

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

August 13, 2014

Mr. John O'Donnell, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641-5360

Dear Mr. O'Donnell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 23, 2014**. 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

PC:jl

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2014
FORM APPROVED
OMB NO. 0938-0391

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 07/23/2014
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 88 HOSPITALITY DRIVE BARRE, VT 05841	
(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)
F 000	INITIAL COMMENTS An unannounced, on-site investigation of a complaint was conducted by the Division of Licensing & Protection on 7/23/2014. There was a regulatory deficiency identified during the investigation.	F 000	
F 387 SS=E	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that 3 residents in a sample of 3, (Residents #1, #2, and #3) were seen at least once every 30 days for the first 90 days after admission. Findings include: 1). Resident #1 (R#1) was admitted to the facility on 2/16/14 and then re-admitted post hospitalization on 2/25/14. The resident's record contained Physician visit notes dated 3/28/14 and 4/9/14 and no other dates were found in the current or thinned records. 2). R#2 was admitted on 3/25/14. There were Physician visit notes present for 5/17/14 and 7/15/14 and no other physician visits were found in the record.	F 387	F387 483.40(c)(1)-(2) 1. No residents had a negative outcome as a result of the alleged deficient practice. 2. Residents residing at the facility have the potential to be affected by the alleged deficient practice 3. Resident #1 is not currently residing at the facility 4. Resident #2 was seen by the physician on 7/15/14. 5. Resident #3 was seen by the physician on 7/15/2014. 6. The process for tracking physician visits has been reviewed and revised and in-servicing has occurred for staff responsible for tracking physician visits. 7. A letter has been sent by the Executive Director to physicians reminding them of the regulatory requirements and of the process in place for tracking.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X5) DATE *8/5/14*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/23/2014
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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 99 HOSPITALITY DRIVE BARRE, VT 05641
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(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)	DATE COMPLETION DATE
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F 387

Continued From page 1

3). R#3 was admitted on 4/23/14 and then re-admitted on 5/20/14 after a 3 day hospitalization. There is no MD visit documented for a June Physician visit found in the record.

The above was confirmed by the Unit Manager on 7/23/14 at 2:25 PM.

F 387

- 8. An initial audit was completed and those physicians that are overdue have scheduled visits.
- 9. Weekly audits will be conducted by the Executive Director or designee x3 months to monitor effectiveness of the plan.
- 10. The results of the audits will be presented to the QAA committee monthly x3 months at which time the committee will determine further frequency of the audits.
- 11. Corrective action completed 8/7/2014.

8/7/14 POC
ACCEPTED
M. J. [Signature]

▶ Fax

Aug - 5 - 14
[Pick a date]

From: John O'Donnell - Executive Director
 Phone: 802 229-0308
 Fax: 802 249-9069
 Company Name: Berlin Health & Rehab

To: «Department of Disabilities, Aging & Independent living.
 Phone: «802 871-3319»
 Fax: «802 564-1612»
 Company Name: «71-3317»

Comments:

Please find Berlin Health & Rehab's plan of correction.

Thank you

John O'Donnell



98 Hospitality Drive
Barre, VT 05641

P 802-229-0308
F 802-229-4864

reveraBerlin.com

August 5, 2014

Department of Disabilities and Aging
and Independent Living
Division of Licensing and Protection
103 south Main St.
Ladd Hall
Waterbury, VT 05671

To Whom It May Concern,

Please find enclosed the Plan Of Correction being submitted by Berlin Health and Rehab In Regards to the 2567 faxed to them on August 4, 2014.

If you have any questions or concerns please feel free to contact me via phone at 802 229-0308 or via email at john.odonnell@reveraliving.com

Sincerely,

A handwritten signature in black ink, appearing to read "John O'Donnell". The signature is written in a cursive, flowing style.

John O'Donnell
Executive Director