

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury VT 05671-2060 <u>http://www.dail.vermont.gov</u> 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, 2024

Douglas Divello, CEO Grace Cottage Hospital PO Box 216 Townshend, VT 05353-0216

Dear Mr. Divello:

The Division of Licensing and Protection completed a recertification survey at your facility on **May 8, 2024**. The purpose of the survey was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the survey, your facility submitted a Plan of Corrections (POC), which was found to be acceptable on May 28, 2024.

Sincerely,

Summe Eherth

Suzanne Leavitt, RN, MS State Survey Agency Director Assistant Director, Division of Licensing & Protection

Enclosure

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE : COMPL	
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NAME OF D	ROVIDER OR SUPPLIER	471300			05/0	8/2024
	OTTAGE HOSPITAL		9	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 216 Townshend, VT 05353		
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C 000	INITIAL COMMENTS	3	C 00	D		
C1050	was conducted by the Protection on 5/6/24 compliance with the 0 42 CFR Part 485 Sult Critical Access Hospithe survey, the followidentified. NURSING SERVICE CFR(s): 485.635(d)(4 A nursing care plan in current for each inpai This STANDARD is 1 Based on record revi- interview, the Critical assure the developm patient (Patient #11). Based on record revi- admitted in spring of on their coccyx. Althor care regimen, and ob the wound care five of patient's care plan way wound, wound care in of healing. Based on	 h) hust be developed and kept tient. hot met as evidenced by: iew and confirmed by Access Hospital failed to ent of a care plan for one admitted with a skin wound. 	C105(Tag C1050 POC accepted on 5/2 D. Wideawake/S. Leavitt	28/24 by	
C1206	Nursing is responsible are updated to reflect integrity. Per interview the Nurse Manager of should have updated reflect the wound, inter the wound.	ewed in January 2023, e to assure that care plans any alteration in skin w on 5/7/2024, at 4:35 PM, onfirmed that nursing staff the patient's care plan to erventions, and progress of NT & CONTROL POLICIES	G1206	3		

other categorands provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 day 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 fellowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued pregram participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

TATEMENT	S FOR MEDICARE 8 OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	0.0938-03
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 05/	08/2024
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C1206	CFR(s): 485.640(a)(The infection preven decumented in its po employs methods fo the transmission of i between the CAH ar This STANDARD is Based on observation review the CAH failed preventing and contri infootions are followed cleaning/disinfecting	2) tion and control program, as blicies and procedures, r preventing and controlling infections within the CAH and do other healthcare settings; not met as evidenced by: on, interview, and policy d to ensure the methods for rolling the transmission of	C1206	SHAW Tag C1206 POC accepted or D. Wideawake/S. Leavitt	n 5/28/24 by	
	which blood is drawn tourniquet was found blood drawing supplithat the patients pred tourniquets because stated, "We've had t surveyor asked the I tourniquet was clean	they didn't pinch skin and hese for years." When the Lab Director how this led, S/he stated that it was leach-type wipe that was hospital for cleaning				
	the manufacturer's d disinfection states the not apply mechanica the product with com are gentle on fabrics Centigrade (hand wa recommend disinfect	cket insert for the tourniquet, irections for cleaning and e following: "Cleaning: Do I cleaning processes. Wash imercial washing agents that at up to 60 degrees ash). Disinfection: We tion with a liquid disinfectant lution)Place the tourniquet				

		ID HUMAN SERVICES MEDICAID SERVICES			FO	ED: 05/17/2024 RM APPROVED	
ATEMENT OF DEFI	CIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DA	NO. 0938-039 TE SURVEY MPI FTFD	
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NAME OF PROVIDE	R OR SUPPLIER	Anno	1	STREET ADDRESS, CITY, STATE, ZIP CC			
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with least with round aften agen Durir Lab Cont clear manu Per r Equi In ac polic imple reuse clear hosp recou	5 minutes. After plenty of fresh w ds of at least 1 m wards. Do not us to or aromatic hy ing an interview of Director and the rol, they confirmed ing/disinfecting is ifacturer's recom eview of the poli- oment"-reviewed cordance with ex- es and procedur- ment and maint- able patient care and before reuse ital-grade disinfe	leave it in the solution for at r the contact time rinse it ater (at least 3 rinsing ninute) and let it dry se chlorine-based release ydrocarbons." n 5/6/24 at 3:30 PM with the Director of Quality/Infection ed that the staff were not the tourniquets per the mendations and should be. cy "Cleaning Reusable 2/13/23, it states, "Policy: disting infection control res, GCFHH G will ain processes to ensure all equipment is routinely Procedure: 2. Use a locant per manufacturer's well and drying times vary,	C124	06			
E 000 Initia		11000 ·	EO	oc			
E 039 EP T	ey from 5/6/24 th Ising and Protect ritical Access Fic aredness Progra Cenditions of Pa Igency Prepared	ents	 E 03	 39 59 Ad	ched		
		.) 113(d)(2), §441.184(d)(2),		Tag E 039 POC accepte D. Wideawake/S. Leavi	ed on 5/28/24 by	/	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRU	UCTION		ESURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	iG		COM	PLETED
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GRACE C	OTTAGE HOSPITAL			PO BOX 21			
1214 105	CI BALADY C	TATEMENT OF DEFICIENCIES	<u> </u>	TOWNSHI	END. VT 05353 PROVIDER'S PLAN OF CORRI		***************************
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E 039	Continued From pag	16 3	EO	20			
C 000		.15(d)(2), §483.73(d)(2),	E U	128			
		4.102(d)(2), §485.68(d)(2),					
		5.625(d)(2), §485.727(d)(2),					
		1.12(d)(2), §494.62(d)(2).					
	k V	54, CORFs at §485.69, REHs					
		Organizations" under					
		at §485.920, RHCs/FQHCs at Facilities at §494.62]:					
	3101112, 000 2010	1 domina de 3101.02j.					
	(2) Testing. The [fac	ility] must conduct exercises					
	-	cy plan annually. The [facility]		-			
	must do all of the fel	llowing:					
	(i) Participate in a fu	Il-scale exercise that is					
	community-based en						
		nity-based exercise is not					
		a facility-based functional					
	exercise every 2 yea	ars; or /] experiences an actual					
		e emergency that requires					
		ergency plan, the [facility] is					
		ng in its next required		1			
		individual, facility-based					
		ollowing the onset of the					
	actual event.		1				
		lional exercise at least every 2					
	years, opposite the	inder paragraph (d)(2)(i) of					
		icted, that may include, but is					
	not limited to the foll	<u> </u>					
	(A) A second full-sca						
	-	r individual, facility-based					
	functional exercise;			A.C. S.			-
	(B) A mock disaster	drill; or ise or workshop that is led by					
		ise of workshop mat is led by					
		-relevant emergency		Same of the			
	2	V	3				2

DEPARTI	MENT OF HEALTH AN	D HUMAN SERVICES			PRINTED: 05/17/2024 FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
4	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		471300	B. WING		C 05/08/2024
NAME OF PI	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
GRACEC	OTTAGE HOSPITAL			PO BOX 216	
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E 039	exercises, and emerg [facility's] emergency "[For Hospices at 418 (2) Testing for hospic patient's home. The exercises to test the e annually. The hospic (i) Participate in a ful community based eve (A) When a communit accessible, conduct a functional exercise eve (B) If the hospice exp man-made emergency the emergency plan, engaging in its next re community-based eve facility-based function onset of the emergen (ii) Conduct an additi opposite the year the exercise under parag is conducted, that may to the following: (A) A second full-sca community-based or exercise; or (B) A mock disaster of (C) A tabletop exerci- a facilitator and include a narrated, clinically-re- scenario, and a set of	problem statements, r prepared questions a an emergency plan. ty's] response to and on of all drills, tabletop ency events, and revise the plan, as needed. (113(d):] les that provide care in the hospice must conduct emergency plan at least e must do the following: l-scale exercise that is ery 2 years; or ty based exercise is not n individual facility based rery 2 years; or eriences a natural or y that requires activation of the hospital is exempt from equired full scale ercise or individual nal exercise following the cy event. onal exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section y include, but is net limited le exercise that is a facility based functional facility based functional fill; or se or workshop that is led by les a group discussion using elevant emergency i problem statements,	E 039		usión shet Pare 5 of 13
FORM CMS-256	7(02-99) Previous Versions Obs	coleta Event ID (SLD1)	t Pa	actity ID: 471300 If contin	uation sheet Page 5 of 13

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E 039		ige 5 , or prepared questions ige an emergency plan.	E 03	9		
	 (3) Testing for hosp care directly. The lexercises to test the year. The hospice (i) Participate in an Is community-base (A) When a community-base (A) When a community-based function (B) If the hospice eman-made emerges the emergency plarengaging in its next based or facility-based following the onset (ii) Conduct an addinary include, but is (A) A second full-s community-based or exercise; or (B) A mock disaster (C) A tabletop exert facilitator that include narrated, clinically-and a set of problem messages, or preparent in the problem messages, or preparent in the problem messages is a set of problem maintain document 	bloes that provide inpatient hospice must conduct e emergency plan twice per must do the following: a annual full-scale exercise that d; or unity-based exercise is not t an annual individual onal exercise; or xperiences a natural or ncy that requires activation of n, the hospice is exempt from t required full-scale community sed functional exercise of the emergency event. ditional annual exercise that not limited to the following: cale exercise that is or a facility based functional er drill; or recise or workshop led by a des a group discussion using a relevant emergency scenario, m statements, directed ared questions designed to gency plan. spice's response to and ation of all drills, tabletop orgency events and revise the cy plan, as needed.				

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E 039	Continued From pag	m A		200	
L 000		TF, Hospital, CAH) must	EC	128	
		test the emergency plan			
		[PRTF, Hospital, CAH] must			
	do the following:				
		annual full-scale exercise that			
	is community-based	; or htty-based exercise is not			
	accessible, conduct	*			
	facility-based functio				
	(B) If the [PRTF, Ho	spital, CAH] experiences an			
	1	n-made emergency that			
		f the emergency plan, the			
		om engaging in its next ommunity based or individual,			
		nal exercise following the			
	onset of the emerger	•			
		[additional] annual exercise or			
	and that may include	, but is not limited to the			
	following:				
	(A) A second full-sca	ale exercise that is			
	functional exercise;	•			
		disaster drill; or			
	(C) A tabletop e	xercise or workshop that is			
	led by a facilitator an				
		narrated, clinically-relevant			
		, and a set of problem			
		messages, or prepared to challenge an emergency			
	plan.	a conneride rel culticidenci.			
	· ·	[facility's] response to and			
		tion of all drills, tabletop			
		gency events and revise the	-		
	[facility's] emergency	r plan, as needed.			
	THOP PALE OF SAKE	<u>\$</u> ፈ(ሐ)·]			
	*[For PACE at §460.) (2) Testing. The PAC	84(d):] Æ organization must conduct			

	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED	
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)RACE C	OTTAGE HOSPITAL		1	PO BOX 216 TOWNSHEND, VT 05353			
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E 039	following: (i) Participate in an is community-based (A) When a community-based (A) When a community-based facility-based function (B) If the PACE expendence man-made emergency plan- engaging in its next based or individual, exercise following the event. (ii) Conduct an in- years opposite the yield of the pro- exercise under paralise conducted that may the following: (A) A second full-soc- community-based on functional exercise; (B) A mock disaster (C) A tabletop exerci- a facilitator and inclu- using a narrated, clini- scenario, and a set of directed messages, designed to challeng (iii) Analyze the PAO maintain documentar exercises, and emer PACE's emergency *[For LTC Facilities and (2) The [LTC facility]	organization must do the annual full-scale exercise that ; or nity-based exercise is not an annual individual, onal exercise; or eriences an actual natural or icy that requires activation of , the PACE is exempt from required full-scale community facility-based functional ue onset of the emergency additional exercise every 2 rear the full-scale or functional graph (d)(2)(i) of this section ay include, but is not limited to ale exercise that is r individual, a facility based or drift; or cise or workshop that is led by ides a group discussion, nically-relevant emergency of problem statements, or prepared questions ge an emergency plan. CE's response to and tion of all drills, tabletop gency events and revise the plan, as needed. at §483.73(d):] must conduct exercises to plan at least twice per year,	E 035				

		ID HUMAN SERVICES MEDICAID SERVICES			FORM): 05/17/2024 / APPROVED): 0938-0391	
STATEMENT OF DEFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDIN(LETED	
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emerg ICF/II (i) Pa is com (A) W acces facility (B) If 1 actual	D] must do the f rticipate in an a munity-based; hen a communi sible, conduct a based function he [LTC facility] natural or man	es. The [LTC facility, following: nnual full-scale exercise that or ty-based exercise is not an annual individual, nal exercise. facility experiences an -made emergency that	EO	33			
LTC fr requir indivit follow (ii) Co may it (A) A	requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based						
(C) A a facil narrat and a mess challe (iii) A and m	itator includes a ed, clinically-rel set of problem ages, or prepare nge an emerge nalyze the [LTC aintain docume	se or workshop that is led by a group discussion, using a evant emergency scenario, statements, directed ad questions designed to ncy plan. b facility] facility's response to entation of all drifls, tabletop					
(LTC f (LTC f (2) Te to tes) The IC (i) Par is con	ses, and emerg acility] facility's CF/IIDs at §483 sting. The ICF/I the emergency CF/IID must do f ticipate in an ar imunity-based;	ency events, and revise the emergency plan, as needed. 3.475(d)]: ID must conduct exercises / plan at least twice per year. the following: anual full-scale exercise that					
ORM CMS-2587(02-99) 1	Previous Versions Obs	iolate Event ID ISLD		Facility ID: 471300	If continuation she	et Page 8 of 1	

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STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE		<u></u>
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E 039	accessible, conduct a facility-based function (B) If the ICF/IID exper- man-made emergency the emergency plan, i engaging in its next re- community-based of if functional exercise for emergency event. (ii) Conduct an addition may include, but is not (A) A second full-scal community-based or if functional exercise; of (B) A mock disaster of (C) A tabletop exercise a facilitator and include using a narrated, climi scenario, and a set of directed messages, o designed to challenge (iii) Analyze the ICF/II maintain documentatif exercises, and emerge ICF/IID's emergency least annually. The HH to test the emergency least annually. The HH (i) Participate in a full- community-based; or (A) When a comma facility-based function or. (B) If the HHA exi-	In annual Individual, all exercise; or. eriences an actual natural or y that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based llowing the onset of the onal annual exercise that ot limited to the following; e exercise that is an individual, facility-based r rill; or e or workshop that is led by les a group discussion, cally-relevant emergency i problem statements, r prepared questions e an emergency plan. D's response to and on of all drills, tabletop ency events, and revise the plan, as needed. 02] 1A must conduct exercises plan at HA must do the following: escale exercise that is munity-leased exercise is not	E	039				
FORM CMS-256	7(02-99) Previous Versions Obs	plete Event ID ISLD	11	Fa	Liiity ID: 471380 If continu	ation sheel	Page 10	of 13

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 05/1 FORM APPF OMB NO: 0938	ROVE
TATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		(X3) DATE SURVE COMPLETED	Y
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E 039	engaging in its next r community-based or functional exercise for emergency event. (ii) Conduct an additi opposite the year the exercise under parage is conducted, that limited to the followin (A) A second full community-based or functional exercise; c (B) A mock disase (C) A tabletop ex- led by a facilitator an discussion, using a n emergency scenario, statements, directed questions designed t plan. (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as n "[For OPOs at §4#66.] (d)(2) Testing. The O to test the emergency following: (i) Conduct a paper-the workshop at least an led by a facilitator an discussion, using a n emergency scenario, statements, directed questions designed t	In, the HHA is exempt from equired full-scale individual, facility based ollowing the onset of the onal exercise every 2 years, e full-scale or functional graph (d)(2)(i) of this section at may include, but is not g: I-scale exercise that is an individual, facility-based or ster drill; or kercise or workshop that is d includes a group harrated, clinically-relevant , and a set of problem messages, or prepared o challenge an emergency 's response to and maintain drills, tabletop exercises, and ind revise the HHA's needed. 360] PO must conduct exercises y plan. The OPO must do the based, tabletop exercise or nually. A tabletop exercise is	E 039			

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GRACE CO	OTTAGE HOSPITAL			PO BOX 216 TOWNSHEND, VT 05353		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X3) COMPLETION DATE
	the emergency plan, engaging in its next m following the onset of (ii) Analyze the OPO' documentation of all the emergency events, a OPO's] emergency plan *[RNCHIs at §403.74 (d)(2) Testing. The RI exercises to test the of must do the following (i) Conduct a paper-bile least annually. A table discussion led by a far clinically-relevant em- of problem statement prepared questions d emergency plan. (ii) Analyze the RNHO maintain documentati and emergency even emergency plan, as m This STANDARD is r Based on review of th Command System (IO Critical Access Hospi plan in March of 2020 minutes confirmed tha 2022. On 5/7/2024, th Nursing, who is also i	y that requires activation of the OPO is exempt from equired testing exercise the emergency event. s response to and maintain abletop exercises, and nd revise the [RNHCI's and an, as neede€. 	E 03	9		

DEFICIENCY)		
TOWNSHEND, VT 06353 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	IOULD BE CON	
471300 B WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE GRACE COTTAGE HOSPITAL PO BOX 216	05/08/20	
A. BUILDING	COMPLETED C	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	1	

Grace Cottage Hospital Survey May 5-8, 2024 - Corrective Action Plan

iag Number	ISSUE	PLAN OF CORRECTION	RESPONSIBLE PARTY	TARGET COMPLETION DATE	COMPLETED
C1050	Nursing care plan must be developed and kept for each inpatient.	Each patient with a wound will have impaired skin integrity care plans initiated within 8 hours of admission.	Director of Nursing	6/1/2024	1
		IDT meetings will discuss care plans once a week.	Director of Nursing	5/21/2024	5/21/2024
		All nursing staff will attest that they have reviewed the policies for care glenning and wound management protocol.	Director of Nursing	7/1/224	
C1502	controlling the transmission of infections are followed relating to the cleaning/disinfecting of re-usable	Cleaning: The lab will be switching product and using a Market Lab Clip-Style tourniquet as well as a single use	Lab Director		
		disposable rubber band tourniquet. The lab will follow manufactuer procedure for disinfection. See Policy #5.6010.		6/1/2024	
		Disinfection ; The lab will be switching product and using a Market Lab Clip-Style tourniquet as well continuing to use a single use disposable rubber band tourniquet. The lab will follow manufacture procedure. Please see Policy # 5.6010	lab Director	6/1/2024	
E039	The facility most conduct exercises to test the emergercy plan annually.	Meeting with Jon Scott, VHEPC to set dates for training and discuss process for completing drills. Meeting will include	EP Director	7/9/2024	
		Director of Emergency Preparedness/Inpatient Nursing and Director of Nursing-Emergency Department.			
		Active Shooter Tabletop drili- to include all departments at GCH, local EMS and law enforcement, local Emergency Preparedness coalition. Drill will be facilitated by VHEPC and Director of Emergency Preparedness.	EP Director	9/30/2024	
		Mass Casaulty Community Drill- to include activating incident Command, utilizing all dinical staff, local EMS, local Emergency Preparedness coalition. Drill will be facilitated by VHEPC and Director of Emergency Preparedness and	EP Director	10/31/2024	
		Emergency Department,			1
		Training and exercise plan for next 3 years completed. Training plan will be based off HVA scores and approved by Emergency Preparedness Committee.	EP Director	7/1/2024	

GRACE COTTAGE FAMILY HEALTH & HOSPITAL	POLICY # 5.6010
	PAGE: 1
SUBJECT/TITLE: Tourniquet Cleaning and Disinfection	OF: 1
	EFFECTIVE: 5/20/2024
DEPARTMENT: LABORATORY	

Purpose:

Tourniquets are medical devices utilized to halt venous blood blow, facilitating the identification and puncturing of veins.

Types of Tourniquets:

- 1. Clip Style Tourniquet:
 - Recommended for use on difficult patients due to its ability to achieve greater tightness without causing discomfort.

Cleaning Procedure:

-After each use, wipe the product surface area with an alcohol prep pad as per the manufacturer's instructions.

Disinfection Procedure:

Disinfect once a week or if visible soiled.

-Immerse the product in 70-90% ethyl or isopropyl alcohol for a duration of 1 minute. -Allow the alcohol to evaporate completely and ensure thorough air drying.

- 2. Rubber Band Tourniquet:
 - Designed for single use; dispose of after one use.

This policy ensure the proper usage, cleaning, and disinfection of tourniquets, thereby maintaining hygiene standards and ensuring patient safety.

Reference: Market Lab, Clip Style Tourniquet, https://www.marketlab.com/product/Clip-Style-Tourniquet-ML53248-RD