



**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, 2022

Ms. Amy Russell, Administrator  
St Johnsbury Health & Rehab  
1248 Hospital Drive  
Saint Johnsbury, VT 05819-9248

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 24, 2022**. 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: 09/15/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOHNSBURY HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1248 HOSPITAL DRIVE</b> <b>SAINT JOHNSBURY, VT 05819</b>	
(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
E 000	Initial Comments	E 000	St Johnsbury Health & Rehabilitation Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.	9/30/22
F 000	INITIAL COMMENTS	F 000		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).	F 656		
			1. All residents/patients that reside at the center have the potential to be affected by the alleged deficient practice.  2. Care plans were updated for resident #42 and #59 to include medication implementation and a wound care treatment care plan has been added to resident #14.  3. Education has been provided to licensed nursing staff regarding care plan implementation and maintenance.  4. Audits will be conducted weekly x4 and monthly x3 by DON or designee to monitor care plan correctness.  5. Results of the audit will be reported to the QAPI committee at which time the committee will evaluate the data and act on the information as indicated.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 9/26/22

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 656	Continued From page 1  (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed ensure a Care Plan was implemented regarding medications for Residents #42 and #59, or a Care Plan developed for wound care treatment for Resident #14, of 26 sampled residents. Findings include:  1.) Review of the medical record for Res. #42 reveals the resident was admitted to the facility with diagnoses that included Dementia with behavioral disturbance and Psychotic Disorder with delusions due to known physiological condition. Review of Physician Orders for Res. #42 include orders for "Risperidone [an antipsychotic medication used to treat	F 656			

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F 656	<p>Continued From page 2</p> <p>schizophrenia and bipolar disorder] Give 0.5 milliliters by mouth two times a day for behaviors associated with Dementia". Review of Res. #42's Care Plan reveals the resident identified as having a 'mood problem related to a diagnosis of major depression and anxiety', 'has impaired cognitive function or impaired thought processes related to Dementia', and 'uses psychotropic medications-Risperidone-related to Behavior management'. Care Plan interventions include "administer medications as ordered".</p> <p>Review of Res. #42's Medication Administration Record [MAR] for 8/18/22 under the order for the medication Risperidone lists the medication code 'NN' for "No. See nurse notes". Nurse notes dated 8/18/22 record the medication Risperidone as "med on order, not administered".</p> <p>Review of the MAR for 8/11/22 under the order for the medication Risperidone lists the medication code 'HD' for "Hold/See nurse notes". Nurses' notes dated 8/11/22 at 6:37 PM record the medication as 'on order'. A second nurses' notes reveals "This nurse called Concept Pharmacy again. Stated resident's Risperidone has not arrived at this facility as was told to this nurse by pharmacy tech on 08/09/22 [2 days earlier]. This nurse was told, again, by pharmacy tech medication will arrive this evening 08/11/2022." Further review reveals no further nurses notes or notations on the MAR that the resident received their scheduled medication on 8/11/22.</p> <p>Review of the MAR for 8/10/22 under the order for the medication Risperidone lists the medication code 'HD' for "Hold/See nurse notes". Nurses' notes dated 8/10/22 record the</p>	F 656			

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F 656	Continued From page 3 medication as 'on order at this time'. Review of the medical record reveals no documentation that the resident's Physician was notified the antipsychotic medication was not administered as ordered.  2.) Review of the medical record for Res. #59 reveals the resident was admitted to the facility with diagnoses that included Atrial Fibrillation [an irregular and often very rapid heart rhythm that can lead to blood clots in the heart], Nontraumatic Intracranial Hemorrhage [a spontaneous bleed into the brain] and Cerebral Infarction due to Embolism [stroke caused by a clot or obstruction].  Review of Physician Orders for Res. #59 include orders for "Rivaroxaban Tablet- 15 milligrams-Give 1 tablet by mouth in the evening for atrial fibrillation, history of CVA [stroke]." Review of Res. #59's Care Plan reveals the resident identified as having 'altered cardiovascular status related to Atrial Fibrillation' and 'is on Anticoagulant therapy related to Atrial fibrillation'. Care Plan interventions for Res. #59 list 3 times 'Administer medications as ordered'.	F 656			
	Review of Res. #59's Medication Administration Record [MAR] for 8/18/22 under the order for the medication Rivaroxaban lists the medication code '16' for "hold. See nurses' notes". Nurses' notes dated 8/18/22 record the medication Rivaroxaban "med not given, on order". Review of the Medication Administration Record [MAR] for 7/5/22 under the order for the medication Rivaroxaban is blank, with no corresponding code to explain if, if not, or why				

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F 656	<p>Continued From page 4</p> <p>the medication was not given. Review of nursing notes reveals no note of explanation regarding the medication. Review of Res.#59's MAR on 7/4/22 under the order for the medication Rivaroxaban lists the medication code '16' for "hold. See nurses' notes". Nurses' notes dated 7/4/22 record the medication Rivaroxaban "not available, on order".</p> <p>Review of Res.#59's MAR on 6/26/22 under the order for the medication Rivaroxaban lists the medication code '16' for "hold. See nurses' notes". Nurses' notes dated 6/26/22 record the medication Rivaroxaban "on order". Review of Res. #59's medical record reveals no documentation that the resident's Physician ordered the medication held or was notified the anticoagulant medication was not administered as ordered.</p> <p>An interview and record review were conducted with the Director of Nursing [DON] on 8/24/22 at 9:30 AM. The DON confirmed that there was no documentation that the Physician was contacted regarding the missed medications for both Res. #42 and Res. #59, and confirmed that both residents' medications were not administered as ordered per the Care Plans.</p>	F 656			
	<p>3. Per record review Resident #14 has diagnoses that include "amputation of the left great toe and other toes, and a chronic diabetic foot ulcer." An active physician's order with start date of 5/3/2022 states "ensure dressing is intact and on left foot not OPEN TO AIR. Resident is to wear special shoe while out of bed. every shift for diabetic ulcer" and an active physician's order written on 6/5/2022 states "Left foot- cadexomer 4x4, and kerlix every day. Every day shift for</p>				

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F 656	<p>Continued From page 5</p> <p>diabetic ulcer NO TELFA DRESSINGS" Review of July 2022 and August 2022 Treatment Administration Record reveals that nurses had signed that the dressing had been applied, was intact, and that the resident was wearing the special shoe daily.</p> <p>During observations throughout survey Resident #14's foot was seen with no dressing, open to air, and at times in slippers. At no point during the survey was the resident observed with a dressing on the left foot or wearing a special shoe as ordered by the physician. On 08/22/22 at 12:06 PM during interview, Resident #14 was lying in bed with nothing on her/his feet. The foot was noted to have several toes amputated. The resident stated "I had some toes taken off, and I have this sore here" lifting the foot exposing a yellowish scabbed wound. On 8/23/2022 at approximately 2:30 PM the resident was observed in bed with slippers on her/his feet. There was no dressing on the left foot.</p> <p>During interview on 8/23/2022 at 3:20 PM the Registered Nurse (RN) confirmed that resident has an order for a daily dressing to her/his left foot. The RN stated that the nurses apply the dressing, but the resident takes it off.</p> <p>On 8/24/2022 at 9:15 AM the resident was again observed in bed with slippers on and no dressing on the left foot. On 8/24/2022 at 11:15 AM the resident was observed in the hall of A1 self-propelling around the unit in a wheelchair. The resident had the same pair of slippers on with no dressing on the left foot.</p> <p>Record review reveals that there is no</p>	F 656			

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F 656	Continued From page 6 documentation that supports that the resident has refused to allow the dressing application or that s/he removes the dressing after application. There are no documented refusals in the July 2022 and August 2022 TAR or progress notes. The care plan does not identify that the dressing is being declined, nor does it identify the risks that the declination poses to the resident, or the efforts made by the interdisciplinary team to educate the resident and their representative, as appropriate. The care plan also does not reflect the facility's attempts to find alternative means to address the identified risk/need of the refusal.  During interview with the Director of Nursing and the Regional Director of Clinical Services on 08/24/22 at 10:00 AM, the Regional Director of Clinical Services confirmed that the resident care plan should address the refusal of care.	F 656		
F 698 SS=D	Dialysis CFR(s): 483.25(l)  §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on Observation, interview, and medical record review, the facility failed to ensure that 1 out of 3 residents who receive Dialysis (Resident #9) received such services, consistent with professional standards of practice. Findings include:  Resident #9 was admitted to the facility in the	F 698	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;">                     Tag F656 poc Accepted on 10/5/2022 by T.Dougherty/P.Cota                 </div> 1. All residents/patient receiving dialysis treatment have the potential to be affected by the alleged deficient practice.  2. Resident #9's Central Venous Catheter is being monitored before and after Dialysis.  3. Education is being provided to licensed nursing staff regarding Dialysis assessments and the requirements of a Physician's order for Dialysis treatment in the medical record.  4. Audits will be conducted weekly x4 and monthly x3 by DON or designee to monitor effectiveness of the plan.  5. Results of the audit will be reported to the QAPI committee at which time the committee will evaluate the data and act on the information as indicated.	9/30/22



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F 698	<p>Continued From page 7</p> <p>spring of 2022 with the diagnosis of End Stage Renal Disease and is dependent on Renal Dialysis.</p> <p>Per review of the 'ANA Standards of Nursing Practice Standards of Practice Standard 1: Assessment:' "The registered nurse collects comprehensive data pertinent to the patient's health or the situation." (<a href="https://www.ohnurses.org">https://www.ohnurses.org</a>)</p> <p>Regarding care of vascular access to hemodialysis (<a href="https://medlineplus.gov">https://medlineplus.gov</a>): 'Daily assessment of the vascular access site is necessary to avoid infection, blood clots, and other problems.'</p> <p>Review of Res. #9's care plan reveals interventions to monitor the Central Venous Catheter [a catheter placed in a vein as an access site used for hemodialysis treatment] and to monitor the resident's condition, post Dialysis treatment.</p> <p>An interview was conducted with Res. #9 on 08/22/22 at 11:54 AM. Resident #9 stated that nursing staff do not monitor the resident's Central Venous Catheter Port. During an interview on 8/24/22 at 10:16 AM the unit B wing nurse confirmed resident #9 is alert and oriented and is aware s/he goes to dialysis 3 days a week. The nurse also confirmed that there are no directives for assessing or monitoring the resident's Central Venous Catheter site and no directives for assessing the residents condition post Dialysis treatment on the medication or treatment administration record. Additionally, per record review and confirmed by the unit B wing nurse, there is no Physician order for Dialysis found in</p>	F 698			

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F 698	Continued From page 8 Res. #9's medical record.  On 8/24/22 at 10:39 AM an interview was conducted with the Director of Nursing (DON). The DON confirmed that there is no Physician order for Dialysis treatment in the medical record for resident #9. S/he also confirmed that there are no directives on the medication administration record or on the treatment administration record to monitor the Central Venous Catheter site or to assess the residents condition post Dialysis.	F 698	Tag F698 POC accepted on 10/5/2022 by T. Dougherty/P.Cota		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755	1. All residents/patients that take medications have the potential to be affected by the alleged deficient practice.  2. Resident #42 and #59 have since received their medications and pharmaceutical services have been established to ensure accurate acquiring, receiving, dispensing and administering of all drugs to meet the needs of the residents/patients in the center. Education is being completed on pharmacy procedures and stat process.  4. Audits will be conducted weekly x4 and monthly x3 by DON or designee to monitor effectiveness of the plan.  5. Results of the audit will be reported to the QAPI committee at which time the committee will evaluate the data and act on the information as indicated.	9/30/22	

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F 755	Continued From page 9  §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and  §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to provide pharmaceutical services that assure the accurate acquiring, receiving, dispensing, and administering of all drugs to meet the needs of 2 [Residents #42 and #59] of 26 sampled residents. Findings include:  1.) Review of the medical record for Res. #42 reveals the resident was admitted to the facility with diagnoses that included Dementia with behavioral disturbance and Psychotic Disorder with delusions due to known physiological condition. Review of Physician Orders for Res. #42 include orders for "Risperidone [an antipsychotic medication used to treat schizophrenia and bipolar disorder] Give 0.5 milliliters by mouth two times a day for behaviors associated with Dementia". Review of Res. #42's Care Plan reveals the resident identified as having a 'mood problem related to a diagnosis of major depression and anxiety', 'has impaired cognitive function or impaired thought processes related to Dementia', and 'uses psychotropic medications- Risperidone- related to Behavior management'.	F 755			

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NAME OF PROVIDER OR SUPPLIER  <b>ST JOHNSBURY HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1248 HOSPITAL DRIVE</b> <b>SAINT JOHNSBURY, VT 05819</b>		
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F 755	<p>Continued From page 10</p> <p>Care Plan interventions include "administer medications as ordered".</p> <p>Review of Res. #42's Medication Administration Record [MAR] for 8/18/22 under the order for the medication Risperidone lists the medication code 'NN' for "No. See nurse notes".</p> <p>Nurse notes dated 8/18/22 record the medication Risperidone as "med on order, not administered".</p> <p>Review of Res. #42's MAR for 8/11/22 under the order for the medication Risperidone lists the medication code 'HD' for "Hold/See nurse notes".</p> <p>Nurses' notes dated 8/11/22 at 6:37 PM record the medication as 'on order'. A second nurses' notes reveals "This nurse called Concept Pharmacy again. Stated resident's Risperidone has not arrived at this facility as was told to this nurse by pharmacy tech on 08/09/22 [2 days earlier]. This nurse was told, again, by pharmacy tech medication will arrive this evening 08/11/2022."</p> <p>Further review reveals no further nurses notes or notations on Res. #42's MAR that the resident received their scheduled medication on 8/11/22.</p> <p>Review of Res. #42's MAR for 8/10/22 under the order for the medication Risperidone lists the medication code 'HD' for "Hold/See nurse notes".</p> <p>Nurses' notes dated 8/10/22 record the medication as 'on order at this time'.</p> <p>Review of Res. #42's medical record reveals no documentation that the resident's Physician was notified of the missed doses of the antipsychotic medication, or that the pharmacy was consistently contacted each time the medication was unavailable to be given as ordered.</p> <p>2.) Review of the medical record for Res. #59</p>	F 755			

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F 755	<p>Continued From page 11</p> <p>reveals the resident was admitted to the facility with diagnoses that included Atrial Fibrillation [an irregular and often very rapid heart rhythm that can lead to blood clots in the heart], Nontraumatic Intracranial Hemorrhage [a spontaneous bleed into the brain] and Cerebral Infarction due to Embolism [stroke caused by a clot or obstruction].</p> <p>Review of Physician Orders for Res. #59 include orders for "Rivaroxaban Tablet- 15 milligrams- Give 1 tablet by mouth in the evening for atrial fibrillation, history of CVA [stroke]."</p> <p>Review of Res. #42's Care Plan reveals the resident identified as having 'altered cardiovascular status related to Atrial Fibrillation' and 'is on Anticoagulant therapy related to Atrial fibrillation'.</p> <p>Care Plan interventions for Res. #59 list 3 times 'Administer medications as ordered'.</p> <p>Review of Res. #59's Medication Administration Record [MAR] for 8/18/22 under the order for the medication Rivaroxaban lists the medication code '16' for "hold. See nurses' notes". Nurses' notes dated 8/18/22 record the medication Rivaroxaban "med not given, on order".</p> <p>Review of the Medication Administration Record [MAR] for 7/5/22 under the order for the medication Rivaroxaban is blank, with no corresponding code to explain if, if not, or why the medication was not given. Review of nursing notes reveals no note of explanation regarding the medication. Review of Res. #59's MAR on 7/4/22 under the order for the medication Rivaroxaban lists the medication code '16' for "hold. See nurses' notes".</p>	F 755			

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F 755	Continued From page 12 Nurses' notes dated 7/4/22 record the medication Rivaroxaban "not available, on order". Review of Res. #59's MAR on 6/26/22 under the order for the medication Rivaroxaban lists the medication code '16' for "hold. See nurses' notes". Nurses' notes dated 6/26/22 record the medication Rivaroxaban "on order". Review of Res. #59's medical record reveals no documentation that the resident's Physician ordered the medication held or was notified of the missed doses of the anticoagulant medication, or that the pharmacy was contacted when the medication was unavailable to be given as ordered.  An interview and record review were conducted with the Director of Nursing [DON] on 8/24/22 at 9:30 AM. The DON confirmed the facility's Medication Administration Policy, under 'Practice Standards', includes: "If medication(s) is not available, the nurse will: 5.1.1 Coordinate with pharmacy to procure the medication(s) as soon as possible and discuss possible substitution options with pharmacist, if applicable. 5.1.2 Notify the physician/APP of the unavailability of the medication(s). The DON confirmed that there was no documentation that the pharmacy was contacted or followed up with regarding the missed medications for both Res. #42 and Res. #59, or that the Physician was contacted regarding the missed medications.	F 755	Tag F755 POC accepted on 10/5/2022 by T. Dougherty/ P.Cota		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control	F 880			

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F 880	<p>Continued From page 13</p> <p>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:</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>	F 880	<ol style="list-style-type: none"> <li>All residents/patients, visitors and staff at the center have the potential to be affected by the alleged deficient practice.</li> <li>Fans have been cleaned and added to the daily housekeeping task list. Education was completed regarding the rationale and importance of being diligent with infection prevention and control strategies.</li> <li>Education is being provided to staff (including direct care, housekeeping and others that enter precaution rooms) regarding doffing and donning PPE. Education will include rationale and the importance of being diligent with infection prevention and control Strategies.</li> <li>Education is being provided to licensed nursing staff on wearing gloves during certain treatments and/or oral med administration.</li> <li>A root cause analysis was conducted on 8/25/22.</li> <li>Audits will be conducted weekly x4, x3 by DON or designee to monitor effectiveness of the plan.</li> <li>Results of the audit will be reported to the QAPI committee at which time the committee will evaluate the data and act on the information as indicated.</li> </ol>	9/30/22	

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F 880	<p>Continued From page 14</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, staff interviews and record review, the facility failed to 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. Findings include:</p> <p>1. On 08/22/22 at approximately 10:30AM, observation of Unit B rooms 15-28, red plastic</p>	F 880			



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F 880	<p>Continued From page 15</p> <p>containers with covers used for washable gowns were noted to be outside of most rooms due to an outbreak of COVID 19 virus. Residents who have the virus are on Transmission Based Precautions (TBP). The red containers were observed to contain yellow washable "cloth" gowns, paper gowns (yellow and blue and white), disposable gloves, paper towel and other disposable products. Upon donning and doffing Personal Protective Equipment (PPE), a Licensed Nurse Assistant (LNA) was observed to dispose a blue plastic disposable gown in the red bucket during a later observation at 12:20PM.</p> <p>Interview on 08/22/22 at 10:40 AM with an LNA revealed that s/he was following staff instruction to dispose of all PPE into the red buckets regardless of whether some items were disposable, and some were washable.</p> <p>On 08/22/22 at 01:50PM interview with a housekeeper on Unit B revealed that only soiled cloth gowns used for patients with COVID virus are to be put in the red buckets to be washed and confirmed that this practice should not be happening. Interview with the director of housekeeping and laundry on 08/23/22 at 08:00AM revealed that s/he had separated washable gowns and disposable products (gloves, covid tests, and paper products) from all red buckets so that the yellow gowns could be laundered. S/he revealed that this issue would be addressed at morning meeting with management.</p> <p>2. On 08/22/22 at 12:15PM the unit nurse was observed to enter room B25 wearing a disposable white gown, an N95 mask and</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>goggles to deliver a meal tray. The residents in this room were on transmission- based precautions due to COVID. The nurse then exited the room without removing the gown and proceeded to enter another room (B18) to deliver another meal tray across the hall while wearing the same gown. This room contained one resident located in a bed near the window who was positive COVID and one resident in the bed near the door who did not have COVID. Interview on 08/22/22 at 12:20 PM revealed the nurse understood this practice to be ok since "all residents were sick with COVID." It was brought to her/his attention that not all residents were COVID positive.</p> <p>3. On 08/23/22 at 08:20AM During the morning medication pass, a nurse on Unit B was observed giving inulin via subcutaneous injection to a resident in room B28-W without wearing gloves. This nurse confirmed that s/he was not wearing gloves to prevent the spread of infection.</p> <p>4. On 08/24/22 08:00 AM During the morning medication pass, a nurse on Unit A was observed to administer insulin via subcutaneous injection without wearing gloves to a resident in room A10-W. S/he did not wash her/his hands or use sanitizer after contact with the resident and disposal of trash (glucometer strip, tissues, dirty cup) after leaving the room and before proceeding to enter the computer for the next resident. The nurse confirmed that s/he did not wear gloves when injecting insulin and did forget to sanitize.</p> <p>5. Per observation in the laundry area on</p>	F 880			

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F 880	Continued From page 17 08/23/22 at 8:00 AM, an operating large floor fan was heavily soiled with dust. The fan was approximately 5 feet away from and blowing over clean laundry. This was confirmed by the Housekeeping and Laundry Manager at the time of the observation. The Manager stated that h/she was unsure who was responsible for cleaning the fan.	F 880	Tag F880 POC accepted on 10/5/2022 by T. Dougherty/P.Cota		