

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

January 31, 2018

Ms. Theresa Southworth,
Gill Odd Fellows Home
8 Gill Terrace
Ludlow, VT 05149-1004

Dear Ms. Southworth:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 10, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2018
NAME OF PROVIDER OR SUPPLIER GILL ODD FELLOWS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8 GILL TERRACE LUDLOW, VT 05149	
(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)

F 000 INITIAL COMMENTS

F 000

An unannounced on-site extended survey was conducted by the Division of Licensing and Protection on 1/9 through 1/10/18. The extended survey was conducted as a result of the Immediate Jeopardy and substandard quality of care identified during the investigation completed on 1/3/18. The findings of the extended survey are as follows:

F 880 Infection Prevention & Control
SS=E 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:

F 880

F880 Staff meeting held on 1/18/18- Staff educated.

All O2/nebulizer (other breathing apparatus) to be bagged when not in use.

Any resident that has an order for O2 or nebulizer treatments will have a subsequent order for tubing to be changed and labeled on a weekly basis.

LNAs to sign off at the end of their shift that they can attest to the above.

Once a day the DON or designee will choose random rooms to view to verify the above.

Infection control reported at QA- indefinitely

To report more frequently than just QA, our first Safety Meeting will be held on 2/9/18 and subsequently on the second Friday of each month on non-QA meeting months.

Corrected by 1/25/18

F880 POC accepted 1/25/18 *M. [Signature]*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Theresa Southworth ADMINISTRATOR TITLE
1-24-18 (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.

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

PRINTED: 01/18/2018
FORM APPROVED
OMB NO 0938-0391

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(X5) COMPLETION DATE			

F 880 Continued From page 1

F 880

- (i) A system of surveillance designed to identify possible communicable diseases or 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(1) 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

Theresa Southworth 1/24/18

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F 880 Continued From page 2

F 880

Based on observation and confirmed by staff interview the facility failed to maintain an Infection Control program that provides a safe and sanitary environment to help prevent the development and transmission of communicable disease and infections for 5 observed residents who reside on one unit: Resident #1, #2, #3, #4 and #5. The findings include the following:

1. Per observation during facility tour on 1/10/18, Resident #1's bi-pap machine with tubing and mask connected, was resting freely on the head board of the resident's bed, unprotected and/or covered.
2. Per observation during facility tour on 1/10/18, Resident #2's nebulizer tubing with mouth piece connected, was identified to be unprotected and/or covered.
3. Per observation during facility tour on 1/10/18, Resident #3's nebulizer tubing was resting freely on the bedside table exposed and/or uncovered. A bedpan and a urinal was also on the beside table uncovered next to the tubing.
4. Per observation during facility tour on 1/10/18, Resident #3's oxygen tubing was resting freely over the oxygen concentrator and the nasal cannula was found resting on the floor.
5. Per observation during facility tour on 1/10/18, Resident #5's nebulizer tubing was resting freely on the bedside table exposed and/or uncovered.

The Administrator confirmed the findings on 1/10/18 during the facility tour. S/He identified that the masks/mouth piece/cannulas should be protected and contained.

Alicia Southwood 1/24/18

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Heena Southworth 1/24/18