



**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 Reporting Line (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 21, 2023

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

**RE: Complaint Survey Findings - Past Non-Compliance**

Dear Ms. Furlow:

On **June 7, 2023**, the Division of Licensing and Protection completed a recertification survey at The Villa Rehab. As a result of that survey, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long-term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the survey. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. As the cited deficiency was corrected at the time of our visit, no plan of correction is required. Please **sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies to Suzanne Leavitt RN, MS, Assistant Division Director, Division of Licensing and Protection. **This written request must be received by this office by July 3, 2023.**

Per the CMS State Operations Manual, facilities may not use the informal dispute resolution process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Scope and severity assessments of deficiencies, with the exception of scope and severity assessments that constitute substandard quality of care or immediate jeopardy;
- Remedy(ies) imposed by the enforcing agency;
- Alleged failure of the survey team to comply with a requirement of the survey process;
- Alleged inconsistency of the survey team in citing deficiencies among facilities;
- Alleged inadequacy or inaccuracy of the informal dispute resolution process.

Sincerely,

*Pamela M. Cota RN*

Pamela M. Cota, RN  
Licensing Chief

Enclosure

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

PRINTED: 06/21/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/07/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VILLA REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7 FOREST HILL DRIVE ST ALBANS, VT 05478</b>		
(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  The Division of Licensing and Protection conducted a emergency preparedness review on 6/7/23. There were no regulatory violations as a result.	E 000			
F 000	INITIAL COMMENTS  The Division of Licensing and Protection conducted an unannounced onsite recertification survey 6/5/23 -6/7/23. The following regulatory violation was identified and cited as a result; however, due to the facility correcting the identified issue prior to survey, the finding is considered past noncompliance.	F 000			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one of five applicable residents of the sampled 16 residents (Resident #14) was free from any significant medication errors. Findings include:  Per record review, Resident #14 was administered an incorrect dose of an ordered medication daily from 5/14/23-5/22/23.  On 5/14/23 Resident #14 was admitted to the facility following a hospital stay for weakness/falls, additional diagnosis include myasthenia gravis (a neuromuscular disease) and congestive heart failure (weakened heart	F 760	Past noncompliance: no plan of correction required.		

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

*April J. Grew, NHA*

TITLE

*Administrator*

(X6) DATE

*06/21/23*

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 760	<p>Continued From page 1 muscle).</p> <p>On 5/22/23 Resident #14 was acutely sent to the emergency room with swelling in the right hip and thigh and shortness of breath at rest as well as with exertion.</p> <p>Per hospitalist discharge summary dated 5/24/23 "although he had an exacerbation of this congestive heart failure on this dose of diuretics (medication to reduce fluid excess), suspect his prednisone may be contributing to fluid retention and may improve as prednisone is tapered. University of Vermont discharge note indicated that he should resume his prior admission dose of 12.5 mg, taper to 12.5 mg by decreasing 5 mg every 3-4 days..."</p> <p>During review of Resident #14's medications, it was noted that the hospital discharge orders dated 5/14/23 included " Prednisone 5 milligram (mg) tablet take 2.5 tablets by mouth daily " (this would equal a total of 12.5 mg daily). Per the facility medication administration record, Resident #14 had been administered 25 mg of prednisone daily from 5/15/23-5/22/23. Per interview with the Director of Nursing (DON) at 10:30 AM on 6/6/23, s/he was aware of this situation and stated, "there was a transcription error on the dosing for prednisone and s/he was being given a double dose". It was clarified by the DON that the transcription error had occurred in the facility by the nurse on duty at the time.</p> <p>Based on corrective actions completed prior to the onsite, this citation is designated as past non-compliance.</p> <p>Following the incident, the Interdisciplinary Team Members (IDT) met to discuss the incident and completed the following corrective actions.</p>	F 760		

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F 760	Continued From page 2 1. Re-education with all nurses was conducted regarding the transcription of orders. 2. A triple check of orders is conducted by the nurse doing the transcription and two other nurses. The DON receives confirmation of the triple check having been done on all new orders. 3. A change in workflow was made regarding transmitting orders to the pharmacy. In place of sending the transcribed orders the pharmacy receives a copy of the orders as originally written by the provider. 4. This specific error was discussed by the quality team (QAPI) and medication errors remain on the monthly QAPI meeting schedule.	F 760			