

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

May 29, 2018

Ms. Judy Morton, Administrator  
Berlin Health & Rehab Ctr  
98 Hospitality Drive  
Barre, VT 05641-5360

Dear Ms. Morton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 16, 2018**. 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,



Pamela M. Cota, RN  
Licensing Chief



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

PRINTED: 05/21/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/16/2018
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NAME OF PROVIDER OR SUPPLIER  BERLIN HEALTH & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641
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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  An unannounced on-site investigation was conducted by the Division of Licensing and Protection during a follow-up survey completed on 5/16/18. There was a regulatory finding regarding infection control.	F 000		
F 880 SS=D	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 infections before they can spread to other	F 880	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.  F 880 - There were no ill effects to resident #2.  Residents requiring wound care have the potential to be effected.  Nursing staff will be re-educated regarding proper infection control practice related to wound techniques, to be provided by NPE.  Weekly audits of wound dressing technique to be conducted x4 By CNE or designee to ensure compliance and then monthly x3. Results reported in QA meeting for further review and recommendations.  Date of compliance: 6/15/2018  F-880 POC accepted 5/25/18 B. Bortell RW / S. Reay, RW	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Judith Monton* TITLE: *Center Executive Director* (X6) DATE: *5/23/18*

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	<p>Continued From page 1</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 observation and staff confirmation, the facility failed to maintain proper infection control practices for 1 of 3 residents reviewed, Resident</p>	F 880		
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F 880

Continued From page 2  
#2. Findings include:

During an interview with Resident #2, in their room on 5/16/18 at 2:25 PM, the Licensed Practical Nurse (LPN) entered the room and asked the resident if s/he could do his/her foot dressing at this time and the resident consented to the treatment being done. Resident #2 was observed to have open, weeping wounds on each of his/her toes on the right foot, caused from venous insufficiency. The LPN stated that it was wound measurement day and it was his/her responsibility to redress the wounds of the residents after the wound team was finished. The resident said that s/he would not let the staff elevate his/her leg because it hurts the muscles in the back of his/her leg and the LPN stated that it would be okay to do the dressing while s/he was seated in the wheelchair.

The LPN put on a pair of gloves without sanitizing or washing his/her hands and placed a clean washcloth, taken from the resident's chair, on the floor in front of the resident. On the washcloth the LPN placed a pair of scissors that were taken from his/her uniform pocket without cleansing them. S/he further placed two packages of unwrapped sterile gauze on the washcloth. The nurse sprayed the open wounds on the toes and bottom of the right foot with wound cleanser and then she opened one package of sterile gauze and wiped off the wound cleanser. The LPN went to the closet shelf, in the resident's room, and without removing the gloves, s/he searched through a basin that contained other supplies and when found what was needed, removed the soiled gloves and put on a clean pair without washing or sanitizing his/her hands. The LPN returned to complete the treatment and dressing.

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F 880	Continued From page 3 s/he took the scissors and cut strips of Mesalt (a cleansing dressing with 20% Sodium Chloride) and applied the strips to the open wounds on the toes. The LPN, without removing the gloves, pulled the call light for the resident and then removed one glove and put on a clean glove without washing or sanitizing. After finishing, the LPN discarded the soiled materials and without cleansing, placed the scissors into his/her uniform pocket and carried the soiled washcloth to the soiled linen hamper. The LPN did not wash or sanitize his/her hands after disposing of soiled supplies. Confirmation was made at 2:35 PM on 5/16/18, during review of the observation with the LPN. The LPN confirmed that there was a breach of infection control practices and hand washing/sanitizing had not been done before, during or after the treatment. S/he further confirmed that the barrier should not have been a washcloth and the barrier should not have been placed on the floor.	F 880			

# Genesis



Berlin Health & Rehab  
98 Hospitality Drive  
Berlin, VT 05641  
Phone: 802-229-0308  
Fax: 802-223-4864

May 22, 2018

Pamela Cota, Licensing Chief  
Division of Licensing and Protection  
HC 2 South  
280 State Drive  
Waterbury, Vermont 05671

Dear Ms. Cota:

Please find enclosed plan of correction for the deficiency cited during the survey on May 16, 2018 for Berlin Health and Rehabilitation. This plan of correction is our creditable allegation of compliance. Should you have any questions please call me during normal business hours.

Sincerely,

A handwritten signature in cursive script that reads "Judy Morton".

Judy Morton  
Regional Executive Director  
Genesis HealthCare