

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

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

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 15, 2016

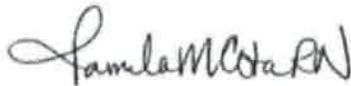
Ms. Alecia Dimario,
Kindred Transitional Care & Rehab Birchwood Terrace
43 Starr Farm Rd
Burlington, VT 05408-1321

Dear Ms. Dimario:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on February 16, 2016. 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

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

PRINTED: 03/07/2016
FORM APPROVED
OMB NO. 0938-0391

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 02/16/2016
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB BIRCHWOOD TER	STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT 05408
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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 The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 2/16/16. Federal regulatory violations were cited as a result.	F 000	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it.</i>	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality for 3 applicable residents (Residents #1, 2, 3). Findings include: 1. Per observation on 2/16/16 at 10:15 AM, Residents # 1 and 2 had not received morning care. Resident # 1 had a spilled yogurt cup on her left side in bed with yogurt spilled on her johnnie (a hospital-style gown). There were additional food stains and crumbs on the johnnie as well. 2. Per observation, Resident # 2 had a johnnie on that was soiled with food and spilled juice. There was spilled eggs and utensils on the floor next to the bed. 3. Per observation, Resident #3 was lying in bed	F 241	F-tag 241 Care was rendered immediately to Resident #1, #2 and #3. They were assisted out of bed and dressed appropriately. All residents have the potential to be affected by this practice. The Director of Nursing/or designee will re-educate staff facilities procedures related to resident dignity and respect practices. The Director of Nursing/ Designee will complete random weekly audits for 60 days, then monthly for 1 month to ensure resident dignity is being maintained. The Director of Nursing/Designee will be monitoring daily staffing levels to ensure sufficient staffing to meet the patient needs. The results of these audits, surveys and reviews will be reviewed with the QAPI committee monthly x 3 months to ensure compliance.	3/16/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Alicia D. Harris Executive Director TITLE
DATE
3/9/16

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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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB BIRCHWOOD TER			STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT 05408	
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F 241	Continued From page 1 wearing a johnnie soiled with food, a half eaten muffin and spilled yogurt in his/her bed. Residents # 1 and # 2 both stated that they would prefer to be dressed in regular clothes and that they are frequently left in bedclothes or johnnies until lunch time. Both residents stated they needed assistance to dress and with meals. Per interview with a staff Licensed Nursing Assistant (LNA), h/she had 8 residents assigned to him/her that day and that as of 10:30 AM still had 2 residents to provide morning care for. The LNA stated that breakfast had been served at approximately 6:50 AM that day and had been completed by 9:00 AM. The LNA confirmed the above observations at 10:30 AM on 2/16/16.	F 241	<i>F241 POC accepted 3/15/16 Rembray RN/PMC</i> F-tag 353 Care was rendered immediately to Resident #1, #2 and #3. They were assisted out of bed and dressed appropriately. All residents have the potential to be affected by this practice. The Director of Nursing/or designee will re-educate staff facilities procedures related to resident dignity and respect practices.	3/16/16
F 353 SS=D	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this	F 353	The facility has been actively recruiting for licensed nurses and licensed nursing assistants. Current strategies include utilizing local as well as multi state recruitment options. The facility has implemented a recruitment bonus for new hire license nurses and license nursing assistants. The facility sponsors LNA's certification programs. The facility is sponsoring and LPN/RN classes through a cohort program with VTC. The Director of Nursing/ Designee will complete random weekly audits for 60 days, then monthly for 1 month to ensure resident dignity is being maintained. The Director of Nursing/Designee will be monitoring daily staffing levels to ensure sufficient staffing to meet the patient needs.	

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F 353	<p>Continued From page 2 section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to provide sufficient staffing to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Findings include:</p> <ol style="list-style-type: none"> 1. Per observation on 2/16/16 at 10:15 AM, Residents # 1 and 2 had not received morning care. Resident # 1 had a spilled yogurt cup on her left side in bed with yogurt spilled on her johnnie (a hospital-style gown). There were additional food stains and crumbs on the johnnie as well. 2. Per observation, Resident # 2 had a johnnie on that was soiled with food and spilled juice. There was spilled eggs and utensils on the floor next to the bed. 3. Per observation, Resident #3 was lying in bed wearing a johnnie soiled with food, a half eaten muffin and spilled yogurt in his/her bed. <p>Residents # 1 and # 2 both stated that they would prefer to be dressed in regular clothes and that they are frequently left in bedclothes or johnnies until lunch time. Both residents stated they needed assistance to dress and with meals.</p> <p>Per interview with a staff Licensed Nursing Assistant (LNA), h/she had 8 residents assigned</p>	F 353	<p>The results of these audits, surveys and reviews will be reviewed with the QAPI committee monthly x 3 months to ensure compliance.</p> <p><i>F353 POC accepted 3/15/16 R Tremblay RN/amu</i></p>		

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F 353	Continued From page 3 to him/her that day and that as of 10:30 AM still had 2 residents to provide morning care for. The LNA stated that breakfast had been served at approximately 6:50 AM that day and had been completed by 9:00 AM. The LNA confirmed the above observations at 10:30 AM on 2/16/16. Per interview with the Unit Charge Nurse on 2/16/16 at 10:48 AM, there were 4.5 LNAs on duty that day. The nurse stated that normal staffing should be 6 LNAs.	F 353			