



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

October 5, 2023

Ms. Cassandra Pitts, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

Dear Ms. Pitts:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **September 11, 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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/11/2023
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHESTER RD SPRINGFIELD, VT 05156		
(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 The Division of Licensing and Protection conducted an unannounced, onsite investigation of one facility reported incident and two complaints, reports #22262, #22231, and #21903 on 9/11/2023 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey.	F 000	This Plan of Correction was written to follow state and federal guidelines. It is not an admission of noncompliance. However, it is the facility's commitment to demonstrate and maintain compliance.		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880	F880 Specific Corrective Action 1. The Vermont Department of Health was immediately updated on positive COVID 19 cases and all identifying information. The staff member was immediately corrected & educated. 2. A review of positive residents was completed to ensure all COVID positive cases were reported and documented. Staff are currently wearing PPE properly and following the Covid-19 transmission based precaution procedure. 3. Education is being done with nurse leadership team on the use of the center's lnelist for Covid-19 reporting.		

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

Cassandra Pitts

TITLE

LNHA

(X6) DATE

10/03/2023

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>(i) A system of surveillance designed to identify 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:</p>	F 880	<p>F880 continued.</p> <p>Education is also being done with staff entering Covid-19 positive rooms to ensure they are following the Covid-19 transmission based precaution process, including donning and doffing competencies for licensed staff.</p> <p>4. The DON/Designee will conduct weekly audits x3, biweekly x3, monthly x4 to ensure all Covid cases are reported to VDH timely and accurately.</p> <p>The NHA/Designee will conduct weekly audits x3, monthly x4 to ensure that staff are following transmission based precautions for those residents with Covid-19</p> <p>Date of Compliance 10/13/23</p> <p>Tag F 880 POC accepted on 10/5/23 by K. Ruffe/P. Cota</p>		

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F 880	<p>Continued From page 2</p> <p>Based on observation, staff interview, and record review, the facility failed to implement a system for reporting and controlling communicable diseases as evidenced by insufficient reporting of new COVID-19 cases and insufficient transmission-based precautions for the care of residents with COVID-19. Findings include:</p> <p>1. Per review of the facility-provided line list [a tool that tracks positive test results for staff and residents] for all positive COVID-19 staff and residents, 8 residents and 4 staff members had tested positive during the facility's COVID-19 outbreak at the time of investigation. The first positive case was discovered on 8/31/23 and the most recent case was discovered on 9/8/23.</p> <p>Per interview on 9/11/23 at approximately 10:00 AM, the Vermont Department of Health Epidemiologist assigned to assist in the management of the facility's COVID-19 outbreak confirmed that, as of that time, the facility had only made them aware of 6 residents and 3 staff members who tested positive as part of this outbreak. They also only had required identifying information for one of the 9 reported positive cases.</p> <p>Vermont's Reportable and Communicable Disease Rule lists COVID-19 as a disease required to report within 24 hours of becoming aware of the positive case. The report must also include the name, date of birth, and sex of the person testing positive, among other required information.</p> <p>Per interview on 9/11/23 at approximately 1:00 PM, the Director of Nursing confirmed that the new Infection Preventionist had not been aware</p>	F 880			

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

PRINTED: 09/22/2023
FORM APPROVED
OMB NO. 0938-0391

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F 880	<p>Continued From page 3 of the reporting requirements and the cases had not been reported as required.</p> <p>2. Per observation on 9/11/23 at approximately 12:00 PM, LNA 1 was observed toileting a COVID-19 positive resident. The LNA had a loosely fitting N95 on their face and no other personal protective equipment. The LNA was observed touching the resident multiple times during the interaction and was well within 6 feet of the resident for the entire interaction. After the resident was assisted to the toilet, the LNA came out of the room. At this time, the LNA confirmed via interview that they should have been wearing gloves, eye protection, and a gown during the interaction with the resident.</p> <p>Per review of the facility's COVID-19 transmission based precaution procedure, direct care in the room of a COVID-19 positive resident requires the donning of an N95 mask, gloves, eye protection, and a gown to prevent transmission of the disease.</p>	F 880			