

Division of Licensing and Protection
103 South Main Street
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

July 28, 2015

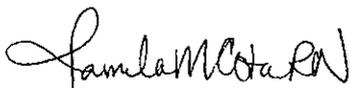
Ms. Alecia Dimario,
Kindred Transitional Care & Rehab Birchwood Terrace
43 Starr Farm Rd
Burlington, VT 05408-1321

Dear Ms. Dimario:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 3, 2015**. 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



JUN 22 2015

PRINTED: 06/10/2015
FORM APPROVED
OMB NO. 0938-0391

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

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 06/03/2015
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	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	7/2/15	
F 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to provide 2 of 21 residents with the right to make choices about aspects of their life in the facility that are significant to the residents (Resident #61 and Resident #70). The findings include: 1. Per interview on 6/1/15 at approximately 1:30 PM, Resident #61 responded "No" when asked if s/he was able to choose how many times a week s/he took a bath or shower. S/he reported that s/he did not know when s/he was scheduled for a shower and was not getting a weekly shower. S/he stated that s/he had asked for a shower but was told by staff, that they didn't have time and was "pushed off to another shift" and then was told on the next shift that there was "no time." During a second interview on 6/3/15 at approximately 8:30 AM, the resident said that showers are important to him/her and needed to</p>	F 242	<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> <hr/> <p>F 242</p> <p>Resident # 61 and #70 were informed of their right to choose the frequency of their bath/shower.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>Nurse managers or their designee will interview residents to determine and assure that they are receiving their bath/shower per their preference. The SDC or her designee will re-educate nursing staff on resident's right to choose the frequency and time of their bath/shower.</p> <p>Random audits/interviews will be done by Social Services of residents to assure compliance per resident request. Results of the audits will be brought to the monthly PI meeting until 100% compliance achieved for 3 months. The Administrator is responsible for overall compliance.</p> <p><i>F242 POC accepted 7/27/15 Pmcotaen</i></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Alicia D. Moran* TITLE *Executive Director* (X6) DATE *6/18/15*

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 242	<p>Continued From page 1</p> <p>wash hair and feel clean. S/he reported s/he was concerned about being a burden so did not like to request them.</p> <p>Per review of Resident #61's 5/5/15 admission MDS (Minimum Data Set), the resident is coded as having no rejection of care and required extensive assistance for transfers, dressing and personal hygiene and was totally dependent for bathing with 2 person assistance.</p> <p>Per 6/3/15 review of the C-wing Shower List, and confirmed by the Unit Manager, Resident #61 was scheduled for a weekly shower on Fridays.</p> <p>Per review of the Nursing Assistant Flow Sheets from April 28- May 31, 2015, Resident #61 was only coded as receiving a shower on 4/30/15 and on 5/29/15 (a 29 day interval).</p> <p>2. Per interview on 6/1/15 at approximately 10:30 AM, Resident #70 reported that s/he has resided in the facility since the beginning of April 2015 and has not gotten weekly showers. S/he reported having to turn down one shower in May due to a commitment but was not offered another shower until the following week. During a second interview on 6/3/15 at 10:30 AM, Resident # 70 reported feeling "awful when his/her hair was not washed regularly"; s/he stated that s/he loved showers, "its the best part of my day...it relaxes my muscles." Per review of Resident #70's 4/22/15 MDS, the resident is listed as having no rejection of care and requires extensive assistance for transfers and dressing and is totally dependent for bathing.</p> <p>Per review, the facility shower list recorded that Resident #70's is scheduled for a weekly shower on Wednesdays. Per review of the nursing assistant flow sheets from 4/8-5/31/15, Resident #70 was recorded as receiving a shower on 4/15, 4/17, 4/27, 5/1, 5/6 and 5/27/15 (a 21 day interval); the resident was documented as</p>	F 242		

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F 242	Continued From page 2 refusing a shower on 5/20/15. Per 6/13/15 at 9:00 AM interview with the facility DNS (Director of Nursing), s/he agreed that the documentation on the nursing assistant flow sheets does not show that either Resident #61 or #70 had weekly showers though they did receive daily sponge baths. S/he confirmed that it is an expectation that staff would reoffer a shower to a resident after a refusal and confirmed that there is no documentation that Resident #70 was reoffered a shower after his/her refusal on 5/20/15. S/he confirmed that showers as per resident "choice" are not documented as given.	F 242	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	7/2/15
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 431	Outdated medications from medication carts and medication rooms were discarded. All residents have the potential to be affected by the alleged deficient practice. The SDC and or her designee will educate the nursing staff of the policy to label medications with "date opened" and "discard date" and the policy to remove expired meds from use. The DNS or her designee will monitor through periodic random observation that medication carts and medication rooms have no expired medications. Results of these audits will be brought to the monthly PI meeting until 100% compliance achieved for 3 months. The DNS is responsible for overall compliance. <i>F431 POC accepted 7/27/15 PineStar</i>	

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F 431	<p>Continued From page 3</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure that medications were stored, labeled and discarded by current practice standards. Findings include: Per observation on 6/2/15, 4 out of 6 medication carts in the facility were found to have outdated vials of insulin, outdated insulin pens and expired medications. Additionally, 1 out of 3 medication storage rooms was found to have expired medications and expired nutritional supplements. Per interview on 6/2/2015 at 3:34 PM with a Licensed Practical Nurse (LPN #1) on B-Wing, he/she confirmed that there were 2 outdated vials of insulin and 2 outdated insulin pens used for residents on each of the medication carts for B-Wing. He/she also confirmed that one bottle of ocular vitamins had expired in 1 out of 2 medication carts on B-Wing. Per interview on 6/2/2015 at 4:15 PM with a Registered Nurse (RN # 1) on C-Wing, he/she confirmed that one vial of insulin was not labeled with date opened and/or expiration date; and that one bottle of vitamins (senior tabs) and a box of Glucagen were expired in 1 out of 2 medication carts on C-Wing. Per interview on 6/2/2015 at 4:31 PM</p>	F 431		

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F 431	Continued From page 4 with RN #2 on C-Wing, he/she confirmed that one vial of insulin was expired in 1 out of 2 medication carts. Per interview with the Nurse Manager on 6/2/2015 at 4:09 PM , he/she confirmed that in the medication storage room on C-Wing there was one bottle of laxative that had expired and that one case of nutritional supplement (Nepro) that had expired.	F 431		
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