



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

February 20, 2024

Ms. Teresa Isabelle, Administrator
Mountain View Center Genesis Healthcare
9 Haywood Avenue
Rutland, VT 05701-4832

Dear Ms. Isabelle:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **January 31, 2024**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER GENESIS HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9 HAYWOOD AVENUE RUTLAND, VT 05701
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(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
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite complaint investigation of report #22642, on 1/31/2024 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory violation was identified:	F 000	The filing of this plan of correction does not constitute an admission of allegations set forth in the statements of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880	F-880 - There was no negative infection control impact on the residents. Mountain View Center has updated it's broad-based testing plan to include testing all staff daily. The Vermont Department of Health has responded to our updated testing plan for staff and said, "This testing procedure for staff is a little more rigorous then what we have recommended for broad-based testing, so we would consider that broad-based testing is being met here." An audit was conducted. Broad-based testing of staff is occurring daily and no other infection control issues were identified in our outbreak response plan. Communication to staff was completed regarding the updated broad-based employee testing schedule. We will conduct weekly audits x4 and monthly x3 to ensure the implementation of broad-based employee testing schedule. Compliance and results will be brought to QAPI meetings for a detailed review and further recommendations.	2/1/2024
			Tag F 880 POC accepted on 2/20/24 by K. Ruffe/P. Cota	

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

Lessa C. Ruffe

TITLE

Administrator

(X6) DATE

2/16/24

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 880 Continued From page 1

infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv) When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to implement a system for controlling

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F 880	Continued From page 2	F 880		
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infections that follows accepted national standards as evidenced by not following accepted guidance for testing of staff to prevent the spread of COVID-19. Findings include:

Per VDH (Vermont Department of Health) records, a staff positive COVID-19 case was identified on 11/16/23 by the facility. Since that time, the facility has had an active outbreak of COVID-19 in the facility that had not yet resolved by the date of the investigation (meaning that the facility has not gone at least 14 days without a new positive staff or resident COVID-19 case since 11/16/23). The positive COVID-19 cases spanned all resident care units and involved multiple employee departments.

Per the facility's communication records with VDH, an email titled "COVID-19 Outbreak Response Recommendations" sent by a VDH staff member to facility leadership on 12/28/23 reads, "When a facility is experiencing a large outbreak that has transmission beyond a designated group or unit, it becomes difficult to identify close contacts and therefore broad-based testing is recommended as noted above. Per the CDC, in the event of ongoing transmission within a facility that is not controlled with initial interventions, strong considerations should be given for implementation of broad-based testing (rather than only testing symptomatic or close contacts). For broad-based testing, this could mean unit-based or facility-wide depending on spread. We generally recommend doing this testing every 3-7 days if using PCR tests, or every 2 days if using antigen tests, until there are no new cases for 14 daysPer our discussion on 12/15, and the number of cases reported on different units at the time, we recommended

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F 880	<p>Continued From page 3</p> <p>implementing broad-based testing on all units for all staff and residents, regardless of symptoms every 48 hours (excluding those who have already tested positive during this outbreak). In consideration of your challenges with test kit supply, we suggested focusing initially on staff testing to include asymptomatic staff until additional kits were supplied as this was identified as a high-risk source of transmission at your facility. These recommendations reflect both VDH and CDC guidance and were specifically identified by our team for your current outbreak."</p> <p>An additional email sent from a VDH epidemiologist to facility leadership on 1/16/24 states, "As of now we still stand by the recommendations and guidance we provided last time (virtual meeting on 12/15/24 and [VDH staff member's] email on 12/28/24). Most notably, testing of all staff and residents on days 1, 3 and 5. If a positive is identified we recommend that the facility starts over with 'day 0.'"</p> <p>Per review of facility staff and resident testing records, all staff, including asymptomatic staff, were tested on 12/19/23 and 12/21/23. There are no other dates throughout the duration of the outbreak in which the facility tested all staff as recommended by VDH, following CDC (Centers for Disease Control and Prevention - the United States' national public health authority) guidelines.</p> <p>Released CDC guidance titled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Pandemic 2019 Pandemic", last updated 5/8/2023, states the following:</p> <ul style="list-style-type: none"> - "The recommendations in this guidance 	F 880		
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F 880	<p>Continued From page 4</p> <p>continue to apply after the expiration of the federal COVID-19 Public Health Emergency."</p> <ul style="list-style-type: none"> - "If healthcare-associated transmission is suspected or identified, facilities might consider expanded testing of HCP [healthcare personnel] and patients as determined by the distribution and number of cases throughout the facility and ability to identify close contacts. For example, in an outpatient dialysis facility with an open treatment area, testing should ideally include all patients and HCP. Depending on testing resources available or the likelihood of healthcare-associated transmission, facilities may elect to initially expand testing only to HCP and patients on the affected units or departments, or a particular treatment schedule or shift, as opposed to the entire facility. If an expanded testing approach is taken and testing identifies additional infections, testing should be expanded more broadly. If possible, testing should be repeated every 3-7 days until no new cases are identified for at least 14 days." - "Healthcare facilities responding to SARS-CoV-2 transmission within the facility should always notify and follow the recommendations of public health authorities." - "2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 [the virus that causes COVID-19] infection" under the section "Nursing Homes" states "Responding to a newly identified SARS-CoV-2-infected HCP or resident: When performing an outbreak response to a known case, facilities should always defer to the recommendations of the jurisdiction's public health authority. A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed. The approach 	F 880		
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F 880	<p>Continued From page 5</p> <p>to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission. Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.</p> <p>Per interview on 1/31/24 at approximately 11:00 AM, the Administrator confirmed that the facility did not conduct facility-wide employee COVID-19 testing outside of 12/19/23 and 12/21/23 as recommended by VDH in accordance with CDC guidelines.</p>	F 880		
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