

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

April 1, 2013

Ms. Ursula Margazano, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401

Dear Ms. Margazano:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on February 27, 2013. 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



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PRINTED: 03/19/2013
FORM APPROVED
OMB NO. 0938-0391

Licensing and
Protection

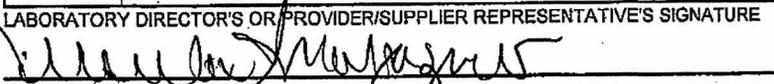
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2013
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NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401
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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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<p>F 000</p> <p>F 223 SS=E</p>	<p>INITIAL COMMENTS</p> <p>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 2/27/13. The following regulatory violation was identified.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon resident interview, staff interview, and record review, the facility failed to assure that 2 out of 3 residents (Residents #2 & #3) in the sample group remained free from verbal, physical and mental abuse. Findings include:</p> <p>1) Per record review on 2/28/13 the Plan of Care for Resident #1 dated 12/27/12 includes 'alterations in behavior manifested by socially inappropriate behavior, verbally abusive, physically abusive to other residents'. Per record review of an "Incident Note" on Resident #1's medical record dated 1/28/13 at 3:40 P.M. "[Resident #1] hit [Resident #2] with closed fist on side of face". The Plan of Care was revised on 1/29/13 to include the interventions "15 min. checks for behavior monitoring" and "behavior tracking to establish pattern, triggers, and effectiveness of interventions". Per record review,</p>	<p>F 000</p> <p>F 223</p>	<p>The following constitutes the facility's response to the findings of the Department of Licensing and Protection and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies.</p> <p>The facility maintains that it's residents live free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Intervention had been put in place and modified as needed depending on residents' outcome/response. DON, Unit Mng, SDC, &/or designee</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? : All residents are potentially affected by this alleged deficient practice.</p>	<p>2-27-13</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/29/13
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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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F 223 Continued From page 1
Resident #1 was maintained on 15 minute checks and Behavior Monitoring each 8 hour shift beginning on 1/28/13 and continuing through the day of the investigation on 2/28/13.

Per Nursing Notes on 2/14/13 Resident #1 was witnessed hitting Resident #2 on the leg. On 2/15/13 interventions of "separate resident from the people she feels are bothering her, encourage her to her room/sitting area" and "sitting area out of heavy traffic area" were added to Resident #1's Plan of Care.

Per interview on 2/28/13 at 3:03 P.M. a Licensed Practical Nurse on Resident #1's unit stated "We started a strategy a few weeks ago. We asked [Resident #1] to try to stay at end of the hall - away from the central nurses' station activity...It has made a significant difference."

Per record review Nursing Notes record on 2/20/13 "patient continues to be on 15 min. checks...this patient [Resident #1] in [h/her wheelchair] pulling on both of the arms of the other resident [Resident #3] shaking [h/her]. A staff member...stated that [h/she] saw this resident grabbing [Resident #3's] right hand and hitting left arm multiple times."

Per interview on 2/28/13 at 11:20 A.M. Resident #1 stated "Yes I've had trouble...you're not supposed to put hands on here. I understand that...if we got fussing and I hit you I could go to jail. If [Resident #2] hit me, I didn't try to take it so serious. Except one time when they was kicking. I wasn't going for that...It happened about 2 weeks ago...I wasn't going for that. But I blocked it, and I grabbed her leg...[H/her] name was [Resident

F 223

What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : Re-education to all Unit 5 direct care nursing staff re: behavioral triggers, symptoms, and interventions specific to resident #1.
DON, SDC, &/or designee

How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? :
3 audits/week of Resident #1 intervention outcomes X 4 weeks through clinical stand-up meeting (concurrent review) to insure effectiveness of interventions. Results reported at Action Team and QA meetings with changes made as appropriate.
DON, Unit Mngr, Social Svc, &/or designee

4-3-13

2-27-13

*F223 poc accepted 4/11/13
Pmcotarn*

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F 223	Continued From page 2 #2]. [H/she] rode [h/her] wheelchair up and down the floor, [h/she] always had some comment to say". Resident #1 continued "If I get my self control, not be angry at the first thing, I'll be alright. Last night [2/28/13] someone said something. I got angry, instead of hitting somebody; I went to the dresser and threw the radio on the floor. I just threw it. I didn't know who it was. It built up in my head." Per interview with the facility's Administrator and the Director of Nursing on 2/28/13 at 3:50 P.M. both confirmed that the actions of Resident #1 hitting, shaking, and grabbing Residents #2 & #3 demonstrated "willful" acts, with the actions and incidents verified by the facility's own internal investigations.	F 223			