



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

December 13, 2024

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 complaint investigation conducted on **November 19, 2024**. 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, BS
Assistant Division Director
State Survey Agency Director

Enclosure

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

PRINTED: 12/04/2024
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 11/19/2024
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			
F 568 SS=D	<p>An unannounced on-site complaint investigation. (ACTS #23471, 22924, 23042, 22859, 23097, 23249, 23277, 23250, 23473, 23484, & 23485) was conducted by the Division of Licensing and Protection on 11/18/24 thru 11/19/24 at St. Johnsbury Health & Rehabilitation to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory violations were identified:</p> <p>Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii)</p> <p>§483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C) The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to maintain proper bookkeeping procedures on transactions involving personal funds that included information on when transactions occurred, what type of transaction, and ongoing balances, and failed to provide a receipt for such transactions for 1 of 3 the applicable sample, (Resident # 2). Findings include:</p>	F 568	<p><i>This plan of correction was written to follow state and federal guidelines. It is not an admission of noncompliance. However it is the facility's commitment to demonstrate and maintain compliance.</i></p> <p>F568 Resident #2 was reimbursed \$800.00 in March 2024</p> <p>F 568 Resident #2 was discharged on 12/30/24 11/30/2024</p> <p>An audit was completed of current resident's RFMS accounts and personal property secured in the facility safe to validate accurate and documented accounting of resident money and property</p> <p>The facility maintains proper bookkeeping procedures on transactions involving personal funds and property that includes information on when transactions occurred, what type of transaction, receipts for transactions, and ongoing balances. Facility business office staff, designated cash handlers, and NHA will be re-educated to this process.</p>		

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



TITLE

NHA

(X6) DATE

12/11/2024

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 568	<p>Continued From page 1</p> <p>Per record review of a Facility Reported Incident (FRI), Resident # 2 reported to the facility that s/he was missing money. Per a record review of the medical file, Resident # 2 is legally blind and has a Brief Interview for Mental Status (BIMS) score of 15, indicating a high level of cognitive functioning. S/he has resided at the facility since 7/19/2023.</p> <p>Per Interview on 11/18/24 at approximately 11:30 AM, Resident # 2 conveyed that when s/he was admitted to the facility, s/he had a wallet containing \$2,800.00. The facility removed the wallet to put it in a safe place. S/he has asked for and received money a few times to pay bills. Earlier this year, s/he asked for money to pay a bill and discovered approximately \$800.00 missing from the wallet. S/he has not received a receipt for the remaining funds.</p> <p>Per interview on 11/19/2024 at approximately 3:30 PM with the Social Service Director, s/he explained that the facility designates two positions called "cash handlers." The Social Service position is selected as the primary with a backup position. One of these two must be a signer when a transaction involving a resident's money occurs. S/he indicates there is a ledger where the transaction is recorded, which includes a remaining balance and must be signed by two people. A receipt is given to the resident. S/he was not employed at the facility when the money went missing.</p> <p>A review of the facility policy AR300 Cash Receipts indicates, "Each Cash Handler designee will ensure proper receipt and deposit of all monies received at the facility."</p>	F 568	<p>NHA/Designee will complete audits of resident funds/resident property in the safe to validate proper bookkeeping is maintained per the process. These results will be weekly x 4 weeks, biweekly x 4 weeks, then Monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.</p> <p>Tag F 568 POC accepted on 12/13/24 by T. Dougherty/P. Cota</p>	12/30/24	

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F 568	Continued From page 2 A record review of the facility investigation file determined no evidence of the amount of cash in the wallet when it was initially placed in the safe, subsequent documentation of cash withdrawals, or receipts for the resident containing a remaining amount. Per interview on 11/19/2024 at approximately 9:00 AM, the Director of Nursing (DON) confirmed that the facility did not maintain adequate bookkeeping information on resident funds and did not provide the residents with receipts for transactions on such funds.	F 568		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one resident [Resident #1] of two sampled residents remained free from physical abuse. Findings include:	F 600	F600 Resident #1 is free from abuse All residents have the potential to be affected by the deficient practice The facility prohibits abuse, mistreatment, neglect, misappropriation	12/30/24

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F 600	<p>Continued From page 3</p> <p>The facility policy "OPS Abuse Prohibition" [last revised 10/24/22] states, "Centers prohibit abuse, mistreatment, neglect, misappropriation of resident/patient (hereinafter "patient") property, and exploitation for all patients ...Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, injury, or mental anguish."</p> <p>An interview was conducted with Resident #1 on 11/18/24 at 1:30 PM. Resident #1 stated that on 8/14/24 at approximately 3:00 PM, Resident #1's roommate, who has a diagnosis of Alzheimer's Disease (a brain disorder that causes problems with memory, thought processing, and behavior) urinated on Resident #1's shoes and floor. The roommate then went through Resident #1's belongings. Resident #1 asked him/her to stop, and the roommate approached him/her and hit him/her in the jaw.</p> <p>A nurse's note on 8/14/24 at 4:29 PM reads, "Resident [roommate] has been in and out of other resident's rooms all shift and is not easily redirectable and has struck multiple staff members this shift when they attempt to redirect him/her or remove [him/her] from said rooms."</p> <p>Per record review of a nursing progress note in the roommate's chart on 8/15/24 at 6:57 AM states, "[Roommate] peed on another resident's shoes. Staff guiding [him/her] out of rooms, however resident physically abusive - hitting out at times. Staff using coaxing voice to assist with redirection."</p> <p>Per the facility's internal investigation, Resident #1 was moved to the opposite side of the building</p>	F 600	<p>of resident/patient (hereinafter "patient") property, and exploitation for all patients. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the patient's medical symptoms.</p> <p>The facility nursing staff will be re-education on dementia management and patient abuse prevention. Inclusive of and understanding behavioral symptoms of patients that may increase the risk of abuse and neglect and how to respond.</p> <p>DNS/Designee will conduct observations and audits of resident behavior to validate staff have identified residents who have the potential to be abusive towards other residents and that prevention interventions are in place. These observations/audits will be weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.</p>	12/30/24	

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F 600	Continued From page 4 following the alleged incident. Per the facility's internal investigation notes, on 9/3/24 at approximately 9:45 PM, the former roommate entered Resident #1's room. The former roommate was told to leave the room by Resident #1. Per the facility's internal investigation "[Former roommate] began shaking [Resident #1]'s bedside table back and forth and pushing the bedside table which s/he states went into [his/her] right side." A progress note from a nurse practitioner dated 9/3/24 at 10:22 PM states, "At the time, pt [patient][Resident #1] denied any pain or injury, per nurse. Currently, the pt has told nurse [s/he] has some mild right lateral chest wall pain r/t [related to] where the tray table pushed against [him/her] at the time of the altercation. Pt told the nurse [s/he] is fine and declined offer to be seen in the ED [Emergency Department]." On 11/19/24 at 4:30 PM the Clinical Market Lead confirmed that Resident #1 was not free from abuse. Works Cited: "Alzheimer's Disease' Alzheimer's disease - Symptoms and causes - Mayo Clinic. Accessed November 25, 2024.	F 600	Tag F 600 POC accepted on 12/13/24 by T. Dougherty/P. Cota		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §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	F 656			

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F 656	Continued From page 5 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 - (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 (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). (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. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.	F 656	F656 Resident #3 discharged home on 11/20/2024 An audit of residents who request LOA was completed to validate orders are in place to provide medications as appropriate while on LOA, inclusive of updating and following the plan of care as it relates to administration of medications per the MD order. The facility provides medication as per the MD order for residents wishing to go on LOA. The facility also develops a comprehensive person-centered care plan that describes services that are to be furnished, including following MD orders for the administration of medications as ordered both while in the facility and when on an ordered LOA. Licensed staff will be re-educated to this process.	12/30/24	

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F 656	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure Care Plan interventions were implemented for one resident [Res.#3] of 8 sampled residents Findings include: Per record review, Res.#3 was admitted to the facility with diagnoses that included osteomyelitis [bone infection caused by bacteria or fungi], diabetes, acute kidney disease, myocardial infarction [heart attack], hypertension [high blood pressure], and coronary artery disease [blood vessels supplying blood to the heart are blocked] and neuropathy [nerve pain]. Review of Res.#3's Care Plan reveals the resident was identified as: - Has an actual infection and is at risk for sepsis, has a history of sepsis [an infection of the blood stream] related to osteomyelitis of left foot -at risk for cardiovascular symptoms or complications related to atherosclerotic heart disease, hypertension. -At risk for fluid volume excess as evidence by acute kidney failure, chronic kidney failure -Has a diagnosis of diabetes -Exhibits alterations in comfort related to chronic knee infection, amputation of toes, diabetic neuropathy, osteomyelitis Review of Care Plan interventions include: -Administer meds as ordered -Administer antibiotic medications as ordered -Administer hypoglycemic [diabetic] medications as ordered -Medicate as ordered for pain</p> <p>Per review of the facility's 'Release of Responsibility for Leave of Absence/Therapeutic Leave form', Res.#3 left the facility with a family</p>	F 656	<p>DNS/Designee will complete an audit of resident records to validate those residents that have orders, as appropriate, to receive medications while on a LOA were sent with medications. These audits will be weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.</p> <p>Tag F 656 POC accepted on 12/13/24 by T. Dougherty/P. Cota</p>	12/30/24	

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F 656	Continued From page 7 member at 7:00 AM on 11/5/24 and returned at 3:25 PM. Review of Res.#3's Medication Administration Record [MAR] on 11/5/24 reveals the resident did not receive 16 medications ordered to treat the above listed diagnoses. Further review of the MAR reveals Res.#3 was not offered the medications prior to leaving the facility at 7:00 AM, or any time after returning to the facility at 3:25 PM. Review of progress notes reveals no documentation that Res.#3's physician was notified that 16 medications were not given as ordered. Review of the medications the resident did not receive include: Carvedilol & Terazosin [used to treat high blood pressure and heart failure]; Linezolid [an antibiotic used to treat an infection in the resident's foot wound]; Gabapentin [used to relieve nerve pain]; Hydrochlorothiazide [used to treat fluid retention and the resident's chronic kidney disease]; and Insulin, Jardiance & Metformin [used to treat the resident's severe diabetes]. Interviews were conducted on 11/19/24 with both the nurse caring for Res.#3 prior to the resident leaving at 7:00 AM on 11/5/24, and the nurse responsible for the resident for that day including after the resident returned. Per interview with the first nurse, the nurse stated s/he "did not think to inquire about the medications" prior to the resident leaving that morning. The second nurse stated that s/he "normally would call the physician" to notify the physician that the medications were not given as ordered but did not. Per record review of Res.#3's MAR and confirmed during interview on 11/19/24 with the nurse responsible for administering the 16 medications, on 11/5/24, Res.#3 did not receive 16 medications as ordered to treat multiple	F 656			

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F 656	Continued From page 8 diagnoses per the resident's Care Plan.	F 656			