



**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

June 22, 2023

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

Dear Mr. Lausier:

Enclosed is a copy of your acceptable plans of correction for the investigation survey conducted on **May 17, 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: 05/31/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST JOHNSBURY HEALTH &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819</b>
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F 000	<b>INITIAL COMMENTS</b>	F 000		
F 656 SS=D	<p>The Division of Licensing and Protection conducted an unannounced onsite investigation of 4 complaints on May 17, 2023. The following regulatory deficiencies were identified as a result.</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p>	F 656	<p>Resident #1's Care Plan/Kardex was updated to include the preference with utilizing toothettes for mouth care.</p> <p>An audit of resident ADL CP was completed to validate the CP is person centered to include resident preference for completing ADL care.</p> <p>The facility develops and implements person centered care plans for each resident consistent with the resident rights and includes services that are furnished to attain and maintain the resident's highest practical physical, mental, and psychosocial well being. Licensed staff have been re-educated to this process.</p> <p>DON/Designee will complete random audits, of resident's care plans to validate that the CP is person centered to include resident preference. These audits will be weekly x 4 weeks, bi-weekly x 4 weeks, then Monthly x 2. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.</p> <p>Date of Compliance 06/12/23</p> <p>Tag F 656 POC accepted on 6/13/23 by S. Stem/P. Cota</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nicholas Lawrence</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/13/23</i>
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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 the 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 656	<p>Continued From page 1</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews and record review the facility failed to develop and implement a person-centered baseline care plan for one of four residents sampled (Resident #1). Findings include:</p> <p>Per record review, Resident #1 has diagnoses including quadriplegia, traumatic brain injury, aphasia, and dysphagia. Resident #1 is reliant on staff for all care and due to an impaired swallow reflex, does not take food or fluid by mouth; instead receives nutrition and hydration through a tube inserted directly into the stomach. Resident #1 was visited during this survey and found to communicate by blinking or a slight head movement, the meaning of which were confirmed by staff familiar with the resident (a blink is yes, and the head movement is no). At the time of visit (10 AM) Resident #1 was in bed and had received morning care. The resident had a significant thick opaque film covering his/her teeth and his/her tongue had a thick whitish coating. Two licensed nursing assistants (LNA)</p>	F 656		
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F 656	Continued From page 2 were interviewed regarding the provision of care for Resident #1 at approximatley 1 pm. The LNA's stated they were familiar with this resident and the care needs associated with his/her activities of daily living, including oral care. When asked about oral care, they noted s/he does not like to receive oral care, so they use toothettes (a small sponge on a stick similar to a lollipop). The LNA's were asked how they knew to use toothettes and replied that they just knew because they often care for Resident #1. They provided a copy of the LNA assignment card specific to this resident where under oral hygiene it states "mouth care every shift and as needed" without clarification of what to use or how to provide this care, and the personal care plan for him/her included the same. At approximately 2 pm during an interview with the Regional Clinical Director s/he confirmed this was not personalized and did not provide adequate information needed to provide oral care.	F 656		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of	F 657	Resident #1's Enteral CP was updated to include the MD order for aspiration precautions and check of residual volumes.  An audit of residents with Enteral Feeding was completed to validate the Enteral Feeding CP reflects the resident accurate plan of care and has been revised in accordance with the residents MD orders.  The facility reviews and revises the comprehensive CP following a change to the residents orders, preference, and/or change in condition. Licensed staff will be re-educated to this process.	

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**F 657** Continued From page 3  
the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.  
(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.  
(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.  
This REQUIREMENT is not met as evidenced by:  
Based on interviews and record review the facility failed to update a care plan regarding the provision of enteral nutrition (a way to provide nutrition through a tube inserted into the stomach) for one resident of 4 sampled. Findings include:  
  
Per record review, Resident #1 was admitted to the facility with diagnoses including quadriplegia, traumatic brain injury, aphasia, and dysphagia. Resident #1 is reliant on staff for all care, and due to an impaired swallow reflex, does not take food or fluid by mouth; instead receives nutrition and hydration through a tube inserted directly into the stomach.  
  
During record review, discrepancies between the following medical orders and the care plan were noted:  
  
Medical order states- When providing enteral feeding resident must be positioned in HIGH FOWLERS (upright position of 60-90 degrees) and should remain in standard-high fowlers (45-90 degrees for 45 minutes).

**F 657** DON/Designee will complete random audits of the CP to validate the facility has reviewed and revised the comprehensive CP following a change to the residents orders, preference, and/or change in condition. These audits will be weekly x 4 weeks, biweekly x 4 weeks, then monthly x 2 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.  
  
Date of Compliance 06/12/23  
  
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F 657	Continued From page 4 Care plan states- Aspiration precautions: Keep head of bed elevated 45 degrees during tube feeding and for one hour after completion of tube feeding.  Medical order states- Check residual volume - if greater than 125cc hold feeding and recheck in 1 hour. If still greater than 125 cc notify MD. Care plan states- Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed in greater than 250 cc aspirate.  During an interview with the Regional Clinical Director at approximately 2 pm s/he confirmed the care plan had not been updated to reflect the medical orders.	F 657		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)  §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and  §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills	F 693	Resident #1's feeding and residual checks times were adjusted to provide the residual check prior to the feeding as ordered by the MD. Resident #1's flush order was updated to include the type of solution to use. Resident #1's Enteral CP was updated to include the MD order for aspiration precautions and check of residual volumes.  An audit of residents with Enteral feedings was completed to validate the resident receives appropriate treatment and services related to enteral feeding. Inclusive of residuals and aspiration precautions.  The facility provides appropriate care and services to prevent complications of enteral feeding including aspiration. Licensed staff will be re-educated to this process.	

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F 693	<p>Continued From page 5</p> <p>and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record review the facility failed to ensure one resident of four sampled (Resident #1) receiving enteral feeding (the delivery of liquid nutrition and hydration through a tube directly into the stomach or small intestine) received appropriate care and services to prevent complications. Findings include:</p> <p>Resident #1 was admitted with diagnoses including quadriplegia, traumatic brain injury, aphasia (inability to speak) and dysphagia (swallowing dysfunction). As a result of dysphagia he/she is reliant on receiving nutrition through a tube in his/her stomach and is not allowed to take anything by mouth.</p> <p>A review of the medical record, care plan and medication administration record revealed the following discrepancies:</p> <p>Medical order states- "When providing enteral feeding, resident must be positioned in HIGH FOWLERS (upright position of 60-90 degrees) and should remain in standard high fowlers (45-90 degrees) for 45 minutes after. Start date 12/13/2022"</p> <p>Care plan states- "Aspiration precautions: Keep head of bed elevated 45 degrees during tube feeding and for one hour after completion of tube feeding. Date Initiated 08/05/2021"</p> <p>Medical order states- "Check Residual Volume if</p>	F 693	<p>DON/Designee will complete random observation of enteral feedings, residual checks, flushes, and aspiration precautions to validate proper treatment and services have been provided as ordered by the MD. These audits will be weekly x 4 weeks, biweekly x 4 weeks, then monthly x 2 months, to validate. The results of these audits will be brought to the Monthly QAPI Committee for further review and recommendations.</p> <p>Date of Compliance 06/12/23</p> <p>Tag F 693 POC accepted on 6/13/23 by S. Stem/P. Cota</p>	
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F 693	<p>Continued From page 6</p> <p>greater than 125cc hold feeding and recheck in 1 hour. If still greater than 125cc notify MD four times a day. Start Date 3/30/23"</p> <p>Care plan states- "Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 250 cc aspirate. Date Initiated 08/05/21"</p> <p>Medical order-"Enteral Feed Order four times a day for Nutren 2.0 250 ml bolus four times daily 250 ml bolus NUTREN 2.0 flush 50 ml pre and post bolus- Start Date 4/14/23". This order does not contain what specific solution is to be used to flush the tube.</p> <p>The medication administration record was reviewed, and it was noted that the times to check for residual were 6 AM-10 AM-6 PM-10PM; however the time to provide the feedings are 9 AM-1 PM-5 PM-9PM these times are not in sync with one another. Checking for residual volume is done prior to infusing additional liquid nutrition and used to determine if the feeding has been digested; preventing over-filling which can result in bloating, nausea and/or vomiting. Per this existing schedule, the check for residual is being done at 6 AM, 3 hours prior to the first daily feeding, the second check is done 1 hour after the initial feeding and 3 hours prior to the second daily feeding. The third and fourth checks also follow feeding times resulting in inaccurate information and not following the medical orders.</p> <p>At approximately 1 PM the Regional Clinical Director and Regional Dietician were interviewed regarding the timing of the residual check and infusion of the feeding. Per the Regional Dietician these orders were written by the facility dietician who is currently away but in review he/she noted</p>	F 693		
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F 693	Continued From page 7 the timing of the residual check and infusion had been in alignment prior to 4/14/23, when there had been a change in the feeding order. After reviewing the record, the Regional Dietician realized the timing of the feeding order had changed but the residual check had not and stated the timing of these procedures should align. The Regional Dietician was also asked if it is standard practice not to order what fluid should be used to flush the feeding tube pre and post bolus and replied that it should say to flush with water.	F 693		
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