

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

May 10, 2012

Mr. Daniel Daly, Administrator
Kindred Transitional Care & Rehab Birchwood Terrace
43 Starr Farm Rd.
Burlington, VT 05408-1321

Provider #: 475003

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **April 6, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



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

PRINTED: 04/13/2012
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 04/06/2012 |
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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 conducted on 4/4/12 by the Division of Licensing and Protection. The investigation concluded on 4/8/12 and resulted in the following regulatory deficiencies. | F 000 | <i>This Plan of Correction is the center's credible allegation of compliance.</i> | |
| 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 assure that staff carried out physician orders in accordance with accepted professional standards of nursing practice for one resident. (Resident #4) Findings include: Per record review, nursing staff failed to notify the physician of the inability to obtain an x-ray for Resident #4 in a timely manner. The resident, who had undergone hip revision surgery on 1/10/12, suffered dislocation of the hip during his/her initial rehabilitation and was admitted to the facility's Subacute Unit on 1/30/12 with a hip abduction brace in place to help stabilize the hip. The resident was seen by an Orthopedic doctor for scheduled follow up on 2/6/12 at which time an x-ray was obtained that revealed a dislocation of the right hip. S/he underwent a closed reduction procedure (replacement of the hip without surgical incision) at that time and was transferred back to the facility later that evening. A Physician Progress note, dated 2/15/12, identified the resident was "still at high risk for | F 281 | <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>Resident # 4 was discharged home on 3/27/12</p> <p>All residents have the potential to be affected by the deficient process.</p> <p>RN and LPN will be educated on the policy to notify physicians related to any barriers to follow physician's orders in a timely manner.</p> <p>The DNS or her designee will review current records to assure that all residents with orders for x-rays have been followed as ordered in a timely manner.</p> <p>The DNS or her designee will monitor for compliance through review of the 24 hour report. Results of these audits will be brought to the monthly Performance Improvement Committee meeting until 100% compliance achieved for 3 months. The DNS is responsible for overall compliance.</p> | May 6, 2012 |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | | TITLE Administrator | (X5) DATE 4/18/12 | |

F281 POC accepted 5/14/12
BHowe RML @mccotarn

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 | <p>Continued From page 1</p> <p>dislocation". A subsequent Physician Progress note, dated 3/7/12, stated that the resident was hoping to go home later in the month and "wants an x-ray to reassure [him/her] that the hip is in position. No pain,....will order hip x-ray....continue PT/OT (Physical Therapy/Occupational Therapy)". A faxed physician order, dated 3/8/12, stated "please send [resident] to radiology for this x-ray" and a Radiology requisition, which accompanied the physician order identified the indication for the x-ray as; "R hip replacement 2 months ago. Evaluate for hardware position". The x-ray, which revealed a right hip dislocation requiring a closed reduction procedure, was not completed until 6 days later, on 3/14/12, and there was no evidence that the physician had been notified of the delay in procuring it.</p> <p>During interview on the afternoon of 4/4/12, the Nurse Manager of the Subacute Unit confirmed that the hip x-ray had been ordered on 3/8/12 and was not completed until 3/14/12. S/he also confirmed that although unsuccessful attempts had been made to obtain an appointment with the Radiology Department on 3/8/12 the physician had not been notified until 3/12/12 that the hip x-ray had not yet been completed.</p> <p>The resident's attending physician stated, during interview on the afternoon of 4/6/12, that during a visit on 3/7/12, the resident had expressed concern that his/her hip was dislocated and s/he had faxed an order to the facility on 3/8/12 to have an x-ray done. S/he further confirmed that s/he had expected the x-ray to be completed on 3/8/12, that s/he had not been notified that it was not done, and that s/he would have sent the resident to the ED (Emergency Department) for</p> | F 281 | | | |

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| F 281 | Continued From page 2 the x-ray had s/he been aware it had not been done when ordered. Reference: Lippincott Manual of Nursing Practice (8th Edition), Lippincott, Williams & Wilkins, pg 18 | F 281 | <i>This Plan of Correction is the center's credible allegation of compliance.</i> <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 508 SS=D | 483.75(k)(1) PROVIDE/OBTAIN RADIOLOGY/DIAGNOSTIC SVCS The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure X-Rays were obtained in a timely manner to meet the needs for diagnosis and treatment for one resident. (Resident #4). Findings include: Per record review, Resident #4, who was admitted to the facility for rehabilitation following right total hip revision surgery, complicated by recurrent instability and hip dislocation, had a physician order, dated 3/8/12, for an x-ray of the hip, that was not obtained until 6 days later, on 3/14/12. The resident had undergone hip revision surgery on 1/10/12, suffered dislocation of the hip during his/her initial rehabilitation and was admitted to the facility's Subacute Unit on 1/30/12 with a hip abduction brace in place to help stabilize the hip. On the afternoon of 2/2/12 the resident voiced concern about the position of the hip and a portable x-ray was completed on 2/3/12 which documented "no fracture or acute | F 508 | F 508 Resident #4 was discharged home on 3/27/12. All residents have the potential to be affected by the deficient process. The DNS or her designee will review current records to assure that all residents with orders for x-rays have been followed as ordered in a timely manner. The DNS or her designee will monitor for compliance through review of the 24 hour report. Results of these audits will be brought to the monthly Performance Improvement Committee meeting until 100% compliance achieved for 3 months. The DNS is responsible for overall compliance. <i>F508 POC accepted 5/4/12 B.H. WERNER</i> | May 6, 2012 |

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| F 508 | <p>Continued From page 3</p> <p>dislocation". The resident was seen by an Orthopedic doctor for scheduled follow up on 2/6/12 at which time an x-ray was obtained that revealed a dislocation of the right hip. S/he underwent a closed reduction procedure (replacement of the hip without surgical incision) at that time and was transferred back to the facility later that evening. A Physician Progress note, dated 2/15/12, identified the resident was "still at high risk for dislocation". A subsequent Physician Progress note, dated 3/7/12, stated that the resident was hoping to go home later in the month and "wants an x-ray to reassure [him/her] that the hip is in position. No pain",.....will order hip x-ray....continue PT/OT". A Radiology requisition, which accompanied the physician order, dated 3/8/12, identified the indication for the x-ray as; "R hip replacement 2 months ago. Evaluate for hardware position". The x-ray, which was not completed until 6 days later, on 3/14/12, revealed a right hip dislocation which, again, required a closed reduction procedure.</p> <p>During interview, on the afternoon of 4/4/12 the Nurse Manager of the Subacute Unit confirmed that the hip x-ray had been ordered on 3/8/12 and was not completed until 3/14/12. S/he also confirmed that although unsuccessful attempts had been made to obtain an appointment with the Radiology Department on 3/8/12 the physician had not been notified until 3/12/12 that the hip x-ray had not yet been completed.</p> <p>The resident's attending physician stated, during interview on the afternoon of 4/6/12, that during a visit on 3/7/12, the resident had expressed concern that his/her hip was dislocated and s/he had faxed an order to the facility on 3/8/12 to</p> | F 508 | | | |

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| F 508 | Continued From page 4 have an x-ray done. S/he further confirmed that s/he had expected the x-ray to be completed on 3/8/12, that s/he had not been notified that it was not done, and that s/he would have sent the resident to the ED (Emergency Department) for the x-ray had s/he been aware it had not been done when ordered. | F 508 | | | |