarding the above areas of concern, who provided confirmation of the above findings. The Infection Control Practioner confirmed that the gel shower chair cushion needed to be replaced as it was not possible to properly sanitize the gel shower cushion between resident uses in a way that would prevent the potential spread of infection/pathogens to other residents.	F 880			