



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

August 19, 2010

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

Dear Ms. Buckley:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on July 28, 2010. 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,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



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

PRINTED: 08/05/2010
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 07/28/2010
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
F 000	INITIAL COMMENTS	F 000		
F 279 SS=D	<p>The Division of Licensing and Protection conducted an unannounced on-site annual recertification survey 7/26/10 - 7/28/10.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop a comprehensive plan of care for 1 of 32 residents in the sample (Resident #214). Findings include:</p> <p>Per record review on 7/27/10 at 2:30 PM, there was no care plan for a Foley catheter for Resident #214, who per staff interview currently has a</p>	F 279	<p>Corrective action:</p> <p>F279</p> <ol style="list-style-type: none"> 1. Resident #241 was evaluated and no negative outcome sustained as a result of alleged deficient practice. 2. Careplan of resident #214 was reviewed and revised as appropriate on 7/30/2010 3. Residents that have a foley catheter can be affected by this alleged deficient practice. 4. Care plans for residents who have a foley catheter have been reviewed and revised as appropriate by 8/28/2010 5. Nursing staff to be re-educated by Director of Nursing or designee as to their responsibility to follow the standard of practice for residents with a foley catheter by 8/28/2010 6. Random weekly audits to be performed by Nurse Manager or designee to measure effectiveness of plan start by 8/28/2010 7. Director of Nursing to report results of plan to QAA committee monthly x 3. QAA committee to determine frequency of surveillance after this time. 8. Corrective actions shall be complete by 8/28/2010 	

Handwritten notes:
8/11/10
JOC
R
A
214

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Cheryl Buckley* TITLE: Administrator (X8) DATE: 8/17/10

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 279	Continued From page 1 catheter in place. During an interview with the Unit Manager (UM) at 2:46 PM on 7/27/10, the UM confirmed that there was no care plan for the Foley catheter for Resident #214.	F 279		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to revise the plan of care to reflect the current status and needs for 1 of 32 residents in the sample. (Resident #123) Findings include: Per record review and staff interview on 7/27/10, the current Care Plan (CP) for Resident #123 was not revised to include re-evaluation of risk factors	F 280	Corrective action: F280 1. Resident #123 was evaluated and no negative outcome sustained as a result of alleged deficient practice. 2. Careplan of resident #123 was reviewed and revised as appropriate on 7/27/2010 3. Residents that have obtained a skin tear can be affected by this alleged deficient practice. 4. Care plans for residents who have a skin tear have been reviewed and revised as appropriate by 8/28/2010. 5. Nursing staff to be re-educate by Director of Nursing or designee as to their responsibility to follow the standard of practice for residents that receive skin tears by 8/28/2010 6. Random weekly audits to be performed by Nurse Manager or designee to measure effectiveness of plan start by 8/28/2010 7. Director of Nursing to report results of plan to QAA committee monthly x 3. QAA committee to determine frequency of surveillance after this time. 8. Corrective actions shall be complete by 8/28/2010	

*F280
accept Poc
8/11/10
RV*

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F 280	Continued From page 2 and treatment for a skin tear. Per Nurses' Notes written on 7/22/10, a skin tear of the right forearm was identified and treatment was initiated. Per interview on 7/28/10 at 9:05 AM, the Unit Manager confirmed that the CP was not revised to include re-evaluation of risk factors and treatment for the new skin tear.	F 280	Corrective action: F281 1. Resident #214 and Resident #216 were evaluated and no negative outcome sustained as a result of alleged deficient practice.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to adhere to professional standards of practice for 2 of 32 residents in the sample (Residents #214, #216). Findings include: 1. Per record review on 7/27/10 at 2:30 PM, there was no plan of care for Resident #214's Foley catheter. A Licensed Nursing Assistant (LNA) confirmed during a 3:15 PM interview on 7/27/10, that there was no plan of care for a Foley catheter on the LNA care sheets. The Unit Manager confirmed during a 2:46 PM interview on 7/27/10 that there was no plan of care around use of a catheter for the newly admitted Resident, who has currently has a Foley catheter in place. 2. Per observation, interview, and record review, the facility failed to administer two medications as prescribed by the physician for Resident #216. A physician order dated 7/24/10 was for Glipizide (an oral anti-diabetes medication) 10 milligrams (mg) orally daily before breakfast and supper, and Prednisone (a corticosteroid medication) 5 mg	F 281	2. A medication error report was completed for Resident #216, and the careplan of resident #214 was reviewed and revised as appropriate by 8/28/10. 3. All residents with medication orders and foley catheters are at risk from this alleged deficient practice. 4. Care plans for residents who have a foley catheter have been reviewed and revised as appropriate. Residents with orders for medications prior to meals were reviewed for appropriateness. Medication pass times were reviewed and adjusted as needed by 8/28/2010 5. Nursing staff to be re-educated by Director of Nursing or designee as to their responsibility to follow the standard of practice for residents that receive skin tears by 8/28/10 6. Random weekly audits to be performed by Nurse Manager or designee to measure effectiveness of plan start by 8/28/10 7. Director of Nursing to report results of plan to QAA committee monthly x 3. QAA committee to determine frequency of surveillance after this time. 8. Corrective actions shall be complete by 8/28/10	8/19/10 F 281 Poc accepted R. Long

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F 281	Continued From page 3 orally every 48 hours at 0800. Per observation and confirmed by the medication nurse on 7/26/10 at 11:30 AM, both of these medications were given at 11:20 AM, after breakfast. The Unit Manager confirmed on 7/27/10 at 7:50 AM that the medications were given outside the parameters ordered by the physician and/or beyond the professionally acceptable time frame. Reference: Potter, P.A. and Perry, A.G. (2004) Fundamentals of Nursing, 6th edition, Mosby, St. Louis Philadelphia.	F 281		