

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

February 25, 2016

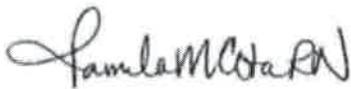
Ms. Judy Morton, Administrator
Mountain View Center Genesis Healthcare
9 Haywood Avenue
Rutland, VT 05701-4832

Dear Ms. Morton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 27, 2016. 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: 02/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2016
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER GENESIS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 9 HAYWOOD AVENUE RUTLAND, VT 05701	
(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 An unannounced onsite recertification survey and two self-report investigations were conducted by the Division of Licensing and Protection on 1/25/16 through 1/27/16. There were regulatory findings related to the recertification survey and self-report investigation. The findings include the following:	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225	No residents were negatively affected. All residents have the potential to be affected by the alleged deficient practice. An audit of abuse training has been completed. Staff re-education will be completed by 2/24/16. Audits will be done weekly X4 and then monthly X3 to validate staff understand abuse training. Audits will be reviewed at QAPI for further recommendation. <i>F225 POC accepted 2/25/16 mBertrand PML/Dmc</i>	2/24/16

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 225	Continued From page 1 The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure all alleged violations involving mistreatment or abuse are reported immediately to the Administrator and to the state survey and certification agency that involved 3 residents. Per a facility self-report submitted to Licensing and Protection 11/13/15, facility staff did not report an allegation of resident abuse in a timely manner. A licensed Nursing Assistant (LNA) witnessed another staff member being verbally abusive to 3 residents on 11/7/15. The LNA reported the incident to a Licensed Practical Nurse (LPN) on 11/10/15. The LPN did not report the incident to the Unit Manager (UM) until 11/12/15. The UM then reported the incident to the facility Administrator on 11/13/15. On 1/27/16 at 8:25 AM, the Administrator confirmed that staff had not reported the 11/7/15 incident in a timely manner as required by regulation.	F 225			
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.	F 253			

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F 253	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Findings include: Per observation on 1/25/16 at 3:46 PM, 2 bath/shower rooms on Cherrytree Unit were unsanitary. One room had a brown substance on the toilet seat. This substance was initially observed by a surveyor at approximately 10:00 AM on the same day. Additionally, there was what appeared to be human hair stuck to and protruding from a cabinet directly above the toilet. Another bath/shower room on the unit had a brownish/yellow substance on the tiled floor in 2 areas. This was also observed by a surveyor at approximately 10:00 AM that day. On 1/25/16 at 3:59 PM, the Unit Manager (UM) confirmed both above observations and stated both rooms are used for resident care. The UM also stated that the cleaning of bath/shower rooms are a housekeeping responsibility. On 1/25/16 at 4:08 PM, The Housekeeping Manager stated that staff are expected to clean bath/shower rooms in the morning, usually prior to lunch time. Staff are expected to check baths throughout the day and clean as needed.	F 253	There were no residents impacted. The shower rooms were cleaned. Residents who utilize the shower facility have the potential to be impacted. Housekeeping staff to receive education regarding second checks of shower facilities each afternoon. Nursing staff to receive education to notify housekeeping if shower rooms need cleaning in between scheduled cleaning times. Housekeeping supervisor to document cleanliness of shower rooms daily, and report findings to the QAPI committee monthly for 3 months.	1/25/16	2/24/16
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must -	F 371	<i>F253 POC accepted 2/25/16 mBertrand/pmc</i>		

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F 371	Continued From page 3 (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store, prepare, distribute and serve food under sanitary conditions. Findings include: During a tour of the facility kitchen on 1/25/16 starting at 10:00 AM, the following observations were made: 1. An operating portable fan was soiled with dust and observed blowing directly at a food prep table where raw hamburger was being prepared for cooking. The ceiling above the fan was soiled with spattered black matter. 2. A second operating fan was observed to be soiled with black matter and blowing over shelves that held clean glasses and dishes. A heavily dust soiled stereo system and speakers were in a direct line with the blowing fan and the clean dishes and glasses. 3. In the main kitchen area, a stereo system and speakers were heavily soiled with dust and positioned on a rack directly above an open shelf holding cooking trays and pots. 4. The concrete square that surrounded the kitchen floor drain was uneven and did not allow the water from floor cleaning to completely empty into the drain. The Food Service Director (FSD) confirmed the	F 371	There were no residents impacted. The 2 fans were removed. The stereos were cleaned. The items were added to the weekly cleaning schedule and staff were educated on the updated cleaning schedule. The kitchen drain was repaired. Sanitation audits to be reviewed at QAPI meeting X 3 months. <i>F371 POC accepted 2/25/16 M.Bertrand RSW/pme</i>	1/25/16 2/24/16 2/24/16	

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F 371	Continued From page 4 above observations at the time of the initial kitchen tour. During a second tour and interview on 1/26/16, the FSD confirmed that the Weekly Dietary Cleaning Chart did not include cleaning the fans; however, s/he had removed them and cleaned the stereo equipment after they were brought to his/her attention.	F 371			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	F 441	Resident #247 was not negatively impacted by the alleged deficient practice. Residents requiring dressing changes have the potential to be affected by the alleged deficient practice. Nursing staff have been re-educated regarding the elements of an aseptic dressing change DNS or designee will conduct weekly audits X 4 to monitor effectiveness of the plan and then monthly X3 with results to be reviewed at QAPI meeting for further review and recommendations. <i>F441 POC accepted 2/24/16 MAureen Behrman/SMC</i>	2/24/16	

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F 441	<p>Continued From page 5 professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review, the facility failed to implement proper infection control measures/standard precautions during a wound dressing change This affected one (Resident #247) of three residents, in the applicable wound dressing sample. Finding include:</p> <p>1. During observation on 01/26/16 at 8:16 AM the staff nurse failed to follow infection control practices during wound dressing changes. Resident #247 has pressure ulcers on the coccyx area and hip and wounds on the thigh and leg. The bedside table was wiped down by another staff person and the nurse opened the supplies for the first wound. After cleaning the wound, the nurse used the contaminated gloves to obtain supplies from the supply bag. The nurse did not remove the gloves, which were used for cleaning the wound, prior to obtaining the supplies from the supply bag, which contained other numerous wound supply items.</p> <p>The nurse then continued to the next wound by sanitizing his/her hands, putting on gloves, removing the old dressing and the gloves, and then sanitizing his/her hands and putting on clean gloves again. However, after cleaning the wound</p>	F 441		

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F 441	<p>Continued From page 6</p> <p>and applying the ordered material into the wound, the nurse used the contaminated gloves to again reach into the clean supply bag for the dressing supplies. The nurse proceeded with the two other wounds, all in different locations without cleaning the bedside table between the dressing changes.</p> <p>The nurse surveyor spoke to the staff nurse after the wound dressing change, who acknowledged that not all wound supplies were opened on a clean barrier and reaching into the supply bag with contaminated gloves has the potential to contaminate all other clean supplies that were in the bag.</p> <p>Review of the Nursing Home's policy and procedure for Wound Dressings: Aseptic; #4 states to clean the bedside table; while #5 states "place clean barrier on the over-bed table and place supplies on the barrier". Procedure #12.2 states that if the patient has multiple wounds in separate locations to "treat each as a separate procedure" and #14 states "Open dressing(s) without contaminating. Keep the dressing/gauze with the open packet and place it directly on top of the barrier". These four procedures were not adhered to.</p> <p>Interview on 01/26/16 at 2:19 PM with the DNS [Director of Nursing] and Staff Educator acknowledged not all steps were followed and it is not ideal to touch items in the supply bag with gloves that were used to clean wound.</p>	F 441			