



**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

September 26, 2024

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 revisit survey conducted on **September 10, 2024**. 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, BS  
Assistant Division Director  
State Survey Agency Director

Enclosure

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

PRINTED: 09/23/2024  
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  R 09/10/2024
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NAME OF PROVIDER OR SUPPLIER  GREENSBORO NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 47 MAGGIE'S POND ROAD GREENSBORO, VT 05841
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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  An unannounced on-site revisit for the Emergency Preparedness (EP) citations was conducted by the Division of Licensing and Protection on 9/10/24. The facility was found to be in substantial compliance with the cited EP deficiencies.	{E 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 of the facility's continued compliance with applicable law.	
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{F 000}	INITIAL COMMENTS  The Division of Licensing and Protection conducted an unannounced, onsite follow up survey on 9/10/24 to determine compliance with previously cited deficiencies under 42 CFR Part 483 requirements for Long Term Care Facilities. The following deficiency was identified:  101} Qualified Dietary Staff SS=C CFR(s): 483.60(a)(1)(2)  §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)  This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of	{F 000}	F801  Root Cause Analysis was completed. It was determined that the facility had neither a full-time and/or part-time dietician, nor a certified Director of Nutrition Services.  As of the 9/16/2024 Dietitian and Administrator signed a Dietician Employment Contract that states the dietician has agreed to work a minimum of thirty-five hours per week for the facility that may work remote and/or in-person. A Schedule was created to implement her weekly tasks.  The Dietician will continue to precept current kitchen manager until she becomes certified through the University of Florida and is able to hold the certified dietary manager. The end-date goal is for one year from the date of the State Survey that was conducted on 7/10/2024.  Facility will continue to follow state, federal, CDC and long-term guidance with Qualified Dietary Staff  Date of Compliance September 16 <sup>th</sup> , 2024.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9.23.24
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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 it 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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NAME OF PROVIDER OR SUPPLIER  <b>GREENSBORO NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 MAGGIE'S POND ROAD GREENSBORO, VT 05841</b>		
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{F 801}	Continued From page 1 a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.	{F 801}	Tag F 801 POC accepted on 9/25/24 by S. Stem/P. Cota	
	<p><del>(iii) Is license for certified as a dietitian or</del> nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.</p> <p>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.</p> <p>§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services.</p> <p>(i) The director of food and nutrition services must at a minimum meet one of the following qualifications-</p> <p>(A) A certified dietary manager; or</p> <p>(B) A certified food service manager; or</p> <p>(C) Has similar national certification for food service management and safety from a national certifying body; or</p> <p>D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant</p>			

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{F 801}	Continued From page 2 management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a qualified dietitian or other clinically qualified nutrition professional is employed full-time, or if not, designate a person to serve as the director of food and nutrition services who meets national accreditation requirements. Findings include:  Per record review, the training plan for the Food Service Staff member to serve as the director of food and nutrition services revealed that they would not meet national accreditation requirements until 2025.  Per interview on 9/10/24 at 12:09 PM, the Administrator explained that s/he has hired a full time Dietician who works Monday through Friday to meet the regulatory requirement. S/He explained that s/he typically works remotely.	{F 801}		

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{F 801}	Continued From page 3  Per phone interview on 9/10/24 at 1:11 PM, the Dietician explained that s/he has been working for the facility for a couple months. S/He explained that s/he works remotely but is only working for the facility about 10-15 hours per week, not full time. S/He explained that s/he is trying to arrange coming into the facility once a week, but as of now, does not work onsite.  Per interview on 9/10/24 at 1:40 PM, the Administrator revealed that s/he is unaware of how many hours the Dietician works a week. S/He explained that it is hard to find someone to fill the role as the dietician full time.	{F 801}			



# Greensboro Nursing Home

SUBJECT: **Dietitian Employment Contract**

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**Agreement:** This agreement is between Brittany Clark, Registered Dietitian and Greensboro Nursing Home. Brittany Clark agrees to work a minimum of thirty-five (35) hours per week for Greensboro Nursing Home as a Registered Dietitian that may work remote and/or in-person.

Brittany Clark agrees to do the following;

- Compliant with CMS & State guidelines
- Participate in scheduled QAPI meetings quarterly
- Communicating daily with the dietary manager via phone, in-person, and/or email
- Attending morning meetings on Mondays & Thursdays via in-person or phone
- Communication with staff via Outlook email or in-person
- Providing education for all staff
- Weekly meetings with the administrator, up to 3x/week

Print Name: Brittany Clark

Signature: Brittany Clark MS, RDN

Date: 9.16.2024

Print Name: Michelle Pippa LNHA

Signature: [Signature]

Date: 9.16.2024

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Clinical	Alaina Meet	Alaina Meet	Alaina Meet	Alaina Meet	Alaina Meet	Clinical
-	Morning Meeting	Special Project	Michelle Meet	Morning Meeting	Michelle Meet	Special Project
-	Weights Meeting	Alaina Meet	Special Project	Wounds Meeting	Special Project	
-	Michelle Meet		Alaina Meet	Alaina Meet	Alaina Meet	
-	Alaina Meet					
-						
4	5	4	5	4	5	8

2. The facility shall provide staffing information to the licensing agency in a manner and on a schedule prescribed by the licensing agency.

#### 7.14 Dietary Services

*State*

The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

- a. Staffing. The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis.
  1. If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian.
  2. A qualified dietitian is one who is qualified based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association, or on the basis of education, training or experience in identification of dietary needs, planning and implementation of dietary programs.
  3. Sufficient staff. The facility must employ sufficient support personnel competent to carry out the functions of the dietary service.
- b. Menus and nutritional adequacy. Menus must:
  1. meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;
  2. be prepared in advance; and
  3. be followed.
- c. Food. Each resident shall receive and the facility shall provide:
  1. food prepared by methods that conserve nutritive value, flavor and appearance;
  2. food that is palatable, attractive, and at the proper temperature;
  3. food prepared in a form designed to meet individual needs;
  4. substitutes offered of similar nutritive value to residents who refuse food served.
- d. Therapeutic diets. Therapeutic diets must be prescribed by the attending physician.
- e. Frequency of meals.
  1. Each resident shall receive and the facility shall provide at least three meals daily, at regular times comparable to normal mealtimes in the community.
  2. There must be no more than 14 hours between a substantial evening meal and breakfast the following date, except as provided in number 4. below.
  3. The facility must offer snacks at midday and bedtime daily.
  4. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.
- f. Assistive devices. The facility must provide special eating equipment and utensils for residents who need them.
- g. Sanitary conditions. The facility must:



**F-TAG#**

**REGULATION**

**GUIDANCE TO SURVEYORS**

**F801**

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

**§483.60(a) Staffing**

The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)

This includes:

~~§483.60(a)(1)~~

A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who—

- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
- (ii) Has completed at least 900 hours

**INTENT §483.60 (a)(1)-(2) –**

To ensure there is sufficient and qualified staff with the appropriate competencies and skill sets to carry out food and nutrition services.

**DEFINITIONS §483.60(a)(1)-(2)**

“Full-time” means working 35 or more hours a week.

“Part-time” employees typically work fewer hours in a day or during a work week than full-time employees. The U.S. Department of Labor, Bureau of Statistics uses a definition of 34 or fewer hours a week as part-time work. Part-time workers may also be those who only work during certain parts of the year.

“Consultants” means an individual who gives professional advice or services. They are generally not direct employees of the facility and may work either full or part-time.

~~GUIDANCE §483.60(a)(1)-(2)~~

Cite F801 for concerns regarding the qualifications of the dietitian, other clinical nutrition professionals, or the food services director. For concerns regarding support personnel refer to F802, Sufficient Dietary Support Personnel.

In addition, cite F801 if staff, specifically the qualified dietitian or other clinically qualified nutrition professional did not carry out the functions of the food and nutrition services. While these functions may be defined by facility management, at a minimum they should include, but are not limited to:

- Assessing the nutritional needs of residents;
- Developing and evaluating regular and therapeutic diets, including texture of foods and liquids, to meet the specialized needs of residents;
- Developing and implementing person centered education programs involving food and nutrition services for all facility staff;
- Overseeing the budget and purchasing of food and supplies, and food preparation, service and storage; and,
- Participating in the quality assurance and performance improvement (QAPI), as described in §483.75, when food and nutrition services are involved.

F-TAG#	REGULATION	GUIDANCE TO SURVEYORS
<p><b>F801</b> <b>cont.</b></p>	<p>of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.</p> <p>(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.</p> <p>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.</p> <p><b>\$483.60(a)(2)</b> If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services.</p> <p>(i) The director of food and nutrition services must at a minimum meet one of the following qualifications—</p> <p>(A) A certified dietary manager; or</p>	<p><del>The qualified dietitian or other clinically qualified nutrition professional can decide to oversee and delegate some of the activities listed above to the director of food and nutrition services.</del></p> <p><b>PROBES \$483.60(a)(1)-(2)</b></p> <p>If the survey team finds concerns regarding a resident's food and/or nutritional status determine:</p> <ul style="list-style-type: none"> <li>• If the practices of the dietitian, nutrition professional, and/or food services director contributed to the identified concerns. If so how?</li> <li>• How facility management ensures that staff have the appropriate competencies and skills sets to carry out the functions of the food and nutrition service?</li> <li>• If a food services director is employed by the facility, do they have frequent consultations with the dietitian or other nutrition professionals or consultants employed by the facility?</li> </ul> <p><b>POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION \$483.60(a)(1)-(2)</b></p> <p>During the investigation of F801, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised to investigate these related requirements before determining whether non-compliance may be present at these other tags. Examples of some of the related requirements that may be considered when non-compliance has been identified include, but are not limited to, the following but are not limited to:</p> <ul style="list-style-type: none"> <li>• \$483.25(b)(1), F686, Pressure Injury             <ul style="list-style-type: none"> <li>o Determine if the facility identified, evaluated, and responded to a change in a resident's skin integrity.</li> </ul> </li> <li>• \$483.25(g)(1)-(3), F692, Nutrition/Hydration Status             <ul style="list-style-type: none"> <li>o Determine if the facility identified, evaluated, and responded to a change in nutritional parameters, anorexia, or unplanned weight loss, dysphagia, and/or swallowing disorders in relation to the resident's ability to eat.</li> </ul> </li> <li>• \$483.25(g)(4)-(5), F693, Tube Feeding Management             <ul style="list-style-type: none"> <li>o Determine if the facility identified, evaluated, and responded to the use of a naso-gastric and gastrostomy tubes.</li> </ul> </li> </ul>