



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 Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 11, 2023

Ms. Alyssa Maker-Lawal, Administrator
St Johnsbury Health & Rehab
1248 Hospital Drive
Saint Johnsbury, VT 05819-9248

Dear Ms. Maker-Lawal:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **March 16, 2023**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 03/28/2023
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 R-C 03/16/2023
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 000}	INITIAL COMMENTS	{F 000}		
{F 755} SS=E	<p>The Division of Licensing and Protection conducted an unannounced, onsite revisit survey at the facility on 3/16/2023. The revisit was for the survey dated 1/31/2023. The following regulatory violation was found to be uncorrected:</p> <p>Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in</p>	{F 755}	<p>This plan of correction is submitted as required under Federal and State regulation and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited and correctly applied.</p> <p>F-Tag 755 -</p> <p>1. Corrective action for the residents affected by the alleged deficient practice:</p> <p>We completed a controlled substance discrepancy investigation for resident #1, #2, #3 and #4. No narcotic diversion was identified.</p> <p>The nurses mentioned are no longer employed at the center.</p>	

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

TITLE

(X6) DATE

[Signature]

NHA

4/7/2023

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 755}	<p>Continued From page 1</p> <p>order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to implement a system to consistently and accurately reconcile controlled medications for 4 of 5 sampled residents [Residents #1, #2, #3, and #4]. Findings include:</p> <p>1. Resident #1's record reveals that s/he was admitted to the facility on 1/25/2023. S/He had the following physician's orders: "clonazepam [a controlled medication] Oral Tablet 0.5 MG (Clonazepam) Give 1 tablet by mouth every 12 hours as needed for anxiety -Start Date- 03/08/2023 1400," "clonazepam Oral Tablet 0.5 MG (Clonazepam) Give 2 tablet by mouth in the morning for anxiety, for 5 Days hold for lethargy -Start Date- 03/09/2023 0800," and "clonazepam Oral Tablet 0.5 MG (Clonazepam) Give 3 tablet by mouth at bedtime for anxiety, bipolar mood disorder for 5 Days -Start Date- 03/08/2023 2000."</p> <p>Review of Resident #1's controlled substance log for their Clonazepam 0.5 mg on page 116 reveals that on 3/10/2023 the quantity on hand prior to administration was 19 tablets, 1 tablet was administered at 09:00, and the remaining quantity after administration was 18 tablets. This is the last entry on the page. The bottom indicates that this log was transferred to page 135 and is signed by two licensed nurses. Page 135 reveals a log for Resident #1's Clonazepam 0.5 mg tablets. The first entry shows that 20 tablets were received on 3/9/23. The following line reveals that there are 20 tablets on hand before the next dose is administered. Page 136 of the log book is also</p>	{F 755}	<p>2. Corrective action taken for those residents having the potential to be affected by the alleged deficient practice.</p> <p>Nurse management completed an audit of controlled medication logs to validate that there were no identified medication discrepancies.</p> <p>All current residents receiving controlled medications have the potential to be affected by the alleged deficient practice.</p> <p>3. Measure/Systemic changes put in place to assure the alleged deficient practice does not re-occur.</p> <p>Reeducation will be provided by the Director Of Nursing/designee to all licensed nurses, including agency licensed nurses, regarding accurate documentation of controlled medications.</p> <p>Licensed nurses including agency nurses will be reeducated on the process to notify the immediate supervisor upon discovery of an identified medication discrepancy.</p>		

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{F 755}	<p>Continued From page 2</p> <p>for Resident #1's Clonazepam 0.5 mg tablets. The first entry on this page reveals on 3/10/2023 the quantity on hand prior to administration was 19 tablets, 3 tablets were administered at 12:00, and the remaining quantity after administration was 16 tablets.</p> <p>2. Resident #2's record reveals that s/he was admitted to the facility on 1/22/2023. S/he was receiving end of life hospice care and had the following physician's orders: "LORazepam [a controlled medication] Oral Concentrate 2 MG/ML (Lorazepam) Give 0.5 ml by mouth every 4 hours as needed for anxiety, nausea, hospice -Start Date- 03/07/2023 1510," and "Morphine Sulfate [a controlled medication] Injection Solution 5 MG/ML (Morphine Sulfate) Inject 4 mg subcutaneously every hour for pain , bolus 2 mg Q15 min as needed -Start Date- 03/07/2023 1700." Per Resident #2's medication administration record, the Lorazepam was administered through 3/9/2023 and the morphine was administered through 3/11/23.</p> <p>Review of Resident #2's controlled substance log for their Lorazepam 2 mg on page 44 reveals that on 3/8/2023 the quantity on hand prior to administration was 28.5 mL, 0.5 mL was administered at 09:08, and the remaining quantity after administration was 28.5 mL. The next entry dated 3/8/2023 reveals the quantity on hand prior to administration was 27.0 mL, 0.5 mL was administered at 11:10 and the remaining quantity was 27.0 mL. Entries for this medication conclude. There is no evidence in the controlled substance log that the medication was administered after 3/8/2023 or that the remaining medication was wasted [disposed of] by two license nurses.</p>	{F 755}	<p>Any licensed nurses including agency licensed nurses, not available during this time frame will be provided reeducation, by the Director of Nursing/designee upon return to work. New Licensed nurses, including new agency licensed nurses, will be provided education during orientation by the Director of Nursing/designee.</p> <p>4. Corrective action will be monitored to ensure the alleged deficient practice will not re-occur. The Director of Nurses/designee will observe shift count 5 times a week x4, biweekly x2 and monthly. Findings will be discussed in QA and modifications will be made if applicable to ensure substantial compliance.</p> <p>The Director of Nurses/designee will complete a controlled medication administrator med pass observation audit on 2 nurses weekly x4, biweekly x2 and monthly. Findings will be discussed in QA and modifications will be made if applicable to ensure substantial compliance.</p>		

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{F 755}	Continued From page 3 Review of Resident #2's controlled substance log for their Morphine orders on page 49 reveals that on 3/8/2023 the end of shift remaining quantity was 65.5, on 3/8/23 the end of shift remaining quantity was 55, on 3/9/2023 the end of shift quantity remaining was 18.0, and on 3/10/2023 the end of shift quantity remaining was 60. Entries for this medication conclude. There is no evidence in the controlled substance log that the medication was administered after 3/10/2023 or that the remaining medication was wasted by two license nurses. 3. Resident #3's record reveals that s/he was admitted to the facility on 1/25/2023. S/He had the following physician's orders: "Xanax [a controlled medication] Oral Tablet 0.5 MG (Alprazolam) Give 1 tablet by mouth three times a day for Anxiety -Start Date- 02/27/2023 2100." Review of Resident #3's controlled substance log for their Xanax 0.5 mg on page 103 reveals that on 2/28/2023 the quantity on hand prior to administration was 92 tablets, one tablet was administered at 20:00, and the remaining quantity after administration was 90 tablets. 4. Resident #4's record reveals that s/he was admitted to the facility on 2/17/2023. S/He had the following physician's orders: "HYDRomorphone HCl [a controlled medication] Oral Tablet 2 MG (Hydromorphone HCl) Give 1 tablet by mouth in the morning for pain for 7 Days -Start Date- 02/24/2023 0600," and "HYDRomorphone HCl Oral Tablet 2 MG (Hydromorphone HCl) Give 2 tablet by mouth in the evening for pain for 7 Days -Start Date- 02/24/2023 1800."	{F 755}	The Director of Nurses/designee will monitor, starting on or before, to ensure residents with controlled narcotics are accurately signed out of the controlled substance log and administration has been correctly recorded on the resident's Medication Administration Record (MAR). This will be completed daily x2 weeks then 5 times a week for 2 weeks, then 3x week for 4 weeks, then randomly thereafter. Compliance Date of 4/12/2023. Tag F 755 POC accepted on 4/11/23 by S. Stem/P. Cota		

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{F 755}	<p>Continued From page 4</p> <p>Review of Resident #4's controlled substance log for their Hydromorphone 2mg on page 39 reveals that on 3/1/2023 the quantity on hand prior to administration was 16 tablets, one tablet was administered at 20:00, and the remaining quantity after administration was 14 tablets. The following entry indicates that an additional does was wasted and signed off by two licensed nurses, making the remaining count at 12 tablet.</p> <p>5. Facility policy titled "NSG300 Controlled Substances: Management of," last reviewed on 4/1/22, states: "Discrepancies noted at any step of the process will be reported to appropriate persons. If a discrepancy is notes, the nursing supervisor will be notified and immediately initiate an investigation using the "Controlled Substances Discrepancy Investigation Form". The Administrator and Director of Nursing are responsible for the notification of appropriate enforcement agencies, according to state and federal regulations, of any controlled substance discrepancy which cannot be clarified satisfactorily."</p> <p>Facility policy titled "Disposal of Medications and Medication-Related Supplies;" states: "When a dose of controlled medication is removed from the continued for administration but refused by the resident or not given for any reason it is not placed back in the container. It is destroyed in the presence of two licensed nurse and the disposal is documented on the accountability record on the line representing that dose. The same process applies to the disposal of unused partial tablets and unused portions of single doses of controlled substances wasted for any reason."</p>	{F 755}		
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{F 755}	<p>Continued From page 5</p> <p>6. On 3/16/2023 at approximately 12:00 PM, the Director of Nursing (DON) confirmed that all controlled medications administered and wasted should be documented in the controlled substance log.</p> <p>On 3/16/23 at 2:10 PM, a Licensed Practical Nurse reviewed the log entries for the above residents and stated that if s/he was aware of these discrepancies, s/he would try to figure out what the error was with the other nurse, and if they couldn't, s/he would report the discrepancies to the Director of Nursing.</p> <p>On 3/16/23 at approximately 2:30 PM, interview with the DON revealed that the discrepancies in the controlled substance logs for Residents #1, #2, #3, and #4 were not reported to him/her. S/he stated that s/he was not sure how s/he would be aware of the discrepancies because nurses do not double check entries, just the quantity of controlled substances on shift change. S/He confirmed that the controlled medication logs were not accurate for the above residents.</p>	{F 755}			