

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

March 8, 2013

Ms. Meagan Buckley, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641-5360

Provider #: 475020

Dear Ms. Buckley:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **February 6, 2013**. 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:ne

Enclosure



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

PRINTED: 02/13/2013
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 C 02/06/2013
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR		STREET ADDRESS, CITY STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641	

(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
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 02/06/2013. The following regulatory findings were identified:</p> <p>F 205 483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>SS=B</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to provide residents, family members or legal representatives with written notice which specifies the duration of the bed-hold policy when 2 of 2 sampled residents were transferred to another facility. (Resident #1 and #2). Findings include:</p>	F 000	<p>F205 483.12(b)(1) &(2) NOTICE OF BED HOLD POLICY BEFORE/UPON TRANSFER</p> <p>Resident #1 no longer resides at the facility. Resident #2 is a currently-residing in the Center.</p> <p>Residents of the facility who are transferred are identified as having the potential to be affected.</p> <p>At the time of transfer, the bed hold policy will be included with the medical information being sent with the patient to the hospital. The Business Office Manager or Designee will also send a copy of the bed hold policy to the responsible party within 24 hours during normal business hours. A copy will be kept in the medical record.</p> <p>The Business Office staff and Licensed Nurses will be educated on the bed hold policy and process.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *administrator* (X6) DATE *2/22/13*

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.

PMU

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F 205	<p>Continued From page 1</p> <p>Per interview with the Administrator on 02/06/2013 at 11:45 AM, s/he indicates that the facility currently does not give the bed-hold policy notice to residents or their significant others at the time of transfer to another facility. Per review of medical records of 2 residents (# 1 and # 2) transferred out of the nursing home there is no evidence to reflect that they were informed or given written notice of the bed-hold policy.</p> <p>The Administrator reports that Administration or the Social Service department discuss the bed-hold policy with either the resident or their significant others at the time of transfer, but that this conversation is not documented in the medical record. A written notice is also not provided, other than the one that is included in the facility admission packet.</p> <p>Resident # 1 did not return to the facility as his/her needs could not be safely met at the time of discharge from the hospital.</p> <p>Per medical record review of Resident # 2 on 02/06/2013, reflects that s/he was transferred to the hospital on 11/23/2012 and returned to the facility on 11/24/2012. There is no evidence in the medical record to support that a transfer notice and bed hold statement was provided to the resident at transfer. This is confirmed during interview with the Administrator at 2:15 PM.</p>	F 205	<div style="border: 1px solid black; padding: 5px;"> <p>The records of all transferred residents will be audited by Administrator or Designee.</p> <p>Results of the audits will be reviewed at QA X 3 months and as needed to ensure compliance.</p> </div> <p><i>accepted POC Bergette Coleman, MA 2/27/2013</i></p>	3/1/13