

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

October 8, 2012

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

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 18, 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
Licensing Chief

PC:jl



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

NTED: 09/24/2012
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 09/18/2012
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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 F 282 SS=D	<p>INITIAL COMMENTS</p> <p>An unannounced on-site investigation of multiple complaints and a facility reported incident was conducted on 9/17/12 & 9/18/12 by the Division of Licensing and Protection. The following deficiencies were identified as a result of this survey.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assure that services were provided in accordance with the resident's plan of care for 1 resident (Resident #3) out of a sample 4 residents. Findings include: Per record review and staff interviews, Resident #3 (R#3) was care planned to receive a shower once a week. In staff interviews, the Unit Managers from two of three units confirmed that residents are scheduled for a weekly shower or tub bath unless they request to have a shower or bath more frequently. In a review of the LNA (Licensed Nursing Assistant) ADL (Activities of Daily Living) flowsheets for June, July, and August of 2012, the resident is coded as assisted transfers on the days s/he was showered. The care plan states that the resident requires an assist for transfers to shower.</p>	F 000 F 282	<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 282</p> <p>Resident #3 is scheduled for a weekly shower on Thursdays mornings per her request.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>LNA's will be educated in the proper daily documentation of the care they provide to residents with emphasis on bathing.</p> <p>The nurse manager or her designee will be responsible to monitor LNA compliance in documentation.</p> <p>Random audits will be completed weekly by the DNS or her designee to assure compliance. Results of these audits will be brought to the monthly Performance Improvement Committee meeting for 3 months or until 100% compliance achieved. The DNS is responsible for overall compliance.</p>	October 18, 2012 ACCEPTED m. h. [signature]
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X5) DATE 9/27/12

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 282	Continued From page 1 The LNA flowsheets code the following: June 2012: a. June 8th through June 20th coded '8' (did not occur) for shower transfer (12 days total) b. June 22nd through June 29th coded '8' (did not occur), June 30th left blank, July 1st through July 4th also coded '8' (13 days total) July 2012: a. July 6th through July 18th coded '8' except the 10th, 11th, and 17th which are left blank (13 days total) August 2012: a. August 5th through August 15th coded '8' except the 10th which is left blank (12 days total) b. August 17th through the 29th coded '8' with the 20th, 21st, 23rd, 26th, and 27th left blank (13 days total) The Unit Manager confirmed that the LNA flowsheets did not reflect a weekly shower in an interview at 3:30 PM on 9/18/12. The DNS confirmed that the LNA flowsheets did not confirm a weekly shower in an interview at 4:15 PM on 9/18/12.	F 282		
F 514 SS=B	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.	F 514		

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F 514	<p>Continued From page 2</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assure that the clinical record for 1 resident (Resident #3) was complete and accurate out of a sample of 4 residents. Findings include:</p> <p>Per review of the record for Resident #3, LNA flowsheets are coded to reflect transfer assistance for a shower or tub bath for each day of the month. Resident #3 requires an assist to transfer and shower according to his/her assessments and care plan. LNA flowsheets were reviewed for June, July, and August of 2012.</p> <p>The LNA flowsheets code the following:</p> <p>June 2012:</p> <p>a. June 8th through June 20th coded '8' (did not occur) for shower transfer (12 days total)</p> <p>b. June 22nd through June 29th coded '8' (did not occur), June 30th left blank, July 1st through July 4th also coded '8' (13 days total)</p> <p>July 2012:</p> <p>a. July 6th through July 18th coded '8' except the 10th, 11th, and 17th which are left blank (13 days total)</p>	F 514	<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 514</p> <p>Resident #3 is scheduled for a weekly shower on Thursdays mornings per her request.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>LNA's will be educated in the proper daily documentation of the care they provide to residents with emphasis on bathing.</p> <p>The nurse manager or her designee will be responsible to monitor LNA compliance in documentation.</p> <p>Random audits will be completed weekly by the DNS or her designee to assure compliance. Results of these audits will be brought to the monthly Performance Improvement Committee meeting for 3 months or until 100% compliance achieved. The DNS is responsible for overall compliance.</p>	<p>October 18, 2012</p> <p>ACCEPTED M. Johnson</p>
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Received Time Sep. 26. 2012 11:09AM No. 1399

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F 514	Continued From page 3 August 2012: a. August 5th through August 15th coded '8' except the 10th which is left blank (12 days total) b. August 17th through the 29th coded '8' with the 20th, 21st, 23rd, 26th, and 27th left blank (13 days total) The Unit Manager confirmed that the LNA flowsheets did not contain complete information for all days in an interview at 3:30 PM on 9/18/12. The DNS confirmed that the LNA flowsheets did not contain complete information for all days in an interview at 4:15 PM on 9/18/12.	F 514	<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>		
F9999	FINAL OBSERVATIONS Per Vermont Licensing and Operating Rules for Nursing Homes regulation 7.13(d)(1)(i): (d) Staffing Levels. The facility shall maintain staffing levels adequate to met resident needs. (1) At a minimum, nursing facilities must provide: (i) no fewer than 3 hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and of the three hours of direct care, no fewer than 2 hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program. This REQUIREMENT is NOT MET as evidenced by:	F9999	F 9999 The cumulative monthly PPD average June 3.22 July 3.39 August 3.4 September 3.4 RN and LPN provide direct care to residents on an as needed basis. The center will document daily by hours the time RN and LPN provide direct care to residents. The scheduler using the Vermont state tracking tool will be responsible to document the number of hours RN's and LPN's provide direct care to residents. The DNS or her designee will audit this tool on a weekly basis and report findings to the monthly Performance Improvement Committee. The Administrator is responsible for overall compliance.	October 18, 2012 ACCEPTED m. hyslop RN	

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Based on record review and staff interview, the facility failed to assure that no fewer than 2 hours per resident per day are assigned to provide standard LNA (Licensed Nursing Assistant) care. Findings include:

Per record review, the facility provided less than two (2) hours per resident per day of assigned LNA staffing as follows:

July 2012: The month of July had 20 days with less than 2 hours per resident per day of assigned LNA staffing (July 2, 3, 5, 8, 9, 10, 11, 14, 15, 16, 17, 20, 21, 23, 24, 25, 27, 28, 29 and 30).

August 2012: The month of August had 15 days with less than 2 hours per resident per day of assigned LNA staffing (August 1, 4, 5, 11, 12, 17, 18, 19, 20, 21, 24, 25, 26, 28 and 31)

From September 1 to September 16, 2012 there were 8 days with less than 2 hours per resident per day of assigned LNA staffing (Sep 1, 3, 7, 8, 10, 11, 14 and 16)

The DNS (Director of Nursing Services) confirmed that the hours reflected were correct and did indicate the actual LNA staffing. S/he did state that licensed staff were placed in direct care giving positions when LNA staffing was not sufficient, however there is no record of the number of hours of direct care provided by Licensed Nurses to replace the LNA staff.