



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

May 25, 2023

Ms. Amy Russell, Administrator
The Pines At Rutland Center For Nursing And Rehabilitation
99 Allen Street
Rutland, VT 05701-4501

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **May 10, 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

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

PRINTED: 05/17/2023
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 05/10/2023
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 880	<p>Continued From page 1</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 observations, interviews, and policy review, the facility failed to implement infection prevention and control program (IPCP) policies and procedures related to proper use of personal</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>protective equipment and reporting communicable diseases. Findings include:</p> <p>On 5/10/2023 at 10:05 AM, the Director of Nursing (DON) stated the facility has a COVID-19 outbreak and there were still residents in the facility that were considered positive.</p> <p>1. Facility Policy titled "Clinical Guide for Operations During COVID-19 Health Emergency," last updated in 10/2022, states under the section for PPE: "HCP who enters the room of a patient with suspected or confirmed SARS-CoV-2 [COVID-19] infection should adhere to droplet and contact transmission-based precautions, use a NIOSH- approved particular respirator with N95 filters or higher, gown, gloves, and eye protection."</p> <p>Per observation on 5/10/2023 at 10:20 AM, Resident #1's door reveals signage indicating that Resident #1 is isolating through 5/10/2023 and staff are to wear N95 masks, eye protection, gowns, and gloves when entering the room. On 5/10/2023 at 10:22 AM, two direct care staff entered Resident #1's room without eye protection or gowns. At approximately 10:25 AM, the Infection Preventionist (IP) approached Resident #1's room and told the two staff that they still needed to wear full PPE for the rest of the day when entering Resident #1's room. The IP confirmed that all staff entering rooms where a resident was COVID positive need to wear an N95 mask, gown, eye protection, and gloves until the resident is off precautions. S/He confirmed that Resident #1 was still on precautions.</p> <p>On 5/10/2023 at 10:45 AM, during a walk through of the unit with active COVID-19 cases, the IP</p>	F 880	<p>Resident #1 is no longer on isolation and is no longer requiring precautions.</p> <p>F880 #1. Residents who are on precautions have the potential to be affected by the deficient practice.</p> <p>Staff will be educated on the proper use of PPE for those on droplet and contact transmission based precautions.</p> <p>Infection Control observation rounds will be conducted to ensure staff are following proper PPE protocols. Audits will be conducted weekly x3 then monthly x3 by the Director of Nursing or designee.</p> <p>The results of the audits will be reported and reviewed at the QAPI committee meeting x3 months and evaluated as needed. Oversight will be provided by the DON or designee</p>		

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F 880	Continued From page 3 stopped 3 direct care staff to inform them their N95 mask were not on properly and educated them on how to properly wear them. 2. Facility policy titled Reportable Disease," last revised in 9/2020, states "The Infection Preventionist or designee is responsible for reporting to the State Health Department of Infectious Disease Division, within one working day of knowledge of a case, suspected case, carrier, or death from any of the diseases and syndromes listed below." The list of reportable diseases refers to state specific information about what diseases are reportable. Vermont's Reportable and Communicable Disease Rule lists COVID-19 as a disease required to report. Review of the facility's line list [a tool that tracks positive test results for staff and residents] for this COVID-19 outbreak reveals the first facility positive case was on 3/1/2023. As of 5/10/2023 there were 82 COVID-19 positive staff and resident cases identified related to this outbreak. On 5/10/2023 at 2:37 PM the IP stated that s/he didn't know that each positive case needed to be reported to the Health Department until recently. S/He confirmed that the first report made to the Health Department was on 4/24/2023. Further review of the line list reveals that there were 55 positive cases in the facility between 3/1/2023 and 4/24/2023 that were not reported to the Health Department within 24 hours.	F 880	F880 #2- All suspected cases and positive cases of COVID-19 have been reported to the Vermont Department of Health on 5/10/23 via conference call with VDH. All residents have the potential to be affected by this deficient practice. The Infection Preventionist and designees have been educated on the reporting requirements, and timeliness of reporting as outlined by the State Health Department of Infectious Disease Division Audits will be conducted weekly x3 then monthly x3 on proper reporting and timeliness of reporting the diseases listed on Vermont's Reportable and Communicable Disease Rule list The results of the audits will be reported and reviewed at the QAPI Committee meeting x3 months and evaluated as needed. Oversight will be provided by the DON or designee. Tag F 880 POC accepted on 5/25/23 by S. Stem/P. Cota		
F 945 SS=D	Infection Control Training CFR(s): 483.95(e) §483.95(e) Infection control. A facility must include as part of its infection	F 945			

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F 945	<p>Continued From page 4</p> <p>prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, employee education review, and policy review, the facility failed to implement an effective training program for all staff that includes training on personal protective equipment (PPE) for 2 of 5 sampled staff. Findings include:</p> <p>Facility policy titled "Infection Prevention and Control Policy," last revised in 3/2023, states "Infection Prevention and Control Orientation for New Employees/Ongoing Education: Education and training are provided in person to HCP [healthcare provider] initially upon hire; periodically during employment, such as via annual refresher training; and as needed to address a specific need, such as ... outbreak control," and "this program will include but not be limited to: ... standard precautions/transmission precautions; personal protective equipment (PPE)."</p> <p>Review of 5 direct care staff education records reveal the following staff did not have documentation of PPE training: LNA #1, hired 9/29/2020; and LNA #2, hired 4/9/2009.</p> <p>On 5/10/2023 at 12:40 PM, the Infection Preventionist confirmed that LNA #1 and LNA #2 did not have documentation of PPE training in their education records.</p>	F 945	<p>F945- LNA #1 and #2 have been trained on PPE training.</p> <p>All staff have the potential to be effected by this deficient practice</p> <p>Staff have been educated and re-educated on PPE usage and other infection control protocols.</p> <p>Audits regarding Infection Prevention and Control Orientation for New Employees/on-going education will be conducted weekly x3 then monthly x3</p> <p>The results of the audits will be reported and reviewed at the QAPI Committee meeting x3 months and evaluated as needed. Oversight will be provided by the DON or designee.</p> <p>Tag F 945 POC accepted on 5/25/23 by S. Stem/P. Cota</p>	