

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 <u>http://www.dail.vermont.gov</u> 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

May 25, 2021

Ms. Beth Peer, Manager Our House Too Residential Care Home 196 Mussey Street Rutland, VT 05701

Dear Ms. Peer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 5, 2021.** 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,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

PRINTED: 05/12/2021 FORM APPROVED

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377		• •	1000 40	E CONSTRUCTION ((X3) DATE SURVEY COMPLETED	
		B. WING		C 05/05/2021		
	ROVIDER OR SUPPLIER SE TOO RESIDENTIAL	CARE HOME 196 MUS	ADDRESS, CITY, ST SSEY STREET ND, VT 05701	ATE, ZIP CODE	18	
(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 APPROPRIA DEFICIENCY)	OULD BE COMPLE	
R100		ounced onsite complaint 21. The following regulatory	R100			
R266 SS=F	IX. PHYSICAL PLAN	IT	R266			
	9.1 Environment9.1.a The home must safe, functional, sani comfortable environment		RZLek	This was solely the owners deficiency - I Knew what I did		
	by: Based on observatio facility failed to main environment as it rel	T is not met as evidenced n and staff interview, the tain a safe, sanitary ates to infection control putbreak situation. Findings		This was solely the owners deficiency - I Knew what I did immediately and told the Surveyor - I immediately wasked my hands with Seap + wat changed my mak and	er 5/5/2	
	personal protective e entering a Covid-pos 5/5/21 at 9:48 AM, th observed entering a room wearing only a PPE. The owner tour and remained in the minutes. Centers for Vermont Department state that full PPE, m protection, gloves an when in close contact resident. COVID-pos Transmission Based	ff did not wear appropriate equipment (PPE) when sitive resident's room. On he facility owner was Covid-positive resident's surgical mask and no other ched the resident's right arm room for approximately 2 r Disease Control (CDC) and t of Health (VDH) guidelines heaning an N95 mask, eye hd a gown are to be worn at with a Covid-positive sitive residents are to be on Precautions (contact and There were no signs on the		Changed my mak and Put on a face shield - I did NOT reenter the residents room and I Pointed OUT to staff What I had done - NOT To be repeated -	<u> </u>	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
(Daule)	Dan	OWNEr		5/20/21	
STATE FORM		6899	GRS511		If continuation sheet 1 of 2

R266 POC accepted 5/24/21 - R.Tremblay RN/PMC

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		0377	B. WING		05	C / 05/2021
ME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
JR HOU	SE TOO RESIDENTIAL	CARE HOME	SEY STREET			
	CUMMADY C		ID, VT 05701		CORRECTION	-
X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE
R266	Continued From page 1 2 COVID-positive resident's doors indicating that contact and droplet precautions were in effect. At the time of the observation, the owner confirmed the above.		R266			
	Per the CDC: Contact and droplet precaution PPE are recommended for healthcare workers before entering the room of suspected or confirmed COVID-19 patients. Healthcare workers should be trained on the correct use of PPE, including how to put on and remove PPE. https://www.cdc.gov/coronavirus/2019-ncov/hcp/n on-us-settings/overview/index.html#COVID-19-ba sed-precautions (accessed 5/12/21).					

GRS511