

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 Reporting Line (888) 700-5330
To Report Adult Abuse: (800) 564-1612

November 17, 2020

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

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Southworth:

On **November 5, 2020**, the Division of Licensing and Protection, completed an investigation at Gill Odd Fellows Home. As a result of that survey, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the survey. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. As the cited one deficiency was corrected at the time of our visit, no plan of correction is required. Please **sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies to Suzanne Leavitt RN, MS, Assistant Division Director, Division of Licensing and Protection. **This written request must be received by this office by November 29, 2020.**

Sincerely,

Pamela M Cota RN

Pamela M. Cota, RN
Licensing Chief
Encl.

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

PRINTED: 11/17/2020
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 11/05/2020
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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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F 000	INITIAL COMMENTS An unannounced on-site investigation of a facility self reported incident was conducted on 11/2/20 through 11/5/20 by the Division of Licensing and Protection. The following regulatory violation was identified as a result. It is cited as past noncompliance due to the facility completing corrective actions prior to the onsite investigation.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights 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 550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Drew Southworth</i>	TITLE Administrator	(X6) DATE 11/17/20
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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 §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 interview and record review the facility failed to ensure a resident (Resident #1) was treated with respect and dignity in a manner and in an environment that promoted maintenance and/or enhancement of his/her quality of life. Findings include: Per review of the facility investigation, on 10/13/20 in the evening after dinner, an incident involving a Licensed Nursing Assistant (LNA #1) and Resident #1 occurred. LNA #1 was overheard raising his/her voice while attempting to provide care to Resident #1 who was being combative. The LNA was observed to have an "angry" voice while saying to the resident "Let go"; and was observed rolling the resident "roughly" onto his/her side. The LNA was removed from the room and sent home pending an investigation. Per interview on 11/2/20 at 2:23 PM with LNA #1, s/he stated that on 10/13/20, the night was "stressful" and there was "a lot going on". S/He stated that s/he had been attempting to change an aggressive resident (Resident #1), had asked	F 550	Past noncompliance: no plan of correction required.		

Sherry Southworth 11/17/20

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F 550	<p>Continued From page 2</p> <p>a co-worker for help, and did not receive any help. S/He stated that there was a difference of opinion between him/her-self and his/her co-worker and that they had "exchanged words". S/He stated that s/he was trying to change Resident #1 quickly, as Resident #1 was hitting him/her. S/he had asked Resident #1 to stop hitting him/her; and acknowledged that s/he had some "anger" in his/her tone when s/he spoke to Resident #1. S/He stated that s/he could have "slowed down" when s/he was changing Resident #1; however, s/he was not trying to be "disrespectful, forcing, or screaming".</p> <p>Per interview on 11/3/20 at 1:52 PM with a Registered Nurse (RN), s/he stated that s/he had just come inside from lunch when 2 LNA's approached him/her and stated that s/he "had to do something about this screaming". S/He stated that s/he did not hear yelling where s/he was at the nurse's station, so s/he went down to Resident #1's room. When s/he opened the door to Resident #1's room, s/he heard LNA #1 say "Stop it right now, I mean it". S/He stated that s/he witnessed LNA#1 trying to adjust Resident #1's position on the bed and was handling the resident "roughly". S/He stated that LNA#1 was "red faced and upset". S/He stated that the tone of LNA #1's voice was upset but not yelling. LNA #1 had appeared frustrated and needed help. S/he then asked LNA #1 to leave the room. Resident #1 stated to the RN that s/he "needed a better aide". The RN assessed Resident #1 and did not find any injuries at that time; and Resident#1 denied that s/he was afraid.</p> <p>The above is considered past noncompliance as evidenced by the following corrections:</p>	F 550			

Theresa Southworth 11/17/20

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F 550	Continued From page 3 1. LNA #1 was immediately removed from the facility after the incident until an investigation was completed. 2. LNA #1 was counseled on 10/16/20 by the Administrator and Director of Nursing (DNS). S/he was required to take an anger management course, write an essay about what resident rights mean to him/her, and complete an elder abuse refresher course within two weeks of his/her return to the facility. 3. LNA #1 was put on a 120-day probationary period in which during his/her shifts s/he is to work in tandem with another aide. 4. LNA#1 is not allowed to care for Resident #1. 5. The entire facility staff was expected to complete mandatory education training which included abuse, resident rights, and dementia by 10/31/20.	F 550			

Drew Southworth

11/17/20