



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

March 8, 2023

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 survey conducted on **February 8, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2023
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NAME OF PROVIDER OR SUPPLIER MAYO HEALTHCARE INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 71 RICHARDSON AVE NORTHFIELD, VT 05663
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E 000	Initial Comments The Division of Licensing and Protection conducted an onsite, unannounced investigation of the facility's Emergency Preparedness Program on 2/7/2023. There were no regulatory findings related to this investigation.	E 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 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced recertification survey and staff vaccination review from 2/6/2023 through 2/8/2023. The following regulatory deficiencies were identified:	F 000	Residents that could be potentially harmed by alleged deficient practice would be residents that were transferred or discharged from the facility. The below steps have been taken to ensure that any potential residents that could be harmed by this alleged deficient practice is corrected. These notices have always been handled by our Social Services Director with backup from Admin. We did not have a full time Social Services Director during the time when these letters should have been sent. As of 12/2022 we hired a new Social Service Director who is responsible for issuing the appropriate letters as required within appropriate time frame, give to resident and/or responsible party and give notice to the Ombudsman. Social Services will also scan and send letter to Administrator and upload into MISC tab in EMAR. When Social Services is out of the office, this will be completed by Administrator or the Business Office, to ensure we always have coverage for notifications.	
F 623 SS=B	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the</p>	F 623	<p>Upon identification of the alleged deficient practice by surveyors, the Social Services Director had already been following the appropriate protocol for issuing notice of transfer/discharge letters as she was hired 12/2022. The education and regulations for these letters have also been reviewed with Social Services to ensure proficient understanding of this regulation.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  LNHA	TITLE Administrator	(X6) DATE 03/03/2023
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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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 623	<p>Continued From page 1</p> <p>resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and</p>	F 623	<p>Tag F 623 POC accepted on 3/8/23 by K. Ruffe/P. Cota</p>		

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F 623	<p>Continued From page 2</p> <p>telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to notify the 2 applicable residents (Residents #16 and #24) and the resident's representative(s) of a transfer or discharge. Findings include:</p>	F 623			

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F 623	Continued From page 3 1. Resident #16 was transferred to an acute care hospital on 10/13/22. There is no indication in the clinical record that staff notified the resident and/or representative regarding transfer or discharge in writing as required by regulation. On 02/07/23 at 01:07 PM, the Director Of Nursing confirmed neither Notice of Discharge or bed hold notice was provided for Resident #16's 10/13/22 discharge to the hospital as required by regulation. 2. Resident #24 was transferred to an acute care hospital on 10/21/22 and 11/17/22. There is no indication in Resident #24's clinical record that staff notified the resident and/or representative in writing as required by regulation. On 2/7/23 at 1:02 PM, the Director of Nursing confirmed neither the Notice of Discharge or bed hold notice was provided for Resident #24's 10/21/22 and 11/17/22 discharge to the hospital as required by regulation.	F 623	Residents that could be potentially harmed by alleged deficient practice would be residents that did not receive a Notice of Bed hold policy letter from the facility. The below steps have been taken to ensure that any potential residents that could be harmed by this alleged deficient practice is corrected. These notices have always been handled by our Social Services Director with backup from Admin. During the dates listed of these missing letters, we did not have a full time social services director, We have hired one as of 12/2022. Social Services will issue the appropriate letters as required within appropriate time frame, give to resident and/or responsible party and give notice to the Ombudsman. Social Services will also scan and send letter to Administrator and upload into MISC tab in our EMAR. When Social Services is out of the office, this will be completed by Administrator or the Business Office, to ensure that we always have coverage for notifications. Upon identification of the alleged deficient practice by surveyors, the Social Services Director had already been following the appropriate protocol for issuing bed hold policy letters. The education and regulations for these letters have also been reviewed with Social Services to ensure proficient understanding of this regulation.		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;	F 625	Tag F 625 POC accepted on 3/8/23 by K. Ruffe/P. Cota		

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F 625	<p>Continued From page 4</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to provide a written bed-hold notice upon transfer to 2 applicable residents (Residents #16 and #24) and the resident's representative(s). Findings include:</p> <p>1. Resident # 16 was transferred to an acute care hospital on 10/13/22. There is no indication in the clinical record that staff notified the resident and/or representative regarding bed holds in writing as required by regulation.</p> <p>On 02/07/23 at 01:07 PM, the Director Of Nursing confirmed neither Notice of Discharge or bed hold notice was provided for Resident # 16's 10/13/22 discharge to the hospital as required by regulation.</p> <p>2. Resident #24 was transferred to an acute care hospital on 10/21/22 and 11/17/22. There is no indication in Residnet #24's clinical record that staff notified the resident and/or representative in</p>	F 625			

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F 625	Continued From page 5 writing as required by regulation. On 2/7/23 at 1:02 PM, the Director of Nursing confirmed neither the Notice of Discharge or bed hold notice was provided for Resident #24's 10/21/22 or 11/17/22 discharge to the hospital as required by regulation.	F 625	Residents that could be potentially harmed by alleged deficient practice would be any residents who use dishes/utensils from the kitchen. The below steps have been taken to ensure that any potential residents that could be harmed by this alleged deficient practice is corrected. Education to staff on how to read the gauge on the dishwasher was provided immediately, as the gauge increases by increments of 2, which the Dietary Manager did explain to the surveyors. If the machine was not heating to 150, per regulation, they would need to immediately let Dietary Manager and Maintenance know to ensure everything was being sanitized through the dishwasher correctly. Maintenance called to have technicians for dishwasher and chemicals in dishwasher to make sure everything was in working order. On 2/15/23 Chemicals technician adjusted the wash tank thermostat to ensure the dishwasher was at 150 degrees. Dishwasher technician came the following day and checked unit and temperatures were accurate and machine was in good working order.		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview the facility failed to clean dishes and utensils under sanitary conditions as evidenced by: A review of the dish machine temperature record from December 6, 2022 through February 6,	F 812			

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F 812	<p>Continued From page 6</p> <p>2023, reveals that on 33 occasions, the wash temperature was recorded as less than 150 degrees.</p> <p>Per observation on February 7, 2023, at 2:15 pm the dishwasher was viewed and noted to be a one-level machine with 2 hoses connected to it, one of which was connected to a container marked Heavy Duty Plus Dish Machine Detergent, the second connected to a container labeled Special Rinse Aid, there are no additional sanitizing agents. The Dining Manager provided a demonstration by running the machine twice, the first temperature reading was 146 degrees the second time it was 147 degrees. There is a sticker located on the side of the machine labeled Champion Industries Wash Temperature Minimum 150 degrees.</p> <p>On February 7, 2023, at 2:30 the Dining Manager was interviewed and confirmed the temperatures recorded are below the recommended temperature required to sanitize the dishes and utensils.</p>	F 812	<p>Upon identification of the alleged deficient practice by surveyors, the Dietary Manager took immediate action by educating dietary staff on how to read the gauge on the dishwasher machine, explained that if the temperature is below 150 to immediately let dietary manager or maintenance know, so the dishwasher could be serviced. This education will also be included in the in-service created by our staff development nurse for dietary staff regarding safe sanitizing temperatures for dishware and utensils, how to read the gauge and who to contact if the temperature is below 150. This education will be completed with dietary staff by March 17, 2023.</p> <p>Further more, we will have bi-weekly kitchen audits performed to include dishwasher temperature log as well as having the Dietary Manager check temperature log weekly to ensure temperatures are being recorded and dishwasher is reaching the correct level for sanitizing dishes and utensils per regulation.</p> <p>Tag F 812 POC accepted on 3/8/23 by K. Ruffe/P. Cota</p>		