

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 20, 2022

Ms. Danielle Nickerson, Administrator  
Mayo Healthcare Inc.  
71 Richardson Ave  
Northfield, VT 05663-5644

Dear Ms. Nickerson:

Enclosed is a copy of your acceptable plans of correction for the investigation completed on **June 1, 2022**. 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,




Pamela M. Cota, RN  
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAYO HEALTHCARE INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>71 RICHARDSON AVE NORTHFIELD, VT 05663</b>
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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	F 000	This Plan of Correction (POC) constitutes written allegation of compliance for the deficiencies cited. However, submission of the POC is not admission the deficiencies exist or that one was cited correctly nor is it an admission that the facts on the 2567 are accurate. This POC is submitted to meet the requirements established by federal and state laws.	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that the resident environment remains free of accident hazards and each resident receives adequate assistive devices to prevent accidents for one of three sampled residents (Resident #1). Findings include:  Per record review, Resident #1 has diagnoses of hemiplegia and hemiparesis following cerebral infarction (one sided paralysis from a stroke) affecting right dominant side, muscle weakness, and lack of coordination. Per Resident #1's care plan for limited physical mobility, there is an intervention that reads, "[Resident #1] is non-ambulatory." Resident #1 is transferred via mechanical lift. Per a nursing note from 4/30/22 at 12:44 PM, "staff was using the hoyer (mechanical) lift to transfer resident from bed to wheelchair, LNA	F 689	Residents that could be potentially harmed by alleged deficient practice would be residents that need a mechanical lift for transfers, which uses a sling. The below steps have been taken to ensure that any potential residents that could be harmed by this alleged deficient practice is corrected. All residents that need a mechanical lift used for transfers have documentation of this in their rooms on closet cards, notification on the stop sign outside resident rooms and in resident care plans.  Upon identification of the alleged deficient practice by surveyors, the Director of Nursing took immediate action by educating nursing staff on 6/1/22 where closet cards are located, clarified that these cards include what assistance a resident needs and if they use a Mechanical lift, what sling is appropriate for which resident based on transfer status, who can fill out the closet cards, what to do or who to speak with if there are questions regarding the cards and the expectation that all staff use these cards in determining what residents transfer status is. This education will also be included in the in-service for nursing staff regarding mechanical lift transfer techniques.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
 , LNHA	Administrator	June 17, 2022

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 689	<p>Continued From page 1</p> <p>(licensed nursing assistant) uncrossed resident's legs, resident moved [his/her] upper body forward and resident slid from the hoyer feet first onto the floor. no injuries noted on resident."</p> <p>Per interview on 5/31/22 at approximately 2:00 PM, the DON (Director of Nursing) clarified that Resident #1 was in a full body sling during the mechanical lift transfer that led to the fall, and that this type of sling goes underneath the resident's legs while the Resident's legs are together. While in the sling when the mechanical lift had the Resident #1 up in the air, the Resident shifted, which resulted in them slipping out of the sling. Per the DON, Resident #1 had been assessed by PT (physical therapy) prior to the fall to be best suited for the purple/red split-leg sling (a sling that crosses between the legs) and that staff try to use that sling when available, but that facility practice permits staff to use a different sling if the first choice is not available. Following the fall on 4/30/22, Resident #1 was reassessed by therapy and re-confirmed to be best suited for the red/purple split-leg sling. The DON stated that the sling identified by therapy is a suggestion/preference, not a requirement. When asked if this would be the same practice for a resident who had sustained a fall prior as the result of using the non-preferred sling, the DON stated "yes."</p> <p>Per review of Resident #1's care plan, the care plan for "[Resident #1] has an ADL self-care performance deficit" has an intervention initiated on 7/3/2019 that reads, "[Resident #1] is transferred by 2 staff with a mechanical lift. [S/he] should only use the split Hoyer sling." Per observation of</p>	F 689	<p>Mayo's Clinical Coordinator LNA along with the Director of Nursing will conduct an in-service with all staff regarding mechanical lift transfers and proper techniques. Our Director of Nursing updated and clarified our Mechanical Lift policy and education will be provided to nursing staff. The policy now clarifies appropriate sling selection.</p> <p>All education will be completed by June 30, 2022. This was already discussed at Mayo's QAPI meeting on on 6/10/2022.</p> <p><b>TAG F 689 POC Accepted on 06/20/22 by P. Cota</b></p>		

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F 689	<p>Continued From page 2</p> <p>Resident #1's room on 5/31/22 at approximately 2:15 PM, a yellow "PT Rehab Update" form on the closet door dated 4/15/21 reads "suggested pad color: red/purple, hoyer only." Per an OT note from 5/3/22 at 9:31 PM, "resident to use red/purple split/leg for all transfers."</p> <p>Per interview on 5/31/22 between approximately 3:30 PM and 4:00 PM, two out of three LNAs interviewed were not able to confirm whether residents who use mechanical lifts for transfers are assessed for sling preference (i.e. full body vs. split-leg) or where this information would be in the resident record.</p> <p>Per interview on 5/31/22 at approximately 5:00 PM, the DON re-confirmed that staff are expected to use the therapy-identified preferred hoyer sling whenever possible, but that a different one may be used by staff if the preferred sling isn't available because "we can't keep a resident in bed". The DON also confirmed that there could be possible future situations in which the hoyer pad used at the time of Resident #1's fall on 4/30/22 would be used again on Resident #1 if the split-leg sling was not available.</p>	F 689			