

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

December 20, 2010

Daniel Daly, Administrator
Birchwood Terrace Healthcare
43 Starr Farm Rd
Burlington, VT 05401

Provider ID #:475003

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 8, 2010.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



PRINTED: 11/22/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2010
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NAME OF PROVIDER OR SUPPLIER BIRCHWOOD TERRACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT 05401
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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)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000	This Plan of Correction is the center's credible allegation of compliance.	
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that services provided met professional standards of quality regarding following facility policy for 1 of 6 applicable residents (Resident #1). Findings include:</p> <p>Per record review conducted on 10/26/10, on 6/3/10 Resident #1 was found on the bathroom floor after falling. The Resident was assessed by the RN (Registered Nurse), who identified that the Resident complained of back, left hip and left leg pain. The Resident's left leg was also rotated outward and shorter than the right leg. This was documented by the nurse in the facility Event Assessment, which was identified as the facility documentation practice by the DNS (Director of Nursing Services) during the entrance conference. In the facility policy "Care of a Resident with Possible Injury" it is stated "Warning: If there is a question of hip, or spinal fracture do not move the resident. Stabilize only." According to the Event Form the Resident was moved back to bed via Hoyer Lift prior to the arrival of Rescue Services. This was confirmed in an interview with the DNS at 3:15 PM on</p>	F 281	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F 281</p> <p>12/5/10</p> <p>RN involved in event was counseled and in-serviced on care of resident with possible injury on October 27, 2010.</p> <p>All residents that have falls have the potential to be affected by the deficient practice.</p> <p>RN and LPN were educated in the procedure on care of the resident with possible injury. Emphasis was placed on care of residents with possible fractures.</p> <p>The DNS or her designee will monitor for compliance through record review and the 24 hour report that residents received proper care at the time of the event. Results of these audits will be brought to the monthly Performance Improvement Committee until 100% compliance achieved for 3 months.</p> <p>The DNS is responsible for overall compliance.</p>	12/5/10

ACCEPTED 12-20-10
Margaret Hyman
RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ DATE 11/24/10

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 281	Continued From page 1 10/26/10.	F 281		
F 309 SS=D	<p>Refer also to F309.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that appropriate care and services were provided for 1 of 6 applicable residents regarding care after a fall (Resident #1). Findings include:</p> <p>Per record review conducted on 10/26/10, on 8/3/10 Resident #1 was found on the bathroom floor after falling. The Resident was assessed by the RN (Registered Nurse), who identified that the Resident complained of back, left hip and left leg pain. The Resident's left leg was also rotated outward and shorter than the right leg. This was documented by the nurse in the facility Event Assessment, which was identified as the facility documentation practice by the DNS during the entrance conference. In the facility policy "Care of a Resident with Possible Injury" it is stated "Warning: If there is a question of hip, or spinal fracture do not move the resident. Stabilize only." According to the Event Form the Resident was moved back to bed via Hoyer Lift prior to the arrival of Rescue Services. This was confirmed in</p>	F 309	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 309 RN involved in event was counseled and inserviced on care of resident with possible injury on October 27, 2010.</p> <p>All residents that have falls have the potential to be affected by the deficient practice.</p> <p>RN and LPN were educated in the procedure on care of the resident with possible injury. Emphasis was placed on care of residents with possible fractures.</p> <p>The DNS or her designee will monitor for compliance through record review and the 24 hour report that residents received proper care at the time of the event. Results of these audits will be brought to the monthly Performance Improvement Committee until 100% compliance achieved for 3 months. The DNS is responsible for overall compliance.</p>	12/5/10

ACCEPTED 12-20-10
Margaret Higgins RN

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F 309	Continued From page 2 an interview with the DNS at 3:15 PM on 10/26/10. Refer also to F281.	F 309		