



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

December 13, 2019

Mr. Timothy Urich, Administrator
The Pines At Rutland Center For Nursing And Rehab
99 Allen Street
Rutland, VT 05701-4501

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 13, 2019**. 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

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

PRINTED: 11/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
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NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701
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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

An unannounced on-site investigation of a facility self-report and an anonymous complaint was conducted on 11-13-19 by the Division of Licensing and Protection. The following regulatory violation was identified as a result.

F 880 Infection Prevention & Control
SS=D CFR(s): 483.80(a)(1)(2)(4)(e)(f)

F 880

Corrective Action:

§483.80 Infection Control
The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

The LNA in question received immediate re-education of the proper procedure for hand hygiene. Resident #1 has been evaluated and there appears to be no signs or symptoms of infection as a result of the LNA's failure to follow proper hand hygiene procedures.

§483.80(a) Infection prevention and control program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

Identify Others:

All residents could be at risk for the development and transmission of communicable diseases and infection as a result of staffs' failure to follow proper hand hygiene procedures.

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

Systemic Change:

All nursing staff will receive re-education and be evaluated on their respective competency in the proper procedure for hand hygiene.

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

Monitoring:

Three care audits that require proper hand hygiene will be conducted per week on nursing staff to ensure compliance with the proper procedure for hand hygiene. These audits will continue for a duration of three months and the findings will be reviewed by the facility QA Committee.

(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other

Responsible Party: Director of Nursing

Completion Date: 1/8/2020

F 880 POC accepted 12/12/19
D. Widawaka R/S. Perry R/S

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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 880 Continued From page 1
persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv) When and how isolation should be used for a resident, including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to help prevent the development and transmission of communicable diseases and

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infections as evidenced by staff failing to follow hand hygiene procedures while providing care to 1 of 2 resident's in the applicable sample (Resident #1). Findings include:

Per observation of morning care for Resident #1 on 11-13-19 at 9:10 AM, a Licensed Nursing Assistant (LNA) donned clean gloves, cleansed Resident #1's genital area, removed his/her gloves, proceeded to dress the resident, touch multiple items in the resident's room, then exited the room without sanitizing and/or washing his/her hands. Per interview on 11-13-19 at 9:40 AM with the LNA, s/he confirmed that s/he "didn't wash" his/her hands "after removing gloves and should have". Per interview on 11-13-19 at 11:25 AM with the Unit Manager, s/he stated that the "expectation of hand hygiene for incontinence (loss of control over bladder and bowels) care and/or any care is to wash prior to providing care, sanitize hands in between glove use".

Per review of the policy "Infection Control Handwashing" it read, "A. Handwashing should take place: 8. After touching blood, all body fluids, secretions and excretions, non-intact skin, mucous membranes, and contaminated items-whether or not gloves were worn. 9. Immediately after gloves are removed and between resident contacts".