

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

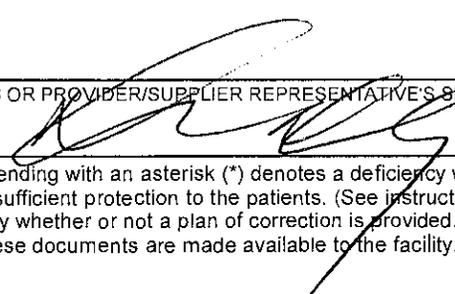
PRINTED: 01/30/2014
FORM APPROVED
OMB NO. 0938-0391

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| 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 01/21/2014 |
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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 An unannounced on-site complaint investigation was completed by the Division of Licensing and Protection on 1/21/14. While the facility was found to be in "substantial compliance", the following issue was identified. | F 000 | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE ED | (X6) DATE 2/4/14 |
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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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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | PROVIDER # 475003 | MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | DATE SURVEY COMPLETE: 1/21/2014 |
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| NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB BIRCH | STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT | RECEIVED Division of FEB 14 14 Licensing and Protection |
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| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES |
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| F 225 | <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 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 upon interview and medical record review, the facility failed to ensure that witnessed neglect towards one of 3 residents in the sample group [Resident #1] was reported immediately to the State Licensing Agency and Adult Protective Services in accordance with State law. Findings include: Per 1/21/14 medical record review and administrative interview, on 5/15/13 Resident #1 was transferred from the Starr Farm Nursing Center to Kindred Transitional Care and Rehab Birchwood (Starr Farm is partly and Kindred Birchwood is fully owned by the Kindred corporation). Resident #1 had diagnoses that included supranuclear palsy (a brain disorder that causes serious problems with walking, movement and balance), mild cognitive impairment, a personal history of falls, poor safety awareness and other chronic medical conditions. S/he required extensive assistance for transfers and personal care and used a wheelchair. Per interview on 1/21/14 at 2:48 PM, the Kindred Birchwood administrator and Director of Nursing Services (DNS) reported that on 5/15/13, a Starr Farm maintenance worker transported Resident #1 to Kindred Birchwood and left without telling anyone that s/he had brought the resident into the building. The DNS reported seeing the driver leave the building and then found Resident #1 on the floor of the lobby where s/he had fallen. The DNS stated, [the driver] should have let someone know [that the resident was here]. "You don't leave someone like that." On 1/21/14 at 4:48 PM, the administrator confirmed that Resident #1 was a "vulnerable adult" who experienced an "outcome" [fell after being left unattended]. Per 1/21/14 review of the facility policy, "Reporting of Alleged Abuse," neglect is defined as the purposeful or reckless failure by a caregiver to provide adequate care (the goods, services and plans needed to maintain</p> |
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The above isolated deficiencies pose no actual harm to the residents

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| F 225 | <p>Continued From Page 1</p> <p>reasonable health and safety) to a vulnerable adult. On 1/21/14 at 4:48 PM, the facility administrator and DNS confirmed that they did not report the incident to the state agency.</p> <p>http://www.mayoclinic.org/diseases-conditions/progressive-supranuclear-palsy/basics/definition/con-2002950</p> <p>2</p> |
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