

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 7, 2019

Ms. Theresa Southworth, Manager
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 **December 26, 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 01/07/2019
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|---|
| 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 12/26/2018 |
|--|--|--|---|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER GILL ODD FELLOWS HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 8 GILL TERRACE LUDLOW, VT 05149 |
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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 |
|--------------------|--|---------------|---|----------------------|

F 000 INITIAL COMMENTS

An unannounced onsite investigation of one entity self-report and one complaint was completed by the Division of Licensing and Protection on 12/26/18. There were no regulatory violations identified related to the complaint. There was one regulatory violation identified related to the self-report, as follows.

F 550 Resident Rights/Exercise of Rights
SS=D CFR(s): 483.10(a)(1)(2)(b)(1)(2)

§483.10(a) Resident Rights.

The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

§483.10(b) Exercise of Rights.

The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

F 000

F550:

The evening of 10/22/18, Director of nursing was notified of incident involving staff member and resident. Staff member was relieved from her shift immediately and sent home pending investigation. Witness statements were obtained from the employee in question, the employee that reported the abuse, as well as the nurse that took the report. The resident was/is not interviewable. Report to the state and APS were done immediately.

F 550

On 10/23/18, the LNA was terminated from her position at the Gill Home. All residents are at risk for mistreatment and abuse so education was provided to all remaining staff on topics "What is abuse?" and "Caregiver stress." All new staff members are educated on topics of abuse and reportable events. This is also a mandatory annual topic.

10/23/18

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

Theresa Southwood

TITLE

NHA

(X6) DATE

1/2/19

*Jane Hasmer RD
ACC POC
2/2/19*

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 550 Continued From page 1

F 550

§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interviews, the facility failed to ensure that each resident is treated with respect, dignity, and in a manner which recognizes each resident's individuality for 1 of 3 residents in the sample (Resident #1). Findings include:

Per review of written witness statements, at approximately 5:45 PM on 10/22/18, Licensed Nurse Assistant (LNA) #1 was observed by LNA #2 to put Resident #1 to bed while he/she was actively resisting. Resident #1 has dementia and behaviors which are addressed in the written care plan. LNA #1 was seen to yank Resident #1 onto the bed, then remove his/her cap and a shoe in an aggressive manner. On the termination document of LNA #1, the reason for dismissal was that the LNA had violated the right of Resident #1 to choice, dignity and respect. This letter of dismissal was signed on 10/23/18 by both the Administrator and the Director of Nursing.

Jane Hoerner MD
acc POC
2/7/19

Theresa Southworth

1/7/19