



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

June 28, 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 **June 5, 2019**. 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 black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 06/12/2019
FORM APPROVED
OMB NO. 0938-0391

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 06/05/2019
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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
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E 000 Initial Comments E 000

During an unannounced on-site re-certification survey, 6/3/19 through 6/5/19, the Division of Licensing and Protection conducted a review of the facility's Emergency Preparedness Program. The facility was found to be in substantial compliance with Emergency Preparedness planning.

F 000 INITIAL COMMENTS F 000

An unannounced on-site re-certification survey was conducted on 6/3/19 through 6/5/19 by the Division of Licensing and Protection. The following regulatory violations were identified as a result:

F 761 Label/Store Drugs and Biologicals SS=D F 761

CFR(s): 483.45(g)(h)(1)(2)

§483.45(g) Labeling of Drugs and Biologicals
Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

F761: Medication not discarded of by date as labeled after 90 days of opening/expired lab tubes. All residents with medication/lab orders have the potential to be affected. As of 6/12/2019 (compliance date), we have instituted a sign off log for our ll-7 charge nurse to monitor all medications/lab supplies in the med carts and med room refrigerator for expiration/open dates and instructions to discard. He/She will document the date, confirm that the items have been audited, and in the comment section; document any actions that were taken such as medications/supplies that require disposal and upcoming disposal dates. The DON will check this monitor log weekly to verify the nightly audit and confirm this verification by initialing the log. This weekly verification will continue for the next 90 days. This will be a topic at QAPI which meets quarterly, and our monthly Safety meetings for the next 6 months.

§483.45(h) Storage of Drugs and Biologicals

§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and

F761 POC accepted 6/27/19 DWD/awake RN/PRC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jheresa Southworth* TITLE *administrator* (X6) DATE *6/14/19*

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 761 Continued From page 1

F 761

Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure that drugs and biological's were labeled and stored in accordance with accepted professional principles for 1 medication storage room. The findings include the following:

1. Per inspection of the medication refrigerator in the medication storage room, on 06/03/19 at approximately 3:45 PM, a bottle of liquid Ativan (an anti-anxiety medication) with a label placed on the bottle by the pharmacy, identified that the medication was to be discarded 90 days after first accessed. There was no date on the label identifying when the medication was first accessed.

Confirmation was made by the Registered Nurse (RN) and the Licensed Practical Nurse (LPN) on 06/03/19 at approximately 3:45 PM, that the bottle of Ativan was not dated and did not identify when the medication was put into use. Confirmation was also made by the LPN on 06/05/19 at approximately 8 AM that the medication should have been discarded after April 25, 2019. The LPN also confirmed that Resident #3 received 1 dose of the medication in March, 2 doses of the medication in April, and 7 doses of the medication in May 2019. Per manufacturer's recommendation the medication should be discarded 90 days after the date accessed.

Theresa Southworth 6/14/19
Administrato

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F 761	Continued From page 2 2. Per inspection of the medication storage area on 06/03/19 at approximately 3:45 PM, in the presence of the LPN, many assorted (vacutainer) blood draw tubes were expired with dates from 10/31/18 to 05/31/19. Expired blood tubes, if used, could result in inaccurate findings. Confirmation was made by the LPN during the inspection that the tubes had expired and discarded them immediately. F 812 Food Procurement, Store/Prepare/Serve-Sanitary SS=E CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by Based on observation and staff interview, the facility failed to ensure that food was stored and/or prepared under sanitary conditions. Findings include:	F 761	F 812 F812: Kitchen areas to include fans and freezer condenser found to be soiled with dust. These findings have the potential to affect all residents and staff that receive food from the kitchen on a daily basis. As of 6/12/19 (compliance date), We have added a weekly cleaning schedule to the existing maintenance task list. Maintenance personnel are responsible for the weekly cleaning of the fans and condenser cover. This cleaning schedule will be signed off by the assigned personnel weekly. This will be reported on weekly in morning meeting. This weekly verification will continue for the next 90 days. This will be a topic at QAPI which meets quarterly, and our monthly Safety meetings for the next 6 months. <i>F812 POC accepted 6/27/19 Dwideanake RN/PMC</i>

*Theresa Southworth
Administrator*

6/14/19

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F 812	Continued From page 3 The following observations were made during the initial kitchen tour on 6/3/19 at 10:10 AM: 1. An operating wall mounted fan over the ice machine and directed at a food preparation area was soiled with dust. 2. A ceiling mounted exhaust fan over food preparation areas was soiled with dust. 3. A freezer condenser cover was soiled with dust and grease. 4. An operating wall mounted fan over a coffee/preparation area was soiled with dust. The above observations were confirmed by the Food Services Director at the time of the tour.	F 812		

Theresa Southworth
administrator

6/14/19

Weekly Schedule

Month: _____ Year: _____

F761

By signing below, you attest that you have completed the task assigned. Document anything found that was past the expiration or discard date.

Week 1

Location	Date	Expired Found Y/N	If yes, what?	Initials
Med Cart Audit				
Med Room Audit				
Med Refrigerator Audit				

Week 2

Location	Date	Expired Found Y/N	If yes, what?	Initials
Med Cart Audit				
Med Room Audit				
Med Refrigerator Audit				

Weekly Schedule

Month: _____ Year: _____

F812

By signing below, you attest that you have completed the task assigned.

Week 1

Location	Date	Initials
Kitchen Wall Mounted Fan		
Kitchen Ceiling Fan		
Freezer Condenser Cover		

Week 2

Location	Date	Initials
Kitchen Wall Mounted Fan		
Kitchen Ceiling Fan		
Freezer Condenser Cover		

Week 3

Location	Date	Initials
Kitchen Wall Mounted Fan		
Kitchen Ceiling Fan		
Freezer Condenser Cover		

Week 4

Location	Date	Initials
Kitchen Wall Mounted Fan		
Kitchen Ceiling Fan		
Freezer Condenser Cover		

Signature Key:

Initials	Signature

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S 000	Initial comments During the course of an unannounced onsite recertification survey, completed by the Division of Licensing and Protection on 6/5/19, the following violation of the Licensing and Operating Rules for Nursing Homes was identified.	S 000		
S240 SS=B	3.14 (e-f) TRANSFER AND DISCHARGE - CONTENTS 3.14 (e) The written notice specified in this subsection shall be on a form provided by the licensing agency or one that is substantially similar and must include the following: 1. the reason for transfer or discharge; 2. the effective date of transfer or discharge; 3. the location to which the resident is being transferred or discharged; 4. a statement in large print or large point type that the resident has the right to appeal the facility's decision to transfer or discharge to the State, with the appropriate information regarding how to do so as set forth in 3.14 h. below; 5. the name, address and telephone number of the State Long Term Care Ombudsman; 6. a statement that the resident may remain in place pending the appeal; 7. for nursing home residents with developmental disabilities, the mailing address and telephone number of the Developmental Disability Law Project and that of the Department's Developmental Disabilities Services Division; and/or 8. for nursing facility residents with mental illness, the mailing address and telephone number of Disability Rights Vermont. 3.14 (f) Transfer or Discharge Agreement. If the resident agrees to the transfer or discharge, the transfer or discharge may occur prior to the	S240	S240: Transfer/Discharge notice appeal section was only in bold and not in a larger font than the rest of the notice. This has the potential to affect any resident/family member that has received this notice. This document was corrected immediately on 6/5/19, while state surveyors were still in the building (compliance date of 6/5/19). Any copies of the previous document were deleted or thrown away to ensure that an older copy no longer existed. The updated Transfer/Discharge Notice appeal section is now 16pt font size. Since no previous versions of this form exist, there is no need for follow up. <i>S240 POC accepted 6/27/19 DWideawake Pdl/PMC</i>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

*Theresa Southworth
Administrator*

6/14/19

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S240	<p>Continued From page 1</p> <p><i>effective date of the notice.</i></p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to provide a written transfer/discharge notice that contained all of the State requirements for four residents in the applicable sample (Resident #10, Resident #19, Resident #36, and Resident #39). Findings include:</p> <p>Per review of discharge/transfer notices for Residents' #10, #19, #36, and #39 the right to appeal the facility's decision to transfer/discharge was not in large print or large point type as indicated by the State requirement.</p> <p>Per interview on 6/4/19 at approximately 3:30 PM with the Social Worker, s/he confirmed that s/he was not aware of this requirement. Per interview on 6/5/19 at 10:31 AM with the Director of Nursing (DNS), s/he also confirmed that the notices were not in large print or large point type.</p>	S240		
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*Theresa Southworth
administrator*

6-14-19

S 240

To: Name _____ Date of Notice _____
Address: _____
City/State/Zip: _____

Dear: _____

As per the admission agreement, the facility shall transfer/discharge a resident, when the Facility determines that such action is appropriate in order to meet the resident's needs for health care services. This is to inform you that

_____ will be transferred/discharged to
_____ on ___/___/___ for the following reason(s):

- The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.
- The resident's health has improved sufficiently that the resident no longer needs the services provided by this facility.
- The safety of individuals in the facility is endangered by the resident's being there.
- The health of individuals in the facility would be endangered by the resident's being here.
- The resident has failed, after reasonable and appropriate notice, to pay for (or has failed to have Medicare or Medicaid pay for) this stay at the facility.

You have the right to appeal this Transfer/Discharge

You have the right to appeal the decision of discharge. You have the right to remain in the facility until there is a final decision on your appeal. To appeal, you must complete the following steps:

- You or your legal representative must inform the facility administrator or the Director of the Licensing Agency, HC2 South 280 State Drive, Waterbury, VT 05671-2060, 802-241-0480. You can make this request verbally or in writing. You must request the appeal within 10 business days from the date you receive this notice.
- At the time you request the appeal, you or your legal representative must provide material or information to the Director explaining why you disagree with the proposed discharge. You may present this material or information verbally if you are unable to do it in writing. At your request, the licensing agency will send you any material or information it receives from the facility explaining why they want to discharge you.

- The Director of the licensing agency will make a decision within eight business days of your request to appeal the discharge.
- If you do not understand this letter or if you would like help requesting an appeal, you can contact the Long Term Ombudsman, Katrina Boemig, 800-889-2047, 802-495-0488;
- For residents with developmental disabilities / mental health diagnosis contact. Disability Rights Vermont, 141 Main Street/ Suite 7 Montpelier, VT 05602 (802)229-1355.

This acknowledges that I received a copy of the Notice of Resident Transfer or Discharge.

X _____

Date _____

Gill Home Email a copy to VOP@vtlegalaid.org immediately. Place a copy of this notice in Resident Chart.