

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>475025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPRINGFIELD HEALTH &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>105 CHESTER RD SPRINGFIELD, VT 05156</b>	
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 0600  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based upon interview and record review, the facility failed to ensure 1 resident (Res. #1) of 6 sampled residents, remained free from physical abuse when a staff member (Staff 'A'), after being struck by Res. #1, retaliated by striking the resident in the face. Findings include: Per record review, Res. #1 was admitted to the facility in 2019 with [DIAGNOSES REDACTED]. Review of the Plan of Care for Res. #1 reveals the resident was identified as exhibiting, or has the potential to exhibit physical aggressive behaviors- hitting at staff and throwing objects. Resists care from staff and is verbally abusive and also wanders into others rooms and not easily redirected at times related to: Cognitive Loss/Dementia. (Initiated: 02/19/2019). Interventions listed for staff to deal with Res. #1's behaviors include Approach the resident/patient in a calm, unhurried manner; reassure as needed (Date Initiated: 02/19/2019) and If resident/patient becomes combative or resistive, postpone care/activity and allow time for him/her to regain composure. (Date Initiated: 02/19/2019). Per interview on 8/18/2020 at 2:56 PM with the facility's Director of Nursing (DON) and Administrator (ADM), Video Surveillance on 4/2/2020 documents that at approximately 9:00 PM, Res.#1 was walking in the facility's East hallway and took an item off Staff 'A's' medication cart. Staff 'A' approached the resident from behind and reached over the top of Res. #1 and grabbed the item from the resident. The resident then struck Staff 'A'. Staff 'A' then took a step back and struck Res. #1 in the face. Per review of the facility's investigation of the incident, another staff member reported there was a spot of blood on the floor, and (Res. #1's) nose was bleeding. Witness statements include (Res. #1) was doubled over. I went to (Res. #1) who had a bloody nose and was saying 'I didn't mean to'. The investigation also reports Subsequent skin checks are showing slight bruising to the peri right eye, and redness has spread to most of right eye. The investigation concluded that there is sufficient evidence to support abuse, and during the interview, the DON stated it was definitely a situation of abuse. This citation is considered past noncompliance, due to the facility taking corrective actions prior to the onsite investigation. Per interview with the DON and per record review, after staff reported the incident to the DON, the DON went to the facility and initiated an investigation. Required reports to State Agencies were submitted in a timely manner and local authorities were contacted. Staff 'A' was immediately suspended and subsequently terminated. Review of personnel records of Staff 'A' reveal the staff member was appropriately screened, had received annual Abuse Prevention training, and had no disciplinary records. Res. #1's Plan of Care was updated to reflect the incident and behaviors, and Social Services followed up with the resident for 3 days after the incident to ensure the resident's physical and emotional wellbeing. All staff were given in-service education after the incident that included dementia and resident behaviors, and Abuse Prevention, Identification, and Reporting. Interviews with current staff revealed staff able to demonstrate knowledge of Abuse procedures and protocols.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.