

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER BERLIN HEALTH & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 98 HOSPITALITY DRIVE BARRE, VT 05641	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interviews and record review, the facility failed to 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: Per observations on 10/19/20, facility staff failed to utilize proper infection control practices. The following observations were made on 10/19/20: 1. At 10:02 AM, a Licensed Nursing Assistant (LNA) was observed doing 1:1 monitoring outside a resident's room (B14) that signage indicated was on contact and aerosol precautions. The LNA was wearing a surgical mask, eye covering and no other personal protective equipment (PPE). The LNA stated that the resident on 1:1 is a wanderer and needed to be kept in the room due to precautions. The LNA was observed taking a plate from the resident on 1:1 without wearing gloves and placing the plate on a tray rack. 2. At 10:19 AM, an LNA was observed exiting a resident room on A wing that was on contact and aerosol precautions carrying a food tray. The LNA was not wearing gloves. The tray was placed on a tray cart. No hand hygiene was observed. 3. At 10:21 AM an A wing unit nurse was observed entering and exiting a resident room without gloves. The room was on contact and aerosol precautions. The nurse confirmed that h/she was not wearing gloves and stated that h/she should have been wearing gloves when in the resident's room. 4. At 10:25 AM a housekeeper was observed entering a resident room on A wing carrying clothing without gloves on. The room was on contact and aerosol precautions. The housekeeper exited the room without gloves and doffed his/her PPE outside the room and then discarded the PPE in a trash bin approximately 15 feet from the room. 5. At 10:35 AM, a staff member was observed on C wing donning PPE prior to entering a resident room. H/she put on gloves prior to donning gown. In an interview on 10/19/20 at 10:55 AM the facility Infection Preventionist (IP) stated that the gloves are to be donned last when donning full PPE. At 10:55 AM on 10/19/20, the Center Nurse Executive (CNE) stated that it is his/her expectation that staff don full PPE when entering a resident room on that is on contact and aerosol precautions. Stated that full PPE includes gloves, N95 mask, gown and face cover. The CNE also agreed that the LNA on 1:1 observation should have worn gloves when removing an item from room B14.		
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.