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, 2018

Ms. April Furlow, Administrator
The Villa Rehab
7 Forest Hill Drive
St Albans, VT 05478-1615

Dear Ms. Furlow:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 28, 2018.** 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

Pamela M. Cota, RN
Licensing Chief

PRINTED: 12/05/2018
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475055	A. BUILDING ____ B. WING ____	11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLA REHAB	7 FOREST HILL DRIVE ST ALBANS, VT 05478

(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
E 000	Initial Comments An emergency preparedness review was conducted by the Division of Licensing and Protection on 11/28/18. The facility was found to be in substantial compliance with the emergency preparedness regulations.	E 000		
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite annual recertification survey 11/26/18 - 11/28/18. The following regulatory violations were cited as a result of the survey.	F 000	**F 689** 1. **What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** Space heaters were immediately removed from resident rooms for residents 5, 6, 7, and 10.	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the resident environment remains as free of accident hazards as possible for 2 rooms involving 4 residents (Residents #5, 6, 7, 10). Findings include: On 11/27/18 at 8:39 AM, the surveyor observed a portable space heater in room 13 near the bathroom, plugged into a wall outlet, not on. Resident #10 is ambulatory with a walker; the roommate, Resident #5, is non-ambulatory. A similar portable heat unit was then observed in	F 689	2. **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?** Residents who request additional heat would be at risk for this deficiency. 3. **What measures will be put into place to ensure that the deficient practice does not recur?** All space heaters will be removed from the resident areas. A facility policy has been created to ensure space heaters are not used in resident areas. 4. **How the corrective actions will be monitored to ensure the deficient practice will not recur.** Staff will audit the use of space heaters on a monthly basis to ensure there are no space heaters in use for resident areas. This audit will be implemented and monitored with monthly environmental rounds. The Maintenance Director will monitor this process and report to the Administrator monthly. 5. **The dates corrective action will be completed.** Corrective action was completed on 11/28/18. F689 POC accepted on next page -	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
April Paulan	Administrator	12/6/18

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 689	Continued From page 1 room 12, plugged in, not on. Residents #6 and #7 reside there and are non-ambulatory. During interview on 11/27/18 at 11:24 AM, the Administrator confirmed that the space heater units are present in rms 12 & 13. The maintenance staff was interviewed on 11/27/18 at approximately 1:00 PM. S/he states that acceptable ambient temperatures can be achieved in the second floor rooms (12 and 13) without the space heaters, but it makes the first floor warmer to do so. Space heaters are not permitted in residential areas as they present a potential accident hazard (e. g., trip, burn). Additionally, the Life Safety Code, section 19.7.8, specifies that the heaters present an electrical hazard.	F 689	POC F689 accepted 12/11/18 R. Trombley RN/S. [illegible] RN	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §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. §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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755	**F 755** 1. **What measures will be put into place to ensure that the deficient practice does not recur?** Added a second separately keyed padlock and hinge to the medication refrigerator and bolted a locking narcotics cabinet to the inside of the current locking cabinet. The pharmacy policy has been updated to include the second lock, to ensure the pharmacy consultant is inspecting the narcotic box location on a monthly basis. 2. **How the corrective actions will be monitored to ensure the deficient practice will not recur.** DNS will work with Pharmacy consultant to inspect the locked cabinet and refrigerator monthly. DNS will ensure the pharmacy and nursing departments are both complying with the policies changes. 3. **The dates corrective action will be completed.** Corrective action was completed on 12/11/18. F-755 POC accepted 12/11/18 R. Trombley RN/S. [illegible] RN	

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F 755	Continued From page 2 §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation/inspection of the medication storage cabinet, the Registered Pharmacist failed to ensure, through monthly consultations and inspections, that the emergency back up kit for narcotics and controlled substances has a separate, locked, permanently affixed, compartment for storage in the nurses station. Findings include: Per observation of the medication storage cabinet in the nurses station on 11/26/18 at approximately 2:30 PM, a fishing tackle box was identified to store narcotics and controlled substances. The tackle box, which was zip-tied, is located in a locked cabinet. The Licensed Practical Nurse confirmed at that time that the tackle box is not locked nor is the door to the nurses station locked. The only lock is on the cabinet door.	F 755		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F 761		

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F 761	Continued From page 3 professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation/inspection and confirmed by staff interview the facility failed to ensure that the emergency back up kit for narcotics and controlled substances has a separate, locked, and permanently affixed compartment for storage in the nurses station. The findings include the following: Per observation of the medication storage cabinet in the nurses station on 11/26/18 at approximately 2:30 PM, a fishing tackle box was identified to store narcotics and controlled substances. The tackle box, which was zip-tied, is located in a locked cabinet. The Licensed Practical Nurse confirmed at that time that the tackle box is not	F 761	**F 761** 1. **What measures will be put into place to ensure that the deficient practice does not recur?** Added a second separately keyed padlock and hinge to the medication refrigerator and bolted a locking narcotics cabinet to the inside of the current locking cabinet. The pharmacy policy has been updated to include the second lock, to ensure the pharmacy consultant is inspecting the narcotic box location on a monthly basis. 2. **How the corrective actions will be monitored to ensure the deficient practice will not recur.** DNS will work with Pharmacy consultant to inspect the locked cabinet and refrigerator monthly. DNS will ensure the pharmacy and nursing departments are both complying with the policies changes. 3. **The dates corrective action will be completed.** Corrective action was completed on 12/11/18. F-761 POC accepted 12/11/18 R. Tremblay RN/S. Langer RN	

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F 761	Continued From page 4 locked nor is the door to the nurses station locked. The only lock is on the cabinet door.	F 761		
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that resident care equipment is maintained in safe, functional and sanitary condition for 4 applicable residents sampled, (Resident #8, #22, #16 and #9). The findings include the following: Per facility tour on 11/26/18 at 2:10 PM in the presence Director of Nurses, confirmation was made that Residents #8, #22, #16 and #9 were found to have oxygen concentrators with filters that are heavily caked with dust particles. Facility policy titled Oxygen Concentrator Procedure, identifies that the medical supply company will come in periodically to clean the filter.	F 921	**F921** 1. **What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** All oxygen concentrators for Residents # 8, 22, 16, and 9 were cleaned immediately. Physician orders were added to all residents who utilize oxygen concentrators, to clean filters weekly. 2. **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?** All residents (current and new admits) utilizing oxygen concentrators will have a Physician order to clean filters weekly. 3. **What measures will be put into place to ensure that the deficient practice does not recur?** Policies were updated to reflect requirement for weekly cleaning of filters on oxygen concentrators being used and the need for a physician order. As well, the maintenance department will perform monthly inspections, in addition to the yearly inspections performed by a contractor, to ensure that the equipment is cleaned and functioning properly. 4. **How the corrective actions will be monitored to ensure the deficient practice will not recur.** DNS will audit Physician orders frequently to ensure all residents with need for Oxygen have orders in place for concentrator to be cleaned weekly. Maintenance Director will audit monthly to ensure filters are being cleaned. 5. **The dates corrective action will be completed.** Corrective action was completed on 11/28/18 F921 POC accepted 12/11/18 R. Trembley RN Surveyor	

December 11, 2018

Pamela Cota, RN
Licensing Chief
Division of Licensing & Protection
HC 2 South, 280 State Drive
Waterbury, VT 054671-2060

Dear Ms. Cota:

Attached, please find The Villa Rehab Center's Plan of Correction for the alleged deficient practices which resulted from the annual survey on November 28, 2018.
If you have any questions, please contact me at (802) 524-3498 or e-mail me at afurlow@villarehab.com.

Sincerely,

April Furlow
Nursing Home Administrator