

Division of Licensing and Protection  
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Survey and Certification Voice/TTY (802) 241-0480  
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Survey and Certification Reporting Line (888) 700-5330  
To Report Adult Abuse: (800) 564-1612

May 28, 2020

Ms. Amy Russell, Administrator  
Mountain View Center Genesis Healthcare  
9 Haywood Avenue  
Rutland, VT 05701-4832

Provider ID #: 475012

Dear Ms. Russell:

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). In accordance with *Memorandum QSO-20-20-All*, CMS is suspending certain Federal and State Survey Agency surveys, and delaying revisit surveys, for all certified provider and supplier types.

During this time, CMS is prioritizing and conducting only the following surveys: focused infection control surveys, investigations of complaints and facility-reported incidents that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys for unremoved IJ level deficiencies. With the exception of unremoved IJs, CMS will also be exercising enforcement discretion during the suspension period. For additional information on the prioritization of survey activities please visit <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>.

## **SURVEY RESULTS**

On **May 26, 2020**, the Division of Licensing and Protection completed a COVID-19 Onsite Focused Infection Control Survey at Mountain View Center Genesis Healthcare to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that your facility was in substantial compliance with participation requirements and no deficiencies were cited. The findings from this survey are documented on the enclosed Form CMS 2567.

No additional action is required on the facility's part.

## **QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES**

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at QIO Program Website <https://qioprogram.org/covid-19>. This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at Locate Your QIO <https://qioprogram.org/locate-your-qio>.

## **CONTACT INFORMATION**

If you have any questions please contact Pamela Cota, Licensing Chief/Nurse Administrator II at (802) 241-0347.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

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

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FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                   |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>475012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>05/26/2020</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MOUNTAIN VIEW CENTER GENESIS HEALTHCARE</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9 HAYWOOD AVENUE<br/>RUTLAND, VT 05701</b>                          |                      |   |
| (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<br><br>An unannounced on-site CMS Focused Infection Control survey was completed by the Division of Licensing and Protection on 5/26/2020, following an offsite review of information on 4/13/ - 4/15/2020. The facility was found to be in substantial compliance with requirements around infection prevention and control. | F 000   |   |                      |   |
| 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.