



**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  
<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 3, 2023

Ms. Michelle Pippa, Administrator  
Greensboro Nursing Home  
47 Maggie's Pond Road  
Greensboro, VT 05841-8800

Dear Ms. Pippa:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 17, 2023**. 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 cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

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

PRINTED: 01/31/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/17/2023
NAME OF PROVIDER OR SUPPLIER  GREENSBORO NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 47 MAGGIE'S POND ROAD GREENSBORO, VT 05841	
(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	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence if the facility's continued compliance with applicable law.	
F 880 SS=F	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p>	F 880	<p><b>F880</b></p> <p>Root Cause Analysis was completed. It was determined that the Director of Nursing was monitoring the Community Transmission level which is a metric used in a non-healthcare setting. The correct monitoring is the Community Transmission Rate. This resulted in determination of lifting the mask policy. Due to this decision Greensboro Nursing Home was in non-compliance with the Center for Disease Interim Infection Prevention and Control Recommendations for Healthcare Personnel.</p> <p>Education and training were provided to acting DON and Administrator on the correct determination of the Community Transmission Rates by licensing chief Pamela Cota. Acting DON then provided education to DON on Monday January 23<sup>rd</sup>, 2023.</p> <p>Director of Nursing will continue to monitor the Community Transmission Rates weekly, every Friday. When the Director of Nursing is not in the facility the Administrator will take over responsibility.</p>	

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

TITLE

(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.

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F 880	Continued From page 1 (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(f) 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: Based on observations, interviews and CDC data review the facility failed to establish and maintain an infection prevention and control program including a system for preventing, identifying,	F 880	Up to date Community Transmission Rates will be reflected every Friday on the readily available transmission indicator in the front lobby.  Community Transmission Rate metric accuracy will be added to QAPI. The Administrator will perform weekly audits for 8 weeks which was started on January 27 <sup>th</sup> , 2023. These audits will ensure that the Community Transmission level that is indicated on the transmission indicator is accurate.  The mask policy has been updated and reflects current Centers of Disease Control source control guidelines. This policy is readily available to all staff.  Education provided to staff starting on 1/18/2023 on the updated mask policy, PPE, State Community Transmission Rate, and CMS/State Regulations. Will continue education until all staff have been updated on policies on regulations. Education to be provided by Director of Nursing and Administrator.  Facility will continue to follow state, federal, CDC and long-term guidance with our infection prevention and control program.  Date of Compliance February 27 <sup>th</sup> , 2023.  Tag F880 POC Accepted on 02/03/2023 by H.Fox/P.Cota		

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F 880	<p>Continued From page 2 reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, and visitors following accepted national standards as evidenced by:</p> <p>On 01/17/23 at 9:30 AM during an unannounced onsite investigation of a complaint, it was noted the staff, visitors in the common areas and the facility administrator were not wearing face masks (source control). When asked about the lack of face masks during the entrance meeting, the administrator replied that the Covid 19 levels did not require face masks. When asked what the current community transmission level is he/she admitted not knowing the level reported today stating the director of nurses checks it but she is away today. Per the surveyor's review of the transmission levels of Covid 19 in the State of Vermont provided on the CDC website, the entire state of Vermont had a Covid 19 transmission level of high or substantial which was conveyed to the administrator. Per the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated September 23, 2022, a tiered approach to COVID-19-specific infection control measures including the use of face coverings should be implemented. The infection control measures should be based on the community transmission rate which is the metric recommended to guide select practices in healthcare settings. At approximately 10:30 AM the acting director of nursing with the administrator showed the surveyor the data they were consulting, it was revealed that they were reviewing the community level which is a metric used in non-healthcare settings, not the community transmission rates,</p>	F 880		

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F 880	Continued From page 3 therefore, relying on an incorrect metric. The community transmission levels were high thus face masks are recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter residents.	F 880		