

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

August 23, 2021

Mr. Dane Rank, Administrator
Thompson House Nursing Home
80 Maple Street
Brattleboro, VT 05301

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 21, 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: 08/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301	
(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		k
F 000	INITIAL COMMENTS	F 000		
F 880 SS=F	<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>	F 880	<p>The facility did have a system to track, trend, and report to QA an infection prevention program at the time of the survey. However the personnel on duty was unable to access the records at the time of the survey.</p> <p>Orientation of staff to the IPCP program included identification of the location of these records in order to demonstrate compliance for state and federal agencies.</p> <p>Reviewed all IPCP documentation systems Staff educated to type and location of documentation for IPCP program.</p> <p>Current QAPI for laundry had been started on July 8th, 2021 and was in process pertaining to change in staffing of the department and timing of drying wet laundry. As a result of that QAPI, staff were educated to IPCP regulations (no load left undone), and staggering shifts to cover drying time for last load of the night.</p> <p>Quarterly reports to QA committee quarterly to monitor ongoing compliance.</p>	08/27/21 and ongoing

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



TITLE

Administrator

(X6) DATE

8/20/21 rev.

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 §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 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.	F 880	TAG F 880 POC Accepted on 8/23/21 by J. Kendall/P. Cota		

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F 880	<p>Continued From page 2</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> <p>Based on observation, staff interview, and record review, the facility failed to establish an infection prevention and control program that includes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases, as well as process linens so as to prevent the spread of infection. Findings include:</p> <p>1. Per review of all documentation provided for the facility's infection prevention and control program (IPCP), there was not sufficient evidence in the IPCP documents provided that there is historical or ongoing monitoring, documenting, or reporting of all actual infections and communicable diseases within the facility that meets the regulation.</p> <p>Per interview with the Director of Nursing (DON) on 7/20/2021 at approximately 5:30 pm, they confirmed that they could not provide evidence of historical or ongoing infection and communicable disease surveillance in the IPCP. On 7/22/21 at 12:23 pm, additional documentation was provided by the DON. They confirmed that they could not provide evidence of a record of detailed infection and disease data tracked by the facility. The additional documentation provided was not sufficient to meet the regulation.</p> <p>2. The facility's laundry processing area was first observed on 7/19/2021 at 3:00 pm. Outside the area, a sign on the locked door stated that the laundry department was open from 6am to 3pm.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>Upon entry, the lights were off and there were no staff present. There was a large industrial washing machine containing facility stock sheets, towels, and other reusable linens. The machine's interface read that this was a completed cycle. There was also a smaller washing machine running that contained mop covers and other various cleaning rags that had approximately 30 minutes left on the cycle.</p> <p>Upon return to the laundry processing area that day at 3:30 pm, the lights remained off, no staff were present, and the large washing machine still contained washed facility linens. The small washing machine with cleaning rags had one minute left in the cycle.</p> <p>Upon return to the laundry processing area that day at 4:15 pm, both washing machines still contained the items from completed wash cycles. No staff were present and the lights were off.</p> <p>Per interview with the Manager of housekeeping and laundry on 7/20/21 at 11:00 am, the laundry room hours are from 6am to 2pm daily, and there is "sometimes" a laundry aide at night. The Manager also confirmed that it is a regular, but not daily, practice that the last laundry staff member to leave for the day will start a load of facility linens prior to leaving. Those linens then sit overnight in the washing machine to be placed in the dryer the next morning. Housekeeping staff also start a load of their mop covers and/or cleaning rags after their shifts that then sit overnight to be placed in the dryer when the next laundry staff member comes on.</p> <p>Per interview with a laundry staff member on 7/20/21 at 12:00 pm, they confirmed that they regularly start a load of facility linens and a load of resident personal clothing in the washers prior</p>	F 880	;lk;lk	

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F 880	Continued From page 4 to leaving for the day. They also confirmed that they regularly come in for their shift in the mornings to completed wash cycles awaiting placement in the dryers. They stated that they are not to leave linen in the dryers when there is no laundry staff member working, and it would be difficult to process enough facility linens (sheets, towels, washcloths, etc.) for the following day without starting one last load in the washer as they leave. Per review of the laundry staffing schedules on 7/20/21 at approximately 7:00 pm, there was evidence of staff being scheduled to work during evening hours on many days of the week, but there were on average three days a week with no one scheduled after 3pm. Leaving wet linens for long periods of time (or overnight) in washing machines without any ventilation creates the risk for the growth of mold and other microorganisms which may not all be killed by the dryer cycle. Since the reprocessed linens are used for every resident throughout the facility, this practice has the potential to impact all residents.	F 880			
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza	F 883	Audited all current resident charts for immunization records for compliance with regulatory guidelines to identify other affected residents. Resident #22, education and documentation of pneumoccal vaccine reviewed and signed by resident. Documentation was standardized for immunization documentation. All nurses were educated to new procedure for immunization documentation. Compliance with education of residents will be reviewed quarterly and reported in QA meetings	08/27/21 and ongoing	

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F 883	Continued From page 5 immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal	F 883	TAG F 883 POC Accepted on 8/23/21 by J. Kendall/P. Cota		

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F 883	Continued From page 6 immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that each resident or resident representative receives education regarding the benefits and potential side effects of the pneumococcal immunization and that the medical record includes documentation that indicates this education was provided for one of 5 residents (Resident #22). Findings include: 1. Per review of Resident #22's record, consent for the pneumococcal immunization was refused by Resident #22 for both the 1st and 2nd dose. This is also reflected in Resident #22's care plan. There was no documented evidence in Resident #22's record that education regarding the benefits and potential side effects of the pneumococcal immunization was provided to the resident or a resident representative. Per interview with the Director of Nursing on 7/20/21 at approximately 5:30 pm, they confirmed that no documentation could be found in Resident #22's record regarding pneumococcal immunization education provided to the Resident or a resident representative.	F 883			
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following:	F 887	Audited all current resident charts for immunization records for compliance with regulatory guidelines to identify other affected residents. Resident #22, education and documentation of COVID - 19 vaccine reviewed and signed by resident.	08/27/21 and ongoing	

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F 887	Continued From page 7 (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses; (v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident; or (C) If the resident did not receive the COVID-19 vaccine due to medical	F 887	Documentation was standardized for immunization documentation. All nurses were educated to new procedure for immunization documentation. Review of education of residents will be reviewed quarterly and reported in QA meetings. TAG F 887 POC Accepted on 8/23/21 by J. Kendall/P. Cota		

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F 887	<p>Continued From page 8</p> <p>contraindications or refusal; and</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to ensure that each resident or resident representative receives education regarding the benefits and potential side effects of the COVID-19 vaccine and that the medical record includes documentation that indicates this education was provided for one of 5 residents (Resident #36). Findings include:</p> <p>1. Per review of Resident #36's medical record, consent for the COVID-19 vaccine was refused by Resident #36. Per Resident #36's MD (Medical Doctor)/NP (Nurse Practitioner)/PA (Physicians Assistant) Admission note from 7/1/2021, "[they state] that [they have] not had a COVID-19 vaccine and does not intend to have one." There was no documented evidence in Resident #36's record that education regarding the benefits and potential side effects of the COVID-19 vaccine was provided to the resident or a resident representative.</p> <p>Per interview with the Director of Nursing on 7/20/21 at approximately 5:30 pm, they confirmed</p>	F 887			

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F 887	Continued From page 9 that no documentation could be found in Resident #36's record regarding COVID-19 vaccination education provided to the Resident or a resident representative.	F 887			