

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

April 8, 2021

Mr. Chad Dingman, Administrator
Pines Rehab & Health Ctr
601 Red Village Road
Lyndonville, VT 05851-9068

Dear Mr. Dingman:

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



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2021
NAME OF PROVIDER OR SUPPLIER PINES REHAB & HEALTH CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851		
(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	F 000			
F 880 SS=E	<p>The Division of Licensing and Protection conducted an unannounced onsite focused infection control survey on 03/10/21. The following regulatory deficiencies were identified as a result:</p> <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 possible communicable diseases or infections before they can spread to other</p>	F 880 F880	<ol style="list-style-type: none"> 1. Resident' number 1, 2, and 3 had no negative effects related to the alleged deficient practice. 2. All residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. The identified rooms have had signage replaced indicating that droplet precautions are required before entering the room. 4. Signage was placed on the door to Awing to indicate that the unit requires droplet precautions. 5. Per requirements outlined in the Directed Plan of Correction, a Root Cause Analysis will be completed with the required team members present. 		

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.

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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, interviews and record review, the facility failed to maintain an infection prevention and control program designed to	F 880	6. Education will be provided to staff regarding transmission-based precautions and signage required in addition to actions required if signage is determined to be missing. Per the requirements in the Directed Plan of Correction, the education material chosen to utilize is Module 6 of the Nursing Home Infection Preventionist Training on the CDC Train website. <u>Training plan - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation.</u> In addition, the Director of Nursing will provide education regarding actions to take if signage is missing. 7. Any further education needs identified through Root Cause Analysis process will be provided. 8. Audits will be completed daily when transmission-based precautions are in place within the facility by the Director of Nursing or designee to ensure required signage is in place. 9. The results of the audits will be presented to the QAA committee x3 months at which time the committee will determine further frequency of the audits.		

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F 880	<p>Continued From page 2</p> <p>provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Findings include:</p> <p>Per observations on 03/10/21, facility staff failed to utilize proper signage for infection control practices.</p> <p>Per observations at 10:45 AM, there were no signs visible before entering A-Wing that indicated the unit had COVID-19 positive residents. The unit Licensed Practical Nurse (LPN) identified that there were three confirmed COVID-19 positive residents on the unit: Resident #1 (Room 10), #2 (Room 14), and #3 (Room 15).</p> <p>At 10:55 AM, Rooms 10, 14, and 15 had no signage indicators on the door identifying that they were COVID-19 positive residents and on precautions. Two residents were observed in the hallway without masks; one of the residents, the Director of Nursing Services (DNS) identified as a wanderer. (please change wanderer to "person who wanders" - to use person-first language)</p> <p>At 11:00 AM on 03/10/21, the DNS stated that it is his/her expectation that droplet/aerosol precaution signs should be visible on confirmed or suspected COVID-19 positive residents' doors. S/he confirmed that Resident #1, #2, and #3's doors had no signage indicating that they were on precautions.</p> <p>At 11:25 AM, the DNS confirmed that the facility Standard/Transmission Based Policy and Procedures stated that a precaution sign will be placed on a resident's door to alert staff and visitors to see the nurse before entering room of</p>	F 880	<p>10. Corrective action will be completed by April 10, 2021.</p> <p><i>FB80 POC accepted 4/1/21 RTremblay, RN / pme</i></p>		

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F 880	Continued From page 3 individuals on precautions. S/he confirmed that signs were not present on A-wing per policy. S/he stated that all residents on A-wing are on droplet precautions and s/he confirmed that there is no signage indicating this to staff before entering the A-wing unit.	F 880			