

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 17, 2020

Mr. Timothy Urich, Administrator
The Pines At Rutland Center For Nursing And Rehabi
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 18, 2020**. 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

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

PRINTED: 12/01/2020
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 11/18/2020
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	
(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 An unannounced on-site investigation of a complaint (#19360) was conducted on 11/17/20 through 11/18/20 by the Division of Licensing and Protection. There were no regulatory violations identified for the complaint; however, during the investigation the following regulatory violation was identified.	F 000		
F 880 SS=E	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify</p>	F 880	<p>Corrective Action:</p> <p>The facility immediately implemented the use of full PPE on the "Q" Unit to include the use of N95's goggles/faceshields, gloves and gowns. Additionally, all staff designated to that unit received education on the requirement to wear full PPE in the "Q" Unit and on the proper disinfection of items brought into and out of the resident rooms on the "Q" Unit.</p> <p>Identify Other Residents: Any and all residents/patients admitted to the "Q" Unit would have the potential to be affected by the same practice.</p> <p>Systemic Change: All staff will receive education on the requirement to wear full PPE while on the "Q" Unit as well as the proper disinfection of items brought into and out of resident rooms on the "Q" Unit.</p> <p>Monitoring: The facility will conduct Quality Assurance audits 3 times per week per shift to ensure the proper procedure of wearing PPE and disinfecting items brought into and out of the rooms are followed. The audits will be conducted for a period of one month and the audits will be submitted to and reviewed by the facility's Quality Assurance Committee. The need for further auditing will be reviewed by the committee at that time.</p> <p>Completion Date: 1/11/2020 Responsible Party: Director of Nursing</p>	

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

TITLE

Admin.

(X6) DATE

12/11/2020

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 880	<p>Continued From page 1</p> <p>possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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, interview, and record</p>	F 880		

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F 880	<p>Continued From page 2</p> <p>review the facility failed to implement measures to protect residents from COVID-19; and maintain infection prevention and control measures to prevent the development and transmission of other communicable diseases and infections. Findings include:</p> <p>1. Per interview on 11/17/20 at approximately 8:45 AM with the Administrator, s/he stated that as part of the facility's COVID-19 plan, there was a designated area on the second floor that housed residents upon admission and/or re-admission. These residents were kept in this area for fourteen days and then after this period were transferred to other areas of the facility. Per observation on 11/17/20 at 11:54 AM, the second floor was noted to have a curtain that was pulled across the hall before the nurses' station and after room 212. Rooms 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, and 212 were designated as "quarantine (Q)" or "surveillance" rooms. The staff on the "quarantine" or "surveillance" side of the unit were wearing only masks upon entering and exiting the residents rooms. There were two residents in the hallway sitting outside of their rooms in wheelchairs with masks on. The facility failed to follow CDC and Vermont Department of Health recommendations for quarantine of new admissions as evidenced by staff not wearing full PPE (only wearing facemasks), residents not being on transmission based precautions, staff not being dedicated to the "Q" unit, not systemically organizing roommates based on admission date, and items being taken from room to room without being cleaned/disinfected.</p> <p>Per interview on 11/17/20 at 12:00 PM with Nurse #1, s/he stated that the staff were "only wearing</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>masks, residents have negative COVID tests prior to admission", and staff "don't need to wear any other Personal Protective Equipment (PPE)". Per the CDC, a negative COVID test prior to admission does not mean the residents are free from COVID upon admission, stating "...a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE."</p> <p>Per observation on 11/17/20 at 12:04 PM, the Director of Therapy was in room 207 assisting Resident #2 with the application of a leg brace. While in the resident's room, the Director of Therapy was noted to be wearing a mask only. During an interview at 12:06 PM, the Director of Therapy stated that therapy was tailored to the residents needs and that residents from the "Q" unit were brought to the gym at a specific time of the day with no more than 3-4 residents present at a time, therapy walked these residents in the halls, and/or therapy was performed in these residents rooms.</p> <p>Per observation on 11/17/20 at 12:20 PM, room 206 and 210 each had two residents residing in them. During an interview at that time with Nurse #1, s/he stated that the facility was "co-horting new admissions with no criteria" and that full PPE was used "only if" residents were "on precautions".</p> <p>Per interview on 11/17/20 at 12:29 PM with a LNA (Licensed Nursing Assistant), s/he stated that typically on his/her shift there were three to four</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>LNA's; and that s/he did "bounce between units". Per interview on 11/17/20 at 12:38 PM with Nurse #2 who was working on the non-"Q" unit (Rooms 214, 216, 217, 218, 219, 220, 221, 222, 223, 224, and 226), s/he stated that the typical staffing on his/her side was one nurse and depending on the census three, sometimes four LNA's for the "whole floor".</p> <p>Per observation on 11/17/20 at 4:18 PM, a respiratory therapist entered the "Q" unit via the stairwell and wearing a mask only entered and exited one resident's room and then approximately two minutes later proceeded to approach Resident #1 who was sitting in his/her wheelchair in the hallway near the nurse's medication cart and listened to his/her lungs. After listening to Resident #1's lungs, s/he went behind the curtain divider and was not observed back on the "Q" side of the unit. The facility has a respiratory unit on the fourth floor which is staffed by respiratory therapists. The therapists are stationed on that unit; however, they do move about the facility providing respiratory care to other residents. Without use of proper PPE for the residents on the "Q" unit, it poses a risk to the residents that the therapist cares for on other floors/units.</p> <p>Per interview on 11/17/20 at 4:32 PM with Nurse #3, s/he stated that the "Q" unit had one nurse and that s/he had one and a half LNA's for the shift. S/He stated that "sometimes LNA's go beyond the curtain". S/He further stated that the staff always wore masks and gloves when they needed to provide care to the residents. S/He stated that "only if on precautions, do we use full PPE".</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>Per observation on 11/17/20 at 4:51 PM, a Physical Therapist (PT) wearing a mask only entered room 204. The resident (Resident #3) in room 204 was a new admission and had arrived at the facility at 4:15 PM from the hospital. The PT walked Resident #3 down the hallway to the curtain divider and then back to his/her room. At 4:57 PM, the PT again walked Resident #3 down the hallway to the curtain divider and then back to his/her room.</p> <p>Per interview on 11/18/20 at 12:10 PM with the Infection Prevention Nurse, s/he stated that his/her role was to "track and prevent infectious and communicable diseases". S/He stated that when residents were admitted to the facility they were in a "14-day isolation period prior to going the general population within the facility". S/He stated that an area on the second floor was dedicated to these residents. S/He stated that the PPE required to take care of the residents in this area was at least a mask; and that staff were also to follow universal precautions when providing care. S/He stated that most of the admitted residents were tested for COVID-19 prior to coming to the facility; and that s/he did not monitor the residents' days of quarantine.</p> <p>Per interview on 11/18/20 at 4:15 PM with the Administrator, s/he stated that s/he kept a log of the residents who were on quarantine and shared this information daily with the facility leadership.</p> <p>The above examples show that there was no evidence that the residents on the "Q" unit were isolated, that transmission-based precautions were used by the healthcare personnel caring for them, and that there was specific staff dedicated to the unit.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>Per review of the Centers for Disease control guidance, "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected." [https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html]</p> <p>Reference: Vermont Department of Health, Health Alert: Hospital Discharge for COVID-19 Patients. April 10, 2020. Reference: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</p> <p>2. Facility staff were observed on the "Q" unit taking items from room to room without proper disinfecting. On 11/17/20 at 4:21 PM, Nurse #3 was observed bringing his/her clipboard with a glucometer (machine used to obtain blood sugar) on top of it into room 205. The nurse exited room 205 and brought the clipboard and glucometer back to his/her medication cart and proceeded to clean the screen of the glucometer with an</p>	F 880	<p>Corrective Action: The nurse that was observed bringing a clipboard and glucometer into a resident's room and then out of the room without properly disinfecting both has received education. The education was focused on the disinfecting of all items brought into a patient's room on unit "Q" after exiting as well as the approved chemicals for disinfecting glucometers.</p> <p>Identify Others: All residents/patients have the potential to be affected by the practice.</p>		

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F 880	<p>Continued From page 7</p> <p>alcohol pad. Alcohol is not a proper disinfectant for multi-resident use items such as glucometers. Per interview with Nurse #3 at that time, s/he stated that the glucometer was cleaned in between residents and that s/he "did not clean" his/her clipboard after leaving a resident's room. At 4:39 PM, Nurse #3 was observed entering room 207 with the glucometer, s/he then proceeded to obtain the resident's blood sugar, removed his/her gloves, and then put the glucometer in his/her pocket prior to leaving the resident's room.</p> <p>Per interview on 11/18/20 at 2:31 PM with the Unit Manager, s/he confirmed that the same glucometer ("Assure Prism") was used on multiple residents to obtain blood sugars. S/He stated that the expectation was that the staff were to use the "purple wipes" in between residents to make sure the glucometer was "clean and sanitized". S/He further confirmed that alcohol was not to be used as a disinfecting agent on the glucometer. During an interview at 4:13 PM, with the Director of Nursing (DNS), s/he confirmed that Nurse #3 did not follow the facility protocol for properly cleaning and disinfecting the glucometer between residents.</p> <p>Per review of the policy "Assure Prism-Glucometer Cleaning" last revised 3/2020 it read, "The meter should be cleaned and disinfected prior to the first use of the shift and after use on each patient. The cleaning procedure is needed to clean dirt, blood and other bodily fluids off the exterior of the meter before performing the disinfection procedure. The disinfection procedure is needed to prevent the transmission of blood-borne pathogens. The disinfectant wipes listed below have been shown</p>	F 880	<p>Systemic Change:</p> <p>All Nurses will receive education of the proper procedure for disinfecting items brought into a room on the "Q" Unit. In addition, all nurse will receive education on the proper chemicals for disinfecting glucometers.</p> <p>Monitoring:</p> <p>Quality Assurance audits will be conducted 1 time per week per shift to ensure proper procedures are followed. These audits will be conduct for one month and the results will be submitted to the facility's Quality Assurance Committee for review. The need for additional audits will be determined by the committee.</p> <p>Completion Date: 1/11/2020 Responsible Party: Director of Nursing</p> <p><i>F880 POC accepted 12/16/20 D.Wideawake RN / PNC</i></p>	

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F 880	Continued From page 8 to be safe for use with this meter: Manufacturer: Clorox Professional Products Company-Clorox Germicidal Wipes [(Environmental Protection Agency)EPA# 67619-12], Dispatch Hospital Cleaner Disinfectant Towels and Bleach [EPA#56392-7]; Professional Disposables International, Inc. (PDI)(Purple Top)-PDI Super Sani-Cloth Germicidal Disposable Wipe [EPA#9480-4]; Metrex Research-CaviWipes [EPA#4681-13]".	F 880		