STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Johnsbury Health & Rehab	1248 Hospital Drive Saint Johnsbury, VT 05819

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44192 Based on staff interview and record review, the facility failed to ensure that residents admitted with mental disorders are screened prior to admission to a nursing facility to determine the appropriateness of admission and the need for specialized services for one of four sampled residents (Resident #1). Findings include: Per record review, Resident #1 was admitted to the facility on [DATE] with diagnoses of major depressive disorder and unspecified mental disorder. Resident #1 was also prescribed an antipsychotic medication (Lurasidone) prior to admission and continued receiving it while admitted to the facility. A pre-assessment screening and resident review (PASRR) Level 1 assessment was not filled out by the discharging hospital. The exemption reason was documented as Resident #1 would be unlikely to need admission greater than 30 days. Per progress note review, Resident #1 expressed suicidal ideation to facility staff on 4/11/24 and 4/17/24. Resident #1 also eloped from the facility on 4/17/24. Resident #1 did not return to the facility for care after they eloped on 4/17/24 and was formally discharged on [DATE]. Per review of a local mental health crisis screening note performed on 4/17/24, Resident #1 has had a serious suicide attempt in the past and has been hospitalized within the last 6 months for treatment of their mental illness. Per a social services note from 4/11/24, This writer and resident discussed [their] past attempts of killing [themselves] via overdosing. There is no evidence in the record that a Level 1 assessment was ever completed on Resident #1 despite Resident #1 being admitted well over 30 days. The level 1 PASRR includes questions about a residents' mental health history. The three questions under the mental health section are as follows: - Does this individual have one of the following diagnosis? Schizophrenia, mood disorder, delusional disorder, personality disorder, somatoform disorder, psychotic disorder, anxiety disorder, substance use disorder, none, other mental disorder that may lead to chronic disability - Has this individual had a disability or significant impairment in major life functions in the past six months due to a psychiatric disorder or substance use disorder? - Has this individual had a hospitalization for associated condition or substance use disorder within the past three years? (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Had the level 1 PASRR been completed, Resident #1 would have been a candidate to have all questions answered as yes. Per interview on 4/26/24 at approximately 2:30 PM, the Market Operations Lead confirmed that a level 1 PASRR was not completed as required for Resident #1.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44192 Based on staff interview and record review, the facility failed to ensure that each resident had a comprehensive, person-centered care plan that meets their psychosocial needs for one of 4 sampled residents (Resident #1). Findings include: Per record review, Resident #1 was admitted to the facility on [DATE] with diagnoses of major depressive disorder and unspecified mental disorder. Resident #1 was also prescribed an antipsychotic medication (Lurasidone) prior to admission and continued receiving it while admitted to the facility. Per progress note review, Resident #1 expressed suicidal ideation to facility staff on 4/11/24. A social services note from this day states, This writer spoke with resident . [they] told this writer that [they] wanted to 'kill [themselves]. I can't do this anymore .' .This writer and resident discussed [their] past attempts of killing [themselves] via overdosing. Resident stated again [they] wanted to die and requested to go to the hospital. Resident #1 expressed suicidal ideation again on 4/17/24. A nursing note from this day states, Resident stated to this nurse that [they] wanted to kill [themselves]. Social services and crisis prevention called. Per progress notes, Resident #1 ended up eloping from the facility on 4/17/24 and was ultimately brought to the emergency department for psychiatric evaluation. Per review of Resident #1's care plan, there was no care plan focus or interventions developed for Resident #1's suicidal ideations until 4/17/24. Per interview on 4/26/24 at approximately 3:00 PM, the Director of Nursing confirmed that Resident #1's care plan had not been developed for suicidal ideations in a timely manner to address their psychosocial needs. The facility was able to provide the following evidence of appropriate corrective actions taken place to address this regulatory violation prior to the State Survey Agency's entrance: - Facility-wide education regarding suicidal ideations and suicide care implementation. - Education of the social services director in charge of overseeing care plans. - House-wide audits to assess current state of compliance and ongoing compliance. - Quality improvement projects related to care of residents with suicidal ideations and care planning. As a result, this finding is considered past noncompliance.