

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

August 17, 2022

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

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on July 6, 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 07/06/2022
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	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statements 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.	7/15/22
F 658 SS=J	<p>An unannounced onsite investigation of two complaints was completed by the Division of Licensing and Protection on 7/6/22. Based on the information obtained through interviews and record reviews, an Immediate Jeopardy (IJ) situation was determined to exist based upon the facility's failure to provide resuscitation according to a resident's predetermined status, when they were found unresponsive and assessed to have no heartbeat or respirations. The facility was notified of the IJ on 7/6/22. There are 26 residents at the time of survey that are identified as requiring resuscitation in the event of cardiac or respiratory arrest. This IJ determination also results in substandard quality of care. Prior to exit, the facility had completed sufficient corrective actions to remove the immediate jeopardy, but the non-compliance with requirements remains.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility staff failed to provide services that meet professional standards of quality for 1 of 9 applicable residents in the sample (Resident #2). Findings include:</p> <p>Per record review, facility staff failed to follow advance directives and physician's orders to</p>	F 658	<p>Resident #2 no longer resides at the facility.</p> <p>26 Residents are Full Codes and are at risk for this alleged deficient practice.</p> <p>All licensed nursing staff are required to be CPR certified per Genesis policy. The HR manager will obtain CPR certification cards prior to starting. The new hire checklist has been updated to include that process.</p>	

[Handwritten Signature] MA Edwin Rojas Administrator

Date 7/26/22

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

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F 658	<p>Continued From page 1</p> <p>resuscitate Resident #2, whose code status was "full code" (if a person's heart has stopped beating and/or they stopped breathing, all resuscitation procedures are to be provided to keep them alive). Resident #2's medical record includes: a DNR/COLST (Clinician Order for DNR/CPR and Other Life Sustaining Treatment) indicating cardiopulmonary resuscitation (CPR), signed by the clinician on 1/12/22, and his/her care plan, last updated on 1/17/22, reveals "[Resident #2] has an advanced directive of "Full Code," with the goal listed as "[Resident #2]'s advanced directives will be honored," and an intervention listed as "CPR will be performed as need."</p> <p>Review of the facility's policy and procedure titled "NSG208 Cardiac and/or Respiratory Arrest," under "Policy" reads: "Centers support the right of every patient to accept or decline cardiopulmonary resuscitation (CPR) in the event of cardiac or respiratory arrest. The Center will perform CPR on all patients, except in limited circumstances, unless there is a written physician's order, agreed to by the patient or health care decision maker, not to resuscitate (DNR), in accordance with state regulation/law," and "If a patient does not have a DNR order, CPR/AED certified staff will initiate CPR/AED and emergency medical services (EMS) will be activated. CPR is to be provided in the location where the patient is discovered as long as the location is safe for the responder and patient."</p> <p>A written statement to the facility given on 7/5/22 by the first staff member to find Resident #2 unresponsive stated that after s/he found Resident #2 unresponsive sometime between 10:00 PM and 10:10 PM, s/he located the A Wing</p>	F 658	<p>All current staff are being audited for CPR certification. Until all verifications have been made the HR manager will provide the scheduler with a list of Nurses with CPR certification to ensure CPR certified staff are scheduled for each shift.</p> <p>A house wide audit of all residents advanced directives was conducted to ensure they have current physician orders.</p> <p>All currently scheduled licensed nurses were re-educated to confirm the resident's code status and when to initiate CPR. (NSG208 Policy)</p> <p>All currently scheduled licensed nurses were re-educated on Vermonts DNS/designee will randomly audit code blue events to ensure that the resident's physician ordered advanced directives were followed. These audits will be conducted 3xweek x 1 week, weekly x4 weeks, then monthly x 2 months.</p> <p>Results of the audits will be presented to the QAPI committee for further review and recommendations.</p> <p><i>F658 POC accepted 8/10/22 R Tremblay RN / PMC</i></p>	

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F 658	<p>Continued From page 2</p> <p>Licensed Practical Nurse (LPN). S/he stated that this LPN assessed Resident #2 for heartbeat and breathing and then told him/her that '[Resident #2] passed and to start postmortem care.'</p> <p>A written statement to the facility given on 7/4/22 by the first licensed nurse present (A Wing LPN) after Resident #2 was found unresponsive stated that s/he confirmed Resident #2 was unresponsive sometime after 10:00 PM on 7/1/22 and that s/he did not know Resident #2's code status and did not immediately initiate CPR. This LPN then found out from other staff that Resident #2 is a "full code." This LPN did not initiate CPR when finding out the code status. Instead, s/he called the weekend supervisor at 10:46 PM who instructed him/her to perform CPR immediately unless rigor mortis or lividity was present. This LPN was joined by another LPN who initiated CPR on Resident #2.</p> <p>On 7/6 at 12:16 PM, the LPN to first initiate CPR on Resident #2 confirmed that the first licensed nurse to discover that Resident #2 was unresponsive did not start CPR after knowing that Resident #2 is a "full code". S/he stated that s/he, himself/herself, initiated CPR at approximately 10:47 PM and emergency medical services (EMS) were called. Shortly after EMS' arrival, EMS pronounced Resident #2 "deceased."</p> <p>On 7/6/22 at 1:08 PM, the Director of Nursing confirmed that licensed nurses should follow facility policy about initiating CPR as indicated by their code status, and that staff did not initiate CPR according to policy for Resident #2.</p> <p>Ref: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/ Lippincott Williams &</p>	F 658		

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F 678 SS=K	<p>Wilkins.</p> <p>Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3)</p> <p>§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that staff were certified to provide basic life support, including Cardiopulmonary Resuscitation (CPR), and familiar with facility policies related to CPR. Findings include:</p> <p>1. Per record review, facility staff failed to follow advance directives and physician's orders to resuscitate Resident #2, whose code status was "full code" (if a person's heart has stopped beating and/or they stopped breathing, all resuscitation procedures are to be provided to keep them alive). Resident #2's medical record includes: a DNR/COLST (Clinician Order for DNR/CPR and Other Life Sustaining Treatment) indicating cardiopulmonary resuscitation (CPR), signed by the clinician on 1/12/22, and his/her care plan, last updated on 1/17/22, reveals "[Resident #2] has an advanced directive of "Full Code," with the goal listed as "[Resident #2]'s advanced directives will be honored," and an intervention listed as "CPR will be performed as need."</p> <p>Review of the facility's policy and procedure titled</p>	F 678	<p>Resident #2 no longer resides at the facility.</p> <p>26 Residents are Full Codes and are at risk for this alleged deficient practice.</p> <p>All licensed nursing staff are required to be CPR certified per Genesis policy. The HR manager will obtain CPR certification cards prior to starting. The new hire checklist has been updated to include that process.</p>	

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F 678	<p>Continued From page 4</p> <p>"NSG107 Emergency: Medical Response," under "Policy" reads "Response to medical emergencies will be delivered within the scope of practice of the licensed nursing staff. If the patient is in cardiac and/or respiratory arrest, refer to Cardiac and/or Respiratory Arrest policy and procedure. Systems will be in place for: Eliciting assistance from co-workers; and Identification of patient code status."</p> <p>Review of the facility's policy and procedure titled "NSG208 Cardiac and/or Respiratory Arrest," under "Policy" reads: "Centers support the right of every patient to accept or decline cardiopulmonary resuscitation (CPR) in the event of cardiac or respiratory arrest. The Center will perform CPR on all patients, except in limited circumstances, unless there is a written physician's order, agreed to by the patient or health care decision maker, not to resuscitate (DNR), in accordance with state regulation/law," and "If a patient does not have a DNR order, CPR/AED certified staff will initiate CPR/AED and emergency medical services (EMS) will be activated. CPR is to be provided in the location where the patient is discovered as long as the location is safe for the responder and patient."</p> <p>A written statement given to the facility by the first staff member to find Resident #2 unresponsive on 7/1/22 stated that, after s/he found Resident #2 unresponsive sometime between 10:00 PM and 10:10 PM, s/he located the A Wing Licensed Practical Nurse (LPN). S/he stated that this LPN assessed Resident #2 for heartbeat and breathing and then told him/her that '[Resident #2] passed and to start postmortem care.'</p> <p>A written statement given to the facility by the first</p>	F 678	<p>All current staff have been audited for CPR certification at a 100% completion rate.</p> <p>A house wide audit of all residents advanced directives was conducted to ensure they have current physician orders.</p> <p>All currently scheduled licensed nurses were re-educated to confirm the resident's code status and when to initiate CPR. (NSG208 Policy)</p> <p>All currently scheduled licensed nurses were re-educated on the Vermont Board of Nursing Position on Pronouncement of Death by Nurse and reportable deaths.</p> <p>DNS/designee will audit code blue events to ensure that the resident's physician ordered advanced directives were followed. These audits will be conducted 3xweek x 1 week, weekly x4 weeks, then monthly x 2 months.</p> <p>Results of the audits will be presented to the QAPI committee for further review and recommendations.</p> <p><i>F678 POC accepted 8/10/22 RTremblay RA/AMC</i></p>

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F 678	<p>Continued From page 5</p> <p>licensed nurse present (A Wing LPN) after Resident #2 was found unresponsive stated that, s/he confirmed Resident #2 was unresponsive sometime after 10:00 PM on 7/1/22, that s/he did not know Resident #2's code status, and did not immediately initiate CPR. This LPN then found out from other staff that Resident #2 is a "full code." This LPN did not initiate CPR when finding out the code status. Instead, s/he called the weekend supervisor at 10:46 PM who instructed him/her to perform CPR immediately unless rigor mortis or lividity was present. This LPN was joined by another LPN who then initiated CPR on Resident #2.</p> <p>Per interview, on 7/6/22 at 12:16 PM, the LPN to first initiate CPR on Resident #2 confirmed that the first licensed nurse to discover that Resident #2 was unresponsive did not start CPR after knowing that Resident #2 is a "full code". S/he stated that s/he, himself/herself, initiated CPR at approximately 10:47 PM and emergency medical services (EMS) were called. Shortly after EMS' arrival, EMS pronounced Resident #2 "deceased."</p> <p>Per interview on 7/6/22 at 2:45 PM, the first licensed nurse present after Resident #2 was found unresponsive stated that s/he has not received any training about facility specific code status from the facility.</p> <p>On 7/6/22 at 1:08 PM, the Director of Nursing confirmed that licensed nurses should follow facility policy about initiating CPR as indicated by their code status, and that staff did not initiate CPR according to policy for Resident #2.</p> <p>2. Review of the facility's policy and procedure</p>	F 678		

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F 678	<p>Continued From page 6</p> <p>titled "NSG208 Cardiac and/or Respiratory Arrest," under "Policy" reads: "Licensed nursing staff must maintain current CPR certification for healthcare providers through CPR training that includes hands-on practice and in personal skills assessment," and "Licensed nurses will be trained in the evaluation of the obvious clinical signs of irreversible death upon hire."</p> <p>On 7/6/22 at 10:40, a licensed nurse stated that s/he hasn't been recertified in CPR since before s/he was hired over three years ago, and that the facility doesn't follow up on these kinds of things.</p> <p>On 7/6/22 at 1:08 PM, the Director of Nursing stated that Human Resources (HR) should have CPR certifications for nursing staff on file, as they should get it upon hire. S/he is unsure if HR has CPR cards on file for contracted staff or if it is in their agency files. S/he stated that the Nurse Educator would be the person to go over facility policies about CPR.</p> <p>On 7/6/22 at 1:30 PM the Human Resource Director stated that s/he does not get CPR certification from employees, and s/he guesses that s/he should be. S/he was not able to produce CPR certification cards for four employees when requested by this surveyor.</p> <p>On 7/6/22 at 1:40 PM, the Nurse Educator stated that s/he does not get a CPR certification from new employees on hire and does not know who goes over facility policies, but it is probably HR (Human Resources). S/he could not produce cardiac and respiratory arrest competencies or trainings for any staff. S/he is unsure who oversees that staff are recertified when their certification expires. S/he confirmed there is no</p>	F 678		

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F 678	<p>Continued From page 7</p> <p>system in place to ensure that nursing staff are properly certified or trained to perform CPR.</p> <p>Per interview on 7/6/22 at 2:45 PM, an LPN stated that s/he has not received any training about facility specific code status from the facility.</p> <p>On the afternoon of 7/6/22, facility staff, including the Administrator and DON, agreed that their staff couldn't produce evidence that the facility has CPR certified staff on duty 24/7 as required or ensure that staff is familiar with facility policies related to CPR. The facility currently has 26 residents that are a full code. These 26 residents would require CPR certified staff in the event of cardiac arrest.</p>	F 678			