

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER The Villa Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 7 Forest Hill Drive St Albans, VT 05478	

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)
<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>48017</p> <p>Based on interviews and record reviews, the facility failed to support the resident's right to file grievances anonymously. This has the potential to affect all residents in the facility.</p> <p>Findings Include:</p> <p>Per observation, the facility's entryway on the first floor has a bulletin board with the grievance process posted on it. The process includes who the grievance officer is and the contact information, but it does not give details on anonymously filing a grievance. There is no evidence of grievance forms or information on submitting a grievance anonymously.</p> <p>A review of the facility policy, titled Resident and Family Grievances, revised on 2/2/24, #9. A grievance may be filed anonymously, but it does not address a process to do it.</p> <p>Per interview on 7/30/2024 at approximately 1:30 PM with two residents, it was revealed by Resident #5 that if a resident wants to file a grievance, they must contact the Social Services Department or the Administrator. S/he does not know of a system within the facility that allows the resident to file the grievance without revealing the writer's identity. Resident #9 has been at the facility for a few years, and s/he is familiar with the process. S/he indicates s/he would like the opportunity to choose whether the process is done anonymously or not. S/he does not recall grievance forms or a system to keep the process anonymous.</p> <p>Per interview on 7/30/2024 at approximately 3:00 PM with the Administrator, S/he indicated the facility used to provide a binder in the common rooms with grievance forms. This process is no longer a practice of the facility. S/he confirmed that there is no process for filing a grievance anonymously.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>29776</p> <p>Based upon interview and record review, the facility failed to provide care and services according to accepted standards of clinical practice regarding Physician Orders and notification for 2 residents [Res.#6 and #17] of 18 sampled residents.</p> <p>Findings include:</p> <p>Per review of the Lippincott Manual of Nursing, Common Departures from the Standards of Nursing Care include: failure to follow physician orders, follow appropriate nursing measures, communicate information about the patient.</p> <p>[Lippincott Manual of Nursing Practice-11th Edition 2018]</p> <p>1.) Per record review, Physician Orders for Res.#6 include:</p> <p>Azithromycin Ophthalmic Solution 1 % -Instill 1 drop in both eyes two times a day for Severe</p> <p>Blepharitis. [According to the Mayo Clinic: Blepharitis is inflammation of the eyelids that can cause irritation, redness, crusting and stickiness. Azithromycin ophthalmic solution belongs to a group of medicines called macrolide antibiotics and works by killing the bacteria causing the infection .To help clear up your eye infection completely, keep using this medicine for the full treatment time .Your infection may not clear up if you stop using the medicine too soon. Do not miss any doses.]</p> <p>(https://www.mayoclinic.org/diseases-conditions/blepharitis/symptoms-causes/syc-20370141)</p> <p>(https://www.mayoclinic.org/drugs-supplements/azithromycin-ophthalmic-route/description/drg-20070979)</p> <p>Review of the Medication Administration Record [MAR] of Res.#6 reveals the Azithromycin Ophthalmic Solution was not administered as ordered 7 times over 9 days [6/24/24 - 7/2/24] including 5 consecutive times over 3 days [6/24-6/26/24].</p> <p>Nursing Notes regarding the missed doses record Medication not available, on order, medication unavailable, pharmacy sending tonight [later when the medication did not arrive] Medication not available, Not available, pharmacy is aware, no eyedrops available, reordered. Further review revealed no documentation that Res.#6's physician was notified that the eye medication was not given as ordered on any of the instances.</p> <p>An interview was conducted with a staff Registered Nurse [RN] on 7/30/24 at 8:14 AM.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The RN stated that if the medication is not available through the medication cart or through the back up supply, Nursing notifies the provider that the ordered medication cannot be given as ordered and see if an alternative can be used or if the physician wants to hold or discontinue the medication. The RN reported that missing or unavailable medications are prompted to be documented in the medical record along with physician notification. The RN also stated that the pharmacy can be contacted through the resident's electronic medical record system and Nursing can call the pharmacy to confirm if a medication order was received.</p> <p>2.) Per record review, Physician Orders for Res.#17 include:</p> <p>Erythromycin Ophthalmic Ointment- Instill 1 centimeter in both eyes two times a day for</p> <p>Blepharitis for 30 Days. [Blepharitis is inflammation of the eyelids that can cause irritation, redness, crusting and stickiness Erythromycin ophthalmic preparations are antibiotics used to treat infections of the eye.]</p> <p>(https://www.mayoclinic.org/drugs-supplements/erythromycin-ophthalmic-route/description/drg-20068673)</p> <p>Review of the Medication Administration Record [MAR] of Res.#17 reveals the Erythromycin Ophthalmic Ointment was not administered as ordered 9 times over 18 days [6/8-6/25/24], including 6 consecutive times over 3 days [6/23-6/25/24].</p> <p>Nursing Notes regarding the missed doses record waiting for pharmacy, on order, Medication not available, eye ointment not available, reordered, Medication unavailable, Unavailable Pharmacy has been made aware, eyedrops unavailable. Further review revealed no documentation that Res.#17's physician was notified that the eye medication was not given as ordered on any of the instances.</p> <p>An interview was conducted with the Director of Nursing [DON] on 7/30/24 at 2:30 PM.</p> <p>The DON confirmed the Medication Administration Records [MARs] and progress notes of Res.#6 & #17 demonstrated multiple dates where medication was not given as ordered. Review of the facility's Medication Administration policy [2024] reads Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice.</p> <p>The DON further stated the facility's process is to contact the resident's provider for missed/unavailable medication[s]. Per review of the facility's Notification of Changes policy [2023], Circumstances requiring notification include: .circumstances that require a need to alter treatment. The DON confirmed the Medication Administration Records [MARs] and progress notes of Res.#6 & #17 demonstrated multiple dates where medication was unavailable and not given as ordered and the physician was not notified.</p> <p>Further record review revealed that regarding the missed medications between the two residents [Res.#6 & #17], five different nurses, including the DON, failed to administer medications as ordered and failed to notify the physician as required.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40258</p> <p>Based on observation, interview, and record review, the facility failed to ensure that resident environments were free of accident hazards related to safe handwashing water temperatures. Findings include:</p> <p>During unit observations on 7/29/2024 at 2:45 PM, the hot water was assessed from a faucet in an unlocked, common area bathroom, accessible to all residents. The water was too hot to hold a hand under comfortably, so a thermometer was used to take the temperature of the water. The highest reading was 124.1 degrees Fahrenheit (F). The sample was then expanded to include other common areas sinks and resident rooms. The left hallway sink read 121.8 degrees F, a right hallway sink read 121.7 degrees F, a second common area bathroom read 121.1 degrees F. The Resident in room [ROOM NUMBER] is independent with care and uses the bathroom for toileting and bathing. The water temperature in their bathroom sink read 123.4 degrees F. The above temperatures were confirmed by the facility Dietary Manager who was accompanying the surveyors at the time.</p> <p>Per interview with the facility Administrator (LNHA) on 7/29/24 at 3:45 PM there have been no issues with water temperatures throughout the facility. The LNHA was able to produce a water temperature monitoring log that that s/he maintains. There were no documented water temperatures above 119 degrees F. At 3:49 PM the water temperatures were rechecked by the surveyor and the LNHA using the thermometer that they use to monitor the water temperatures for the logs. The water temperature from the Hall 1 bathroom sink read 121.2 degrees F. Room number #7 read 123 degrees F, and the Hall 2 bathroom read 121.8. The LNHA confirmed all of the above water temperatures.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50431</p> <p>Based on observation, interview, and record review, the facility failed to ensure that food was stored in accordance with professional standards for food safety. The facility failed to document the temperatures of 1 of 3 freezers and the temperatures of 2 of 3 refrigerators, served food items to residents outside of the facility's standard for food temperatures, and failed to discard expired food items. Findings include:</p> <p>A Meat Freezer log was provided to surveyors. Per the facility's Equipment Temperature Log the accepted freezer temperature is -10 [degrees Fahrenheit] to 0 [degrees Fahrenheit]. In addition to one abnormal temperature of -12 [degrees Fahrenheit] recorded there was no month documented for the Meat Freezer log. An interview was conducted with the Dietary and Housekeeping Manager on [DATE] at 1:35 PM. The Dietary and Housekeeping Manager confirmed on [DATE] that there was no documentation identifying the month where temperature of -12 [degrees Fahrenheit] was recorded. The Dietary and Housekeeping Manager confirmed s/he did not know the month of the Meat Freezer log provided.</p> <p>Per the facility's Equipment Temperature Log the facility's accepted refrigerator temperatures are 33 [degrees Fahrenheit] to 41 [degrees Fahrenheit]. Per record review of the milk refrigerator for [DATE] revealed ten temperatures for the refrigerator that were below accepted limits. The milk refrigerator had abnormally high temperatures on [DATE] and [DATE] with no intervention documented. In addition to the milk refrigerator, the facility also utilizes what is labeled a Milk Cooler. Per record review of the Milk Cooler temperatures for [DATE], there were seventeen Milk Cooler temperatures that were abnormally low with no intervention corrective action documented on the Equipment Temperature Log. On [DATE] at 1:35 PM the Dietary and Housekeeping Manager confirmed that the temperatures of the milk refrigerator and milk cooler temperatures were out of the facility's accepted range for the internal temperature of the refrigerator.</p> <p>2.) Per the facility's Temperature Log and Checklist, Ground entrees are to be 170 [degrees Fahrenheit]. Entrees, Meats, Starch, Soup, Vegetables should be at 160 [degrees Fahrenheit]. Per record review from [DATE] to [DATE] there were thirteen abnormally low temperatures for ground entrees. From [DATE] to [DATE] there were twelve entrees, and three vegetable temperatures documented that were below the accepted temperature.</p> <p>3.) On [DATE] a facility assessment of the kitchen was conducted. Per observation, one of two freezers in the basement had thirty Magic Cup ice cream cups that were expired on [DATE]. On [DATE] at 1:35 PM the Dietary and Housekeeping Manager confirmed the box of 30 Magic Cup ice cream cups that expired on [DATE] should have been discarded but were not.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>40258</p> <p>Based on interview and record review, the facility failed to address in their facility assessment what the staff competencies that are necessary to provide the level and types of care needed for the resident population identified in the assessment. This deficient practice has the potential to affect all 20 residents residing in the facility. Findings include:</p> <p>Per review of the 2024 Facility Assessment does not indicate what specific competencies are necessary to provide care to the Residents who reside in the facility. The facility assessment also fails to indicate which competencies will be evaluated.</p> <p>Per interview on 7/31/24 at 2:37 PM with the Licensed Nursing Home Administrator (LNHA) the licensed staff are evaluated for competency during orientation and annually. Additional training is provided to staff when a skill is needed that is not something that they routinely care for. The LNHA confirmed that the facility assessment does not identify the specific training or competencies to be evaluated that are needed to provide care to the residents.</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>40258</p> <p>Based on interview and record review, the facility failed to develop, implement, and maintain an effective training program related to behavioral health or trauma informed care and services, as determined by resident needs and the facility assessment for 7 of 8 sampled staff.</p> <p>Review of the 2024 Facility Assessment indicates that the facility has had 27 residents with the diagnosis of anxiety disorder, 37 residents with depression, 2 residents with manic depression, 2 residents with psychiatric disorder, and 1 resident with Post Traumatic Stress Disorder.</p> <p>Review of employee training and competency files revealed that 4 Licensed Nursing Assistants and 3 Registered Nurses had no documented evidence that they received behavioral health and trauma informed care training on hire or annually for 2024.</p> <p>During an interview on 7/31/24 at 12:31 PM the Director of Nursing (DON) confirmed that there was no documented evidence that staff had received behavior health or trauma informed care training.</p> <p>The facility Administrator was able to produce a training log for behavioral health and trauma completed on 7/27/23 however, only one of sampled staff members had attended.</p>		