

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 29, 2020

Ms. Melissa Greason, Manager
Washington Elms
126 Elm Street
Bennington, VT 05201-2232

Dear Ms. Greason:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 12, 2020**. 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

2020/09/29 08:59:31 3 /7

PRINTED: 09/09/2020
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OR SUPPLIER WASHINGTON ELMS		STREET ADDRESS, CITY, STATE, ZIP CODE 126 ELM STREET BENNINGTON, VT 05201		
(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) COMPLETE DATE
R100	Initial Comments: An unannounced onsite Focused Infection Control survey was completed by the Division of Licensing and Protection on August 12, 2020, following an offsite review of information on July 29, 2020. There were regulatory deficiencies identified as a result of the investigation.	R100		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review the facility failed to implement an infection prevention and control program that follows state and national standards and guidelines to protect Residents and staff from potential introduction and spread of novel coronavirus (COVID-19). Findings include: f. Screening measures for Residents, staff, and visitors were not in accordance with current Centers for Disease Control (CDC) and Vermont Department of Health (VDH) guidance prior to phone contact by a Nurse Surveyor from the Division of Licensing and Protection on 7/29/20. Per onsite interview with a Resident Attendant on 8/12/20 at 9:45 AM, the facility's symptom monitoring of residents, staff and visitors was not being conducted prior to the offsite review and staff interviews on 7/29/2020. The screening tool was implemented after 7/29/2020.	R266	<p>COVID 19 screening of residents, staff and visitors have been implemented by the facility manager as evidence by:</p> <ol style="list-style-type: none"> 1) All residents have temperatures checked 2x per day. 2) Anyone coming into the home i.e. health care professionals, deliveries, pharmacy, workmen are screened by the Covid questions, temperatures taken & recorded, signatures obtained, face masks worn at all times. 3) All visitors coming to see residents are also screened, temperatures taken, signatures obtained, face masks worn, chairs set up 10 feet apart outside. 4) All surfaces are disinfected after visitors leave. 5) RN will ensure implemented procedures are being followed by onsite 24 hours per week. 	

Division of Licensing and Protection
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

(202)

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12/31/2020

Melissa Johnson
10-5-20

10/5/20 Yeki Krupp RN.

manager / Administrator followed by onsite 24 hours per week.

R266 POC accepted 10/29/20 S Framers/PM

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R266	<p>Continued From page 1</p> <p>Per on-site interview with the facility Manager on 8/12/20 at 11:00 AM, Resident and staff temperatures were being taken when they first became aware of COVID-19. The Manager stated that because the way things are in this home, they stopped doing them. They went back to it after talking to the Nurse Surveyor on 7/29/2020.</p> <p>During a phone interview, with the Registered Nurse (RN), on 8/12/20 at 11:22 AM, the RN confirmed that Residents, staff, and visitors had not been being screened per current guidelines. She also confirmed that there was no process in place to ensure the facility was implementing interventions per the CDC and VDH guidance and guidelines.</p> <p>The CDC states the following in their guidance for long-term care facilities: "Screen all HCP [Health Care Personnel] at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of shortness of breath, new or change in cough, sore throat, and muscle aches." The CDC also recommends "Active monitoring of residents upon admission and at least daily for fever (temp of or above 100.0 F) and symptoms of COVID-19".</p> <p>2. Per interview with the facility Manager on 8/12/20 at 11:00 AM, she reported that the facility had not discontinued communal dining or group activities prior to the 7/29/20 phone call from the Nurse Surveyor. The dining room has four round tables that seat four Residents, and a long table that seats six Residents. After the offsite review and staff interviews on 7/29/20, the facility implemented two separate seating lines with two</p>	R266	<p>Facility manager will continue to impliment dining room meals as evidence by:</p> <ol style="list-style-type: none"> 1) Meals are served in 2 shifts to maintain social distancing. 2) 4 round tables will serve 2 residents at each shift. Large table will serve 4 residents at each shift. 3) Sanitization is done prior and after each meal served. 4) RN will be on site 24 hours per week to manage and monitor staff and residents to make sure plan is followed. 	

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If continuation sheet 2 of 5

10/5/20
Yucki Knapp RN

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R266	Continued From page 2 Residents per round table and four residents sitting at the long table to allow for social distancing. Per lunch observation on 8/13/20 at 12:00 PM, there were two Residents seated at each round table, and four Residents at the long table. Residents were also observed sitting in the hall and television room, without social distancing. None of the Residents were wearing face covering. According to guidance issued by the CDC facilities should "Cancel communal dining and group activities, such as internal and external activities". 3. Per interview with the Manager on 8/12/2020 at 11:00 AM, prior to off-site review on 7/29/2020, staff did not always wear face coverings (masks) at all times while in the facility. According to the Centers for Disease Control the facility should "implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown...As part of source control efforts, HCP should wear a facemask or cloth face covering at all times while they are in the healthcare facility. When available facemasks (Surgical or procedure masks) are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection to the wearer against exposure to splashes and sprays of infectious materials from others".	R266	Facility manager will implement that all staff members will wear a face mask at all times per cdc guidelines. Anyone entering the home will be screened by the Covid 19 protocol and required to wear a face mask at all times. RN will be on site 24 hours per week to manage and monitor that this protocol is being followed.	

10/5/20 Vicki Knapp R.N.

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R266	Continued From page 3 A Memo released on 4/24/2020 by the VDH states that "Health care personnel should wear a facemask at all times while they are in the facility". 4. Per phone interview with the facility Manager on 7/29/2020, during the off-site assessment, Residents had been eating in the dining room without social distancing due to lack of room, walking outside, having group events, and sitting at a picnic table without wearing masks or social distancing. During an interview with the Manager on 8/12/2020 at 11:45, she confirmed that residents had been eating in the dining room, walking outside, and having group events and outings without masks or social distancing. She stated that s/he was unaware of the Re-Starting requirements needed to allow for easing restrictions. According to the document Long Term Care Facilities Re-Start Plan, released 7/14/202 by the Department of Disabilities, Aging, and Independent Living (DAIL) and Vermont Department of Health (VDH), "Department of Disabilities, Aging, and Independent Living (DAIL), in conjunction with the Vermont Department of Health (VDH), and a working group representing nursing homes and residential care homes, developed guidance to establish a pathway to ease restrictions on visitation and congregate activities in long-term care and residential facilities across the state." The memo also states that "A facility shall Notify DAIL's Division of Licensing and Protection as it enters each phase. Each facility shall have documentation and policies regarding movement	R266	Facility manager will continue to impliment dining room meals and activities as evidenced by: 1) 4 round tables will seat 2 residents per phi ft. 2) Large table will seat 4 residents at each phi ft. 3) all meals and activities will be conducted in 2 phi fts to impliment social distancing. 4) all staff will follow dining room protocol. 5) RV will be on site 24 hours per week to manage and monitor staff and residents to make sure plan is followed.	

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10/5/20 Yvonne Krupp RV

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R266	Continued From page 4 between phases, which shall be readily available per request of DAIL or VDH. Additional resources including the above document were provided to the facility Manager by the surveyor. 5. Per interview with a Resident Attendant on 8/12/2020 at 11:00 PM residents have been receiving outdoor visitations from family members and friends. Visitor screening had not been implemented prior to the off-site assessment on 7/29/2020. During an interview with the Manager on 8/12/2020 at 11:45, she reported that residents had been allowed to have outside visitors, and screening had not been completed prior to the off-site assessment. Per CDC guidance, "Because of the ease of spread in a Long-Term Care setting and the severity of illness that occurs in residents with COVID-19, facilities should immediately restrict all visitation to their facilities except for certain compassionate care reasons, such as end of life." According to a document Long Term Care Facilities Re-Start Plan, released 7/14/202 by DAIL and VDH, "On March 13, 2020, Governor Scott issued an executive order prohibiting most visitation at nursing homes and other residential care facilities in Vermont, recognizing the particularly vulnerable, congregate populations at such facilities." Reference: CDC, accessed 04/29/20: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html	R266	Facility manager will continue to impliment visitor protocol to meet CDC guideline as evidence by: 1) All visitors will be screened by the Covid-19 protocol and temperatures checked. 2) All visitors will maintain social distancing and masks will be worn at all times 3) Chairs are put up outside 10 feet apart. 4) RN will be on site 24 hours per week to monitor and manage to assure protocol is being followed by staff and residents.		

10/5/20 Vicki Knapp RN