

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

November 4, 2014

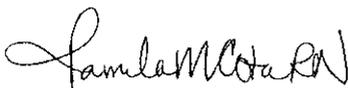
Mr. Perry Weiker, Administrator
Kindred Transitional Care & Rehab
43 Starr Farm Rd
Burlington, VT 05408-1321

Dear Mr. Weiker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 30, 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

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

PRINTED: 10/09/2014
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 09/30/2014
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB BIRCHWOOD TER			STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT 05408	
(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 225 SS=D	<p>On 9/29/14- 9/30/14 the Division of Licensing and Protection conducted an unannounced onsite investigation of 2 facility self-reports and 2 complaints regarding care and services. The following regulatory violations were identified:</p> <p>483.13(c)(1)(II)-(III), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated</p>	F 225	<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 225</p> <p>Resident #4 allegations were investigated and reported to Adult Protective Services October 1, 2014.</p> <p>All residents have the potential to be affected.</p> <p>Staff will be re-educated by the Staff Development Coordinator on the abuse policy. Emphasis will be placed on the definitions of abuse and need to investigate allegations.</p> <p>The DNS and or nursing management staff will monitor for compliance using daily clinical rounds and sporadic audits of resident clinical records. Results of these audits will be brought to the monthly Performance Improvement Committee and changes/education made as necessary.</p> <p>The BD is responsible for overall compliance.</p> <p>F225 POC accepted 10/28/14 Pmeaturan</p>	Oct. 27, 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

10/24/14

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 225	<p>Continued From page 1</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to identify and report an incident of alleged employee to resident abuse immediately to the State Survey Agency within the required time frame and conduct a complete investigation of the allegation for 1 of 4 residents in the survey sample (Resident #4). Findings include:</p> <p>During an interview on 9/29/14, Resident #4 alleged rough treatment by staff on 9/7/14 when a nurse allegedly improperly repositioned his/her legs causing severe pain and s/he reported that his/ her left knee felt broken in the process and reported increased left knee pain following the incident. Per review of a 9/8/14 nursing progress note, a staff nurse documented that Resident #4 complained of "how badly [his/her] leg hurt and that [s/he] needed more pain medication." The resident reported "...the evening nurse broke [his/her] left leg/knee while moving it incorrectly." The staff nurse documented arranging for transport to the ER for an x-ray of the knee, the result of which was negative for a fracture.</p> <p>Per interviews with the DNS on 9/29/14 and 9/30/14, s/he reported that s/he did not identify the incident as abuse at the time; s/he reported there was no written report of an investigation for the allegations but the resident had been</p>	F 225		

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F 225	Continued From page 2 evaluated after the incident and this was documented in the nursing progress note and the incident had been discussed. The facility was aware of the alleged incident on 9/8/14 but did not report it to the State Agency (SA) until brought to the attention of administration during the survey. (see F 226)	F 225	<i>This Plan of Correction is the center's credible allegation of compliance.</i>		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to operationalize their abuse/mistreatment policies regarding identifying and reporting an incident of alleged employee to resident abuse immediately to the State Survey Agency within the required time frame for 1 of 4 residents in the survey sample (Resident #4). Findings include: During an interview on 9/29/14, Resident #4 alleged rough treatment by staff on 9/7/14 when a nurse allegedly improperly repositioned his/her legs causing severe pain and s/he reported that his/ her left knee felt broken in the process and s/he reported increased left knee pain following the incident. Per review of a 9/8/14 nursing progress note, a staff nurse documented that Resident #4 complained of "how badly [his/her] leg hurt and that [s/he] needed more pain	F 226	<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> F 226 Resident #4 allegations were investigated and reported to Adult Protective Services October 1, 2014. All residents have the potential to be affected. Staff will be re-educated by the Staff Development Coordinator on the abuse policy. Emphasis will be placed on the definitions of abuse and need to investigate allegations. The DNS and or nursing management staff will monitor for compliance using daily clinical rounds and sporadic audits of resident clinical records. Results of these audits will be brought to the monthly Performance Improvement Committee and changes/education made as necessary. The BD is responsible for overall compliance.	Oct. 27, 2014	

F226 POC accepted 10/20/14 Pmccatarn

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F 226	Continued From page 3 medication." The resident reported "...the evening nurse broke [his/her] left leg/knee while moving it incorrectly." The staff nurse documented arranging for transport to the ER for an x-ray of the knee, the result of which was negative for a fracture. Per review of the facility policy, Responding to and Investigating an Abuse Allegation (07/22/10 R), under the section labeled procedure for all abuse allegations paragraph 4.: Report the alleged abuse to the appropriate state agencies in accordance with state law. Per the policy, Federal Abuse, Neglect and Exploitation Definitions, Suspicious Injuries include: 2. "The injury is suspicious because of the extent of the injury or the location of the injury." Per interviews with the DNS on 9/29/14 and 9/30/14, s/he reported that the facility did not identify the incident as abuse at the time; s/he reported there was no written report of an investigation for the allegations but the resident had been evaluated after the incident and this was documented in the nursing progress note and the incident had been discussed. The facility was aware of the alleged incident on 9/8/14 but did not report the allegation to the State Agency (SA) until brought to the attention of administration during the survey. (see F 225)	F 226			
F 353 SS=E	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	F 353			

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F 353	<p>Continued From page 4 determined by resident assessments and individual plans of care.</p> <p>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:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this 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 resident and staff interviews, record review and review of facility staffing logs, the facility failed to provide sufficient numbers of nursing staff to maintain residents' highest level of well-being. Findings include: Per 9/29/14 and 9/30/14 interviews with Resident #4 (who resides on the C-wing of the facility), s/he reported that short staffing is an issue at the facility and reported calling for help at night and no one came; s/he stated that staffing is worse on evenings and nights "can wait a long time to be cared for" and "have to stay wet until they come to care for me...sometimes, am only changed once per shift." Per 9/29/14 medical record review, Resident #4 has diagnoses that include muscle weakness, osteoporosis (a condition causing bones to be weak and brittle), spondylosis (degenerative osteoarthritis of the</p>	F 353	<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 353</p> <p>Resident #4 is provided care by staff as required by her Care Plan.</p> <p>All residents have the potential to be affected.</p> <p>The facility will continue to aggressively recruit for LNA's and will continue to offer staff bonuses to work extra shifts. Since 9/22/14 the facility has hired 6 LNA's who are currently in varying stages of orientation.</p> <p>The DNS or her designee will monitor staffing and scheduling of nursing personnel on a daily basis to assure that staffing levels are sufficient to meet resident's needs.</p> <p>The ED is responsible for overall compliance.</p> <p>F353 POC accepted 10/28/14 PMcotARN</p>	October 27, 2014

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F 353	Continued From page 5 spine), a history of a compression fracture of the thoracic spine, chronic pain, mechanical problems with limbs, and other medical conditions. The resident's 7/1/14 MDS (Minimum Data Set) quarterly assessment documents that the resident requires extensive assistance of 2 for bed mobility, dressing, toileting and personal hygiene and has range of motion impairments for both upper and lower extremities. Per review of facility census report by unit, during the period between 8-9/2014, the C-wing had between 25-39 residents on the unit and the rooms are situated on 3 different halls. Per 9/30/14 interview with the unit charge nurse, the residents on the unit are there for subacute issues, rehab and long term care and on any given day the residents are here because they need nursing care. Per 9/30/14 interview with the UM (unit manager), there are currently 31 residents on the unit; of the 31 residents, 15 require 2 person assistance for care. S/he reported that staffing for the night shift consists of 2 nurses and 2 LNAs (Licensed nursing assistants). Staff job duties during that time include that the nurses administer scheduled medications at midnight, administer as needed pain medications and treatments throughout the night, and respond to resident calls; at 6 AM there is another large med (medication) pass. On nights, the LNA's do incontinence check and changes, resident repositioning, answer call lights, and get residents up early as needed for scheduled surgeries or medical appointments. The UM reported that there have been call outs for the night shift and the evening supervisor is asked to find replacement staff. S/he reported s/he was not specifically aware of staffing issues for the night shift, but stated that at times the unit has been short staffed for nurses and LNAs	F 353			

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F 353	<p>Continued From page 6 during the day shift.</p> <p>Per 9/30/14 review of staffing logs provided and confirmed by the administrator, for 12 or 31 days in August (8/3, 8/6, 8/7, 8/8, 8/11, 8/14, 8/15, 8/16, 8/18, 8/19, 8/23, 8/30/14) and 9 of 30 days in September (9/1, 9/6, 9/7, 9/15, 9/19, 9/21, 9/26, 9/27, and 9/29/14), there was only 1 LNA (instead of 2) listed as working on the C-wing during the night shift due to call outs or other staffing issues. There were also intermittent LNA and nursing staff call outs for all three shifts on each of the facility's 3 units during the same time frame. Per 9/30/14 interviews with LNA staff on the C-wing, LNA #1 stated that the facility has been short staffed and at those times it's harder for residents to get the care that they need. LNA #2 stated, that when short staffed, it's harder to get care done and that residents complain, but..."can't be in 20 places at a time....I apologize and say, I'm here now." LNA #3 stated there are times that are short staffed and residents complain, but "... try to do my best." On the A unit, a unit for residents with dementia and or behavioral issues, LNA #4 stated that s/he typically cares for 10-14 residents depending on staffing. S/he stated that the unit could use more help due to the needs of the residents who require a lot of assistance particularly in the afternoon when resident behaviors tend to worsen. A staff nurse on the unit confirmed that the unit could use more help, but that they try to do the best they can- but it's tough between 2:30-6:30 PM because of sundowning (a symptom of dementia or Alzheimer's disease where confusion and agitation worsen in the late afternoon).</p> <p>On 9/30/14 at approximately 2:14 PM, the administrator and facility DNS (Director of Nursing Services) confirmed that LNA staffing</p>	F 353			

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F 353	Continued From page 7 and call outs has been an issue for the facility. They stated that the facility offers staff bonuses to work additional days but are competing for a limited pool of LNAs.	F 353			

