

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

June 10, 2014

Ms. Meagan Buckley, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Ms. Buckley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 29, 2014**. 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

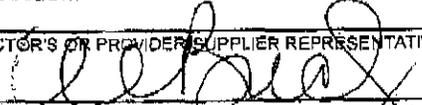
PRINTED: 05/09/2014
FORM APPROVED
OMB NO. 0938-0391

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 04/29/2014
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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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F 000	INITIAL COMMENTS An unannounced on-site complaint investigation concerning resident rights, quality of care and treatment and resident safety along with an investigation of an entity self-reported resident incident was conducted by the Division of Licensing and Protection on 4/28/14 and concluded on 4/29/14. The following regulatory violations were identified:	F 000	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 in the summary statement of deficiencies.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157	F 157 1. Resident #1 will be readmitted by 6/10/14. 2. No discharge notice has been issued to any other resident. 3. All residents discharged to the hospital are at risk of this alleged deficient practice. 4. Re-educate staff on discharge notice requirements. 5. Random weekly audits to be performed by Executive Director or designee to determine continued compliance with plan. 6. Executive Director shall report out to QAA committee monthly x3 at this time frequency of further surveillance shall be determined by committee. 7. Corrective actions shall be complete by 6/14/2014 F157 POC accepted 6/10/14 pncotaRW	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Sr. Executive Director	(X6) DATE 4/9/14
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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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F 157	<p>Continued From page 1</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record and policy review, the facility failed to provide a timely written notice of discharge from the facility for 1 of 3 residents. (Resident #1). Findings include: Per 4/29/14 medical record review, Resident #1 was readmitted to the facility on 6/11/12 with the following diagnoses: Orthostatic hypotension, quadriplegia and quadriparesis, low back pain and other chronic medical conditions. On 6/16/13, s/he was transferred to the hospital for symptoms of apneic breathing, a respiratory rate of 8-10 with audible gurgles and seizure like symptoms. Per interview with the facility administrator on 4/29/14, Resident #1 has remained in the hospital since his/her transfer on 6/16/13. Per review of documents submitted by the facility administrator to the State Agency (SA) on 3/17/14, the facility issued an amended "new notice of discharge" to Resident #1 on 3/5/14, almost 9 months after his/her transfer to the hospital. (A first notice of discharge was issued in January 2014). Per 4/29/14 review, the facility policy, "Notice of a Transfer and/or Discharge" states, "Our facility shall provide a resident and/or the resident's representative (sponsor) with a thirty (30)-day written notice of an impending transfer or discharge. On 4/29/14 at approximately 1:40 PM, the facility administrator confirmed that Resident #1 was not given a timely notice of discharge. (See F205 and F 206)</p>	F 157			

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F 164 F 164 SS=C	<p>Continued From page 2</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to assure that resident rights to privacy in accommodations and with whomver the resident wishes to be private is protected. This has the potential to affect all residents residing in the</p>	F 164 F 164	<p>F164</p> <ol style="list-style-type: none"> 1. The Center provides personal privacy in resident rooms and private meeting areas. No resident suffered any negative outcome. 2. All residents are potentially affected by this alleged deficient practice. 3. Closed Circuit monitoring is communicated to all that enter the Center via postings on each main entry door. 4. All current residents will be notified of closed circuit monitoring by letter of notice and at the next scheduled Resident Council meeting. New admissions will be notified by notice in admission agreement. 5. Re-educate staff on personal privacy requirements. 6. Random weekly audits to be performed by Admissions Coordinator or designee to determine continued compliance with plan. 7. Admissions Director or designee shall report out to QAA committee monthly x3 at this time frequency of further surveillance shall be determined by committee. 8. Corrective actions shall be complete by 5/29/2014 <p><i>F164 POC accepted 6/10/14 amc/klw</i></p>	

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F 164	Continued From page 3 facility and their visitors. Findings include: On 4/28/14, a split screen video monitor was observed at the fifth floor nurses station with images of residents and their visitors moving in the hallways and entering and exiting the elevator. On 4/29/14 at 11:20AM, the Director of Maintenance stated that the facility upgraded its DVR (Digital Video Recording) system and now has video monitoring cameras in the lobby area and on all four resident floors: unit 2 has 2 cameras in the hallway; unit 3 has 1 camera pointing to the elevator area; unit 4 has 4 cameras in the hallways; and unit 5 has 5 cameras in the hallways. There are also cameras on the unit 2 patio and at the entrances to the facility. Cameras were added to the halls on units 4 and 5 late last fall. The maintenance director reported that s/he can log onto his computer to view anything that occurred within the view of the camera for a 15 day time range; the cameras are motion activated. On 4/29/14 at 1:33 PM, the facility administrator stated that s/he has remote access to view the facility monitoring tapes on his/her computer. S/he confirmed that residents and their families may not be aware that videotaping is occurring; that there is no information in the resident admission packet about the taping and that residents and/or their responsible parties have not signed consents for the taping/monitoring.	F 164			
F 205 SS=E	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration	F 205			

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F 205	<p>Continued From page 4</p> <p>of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record and policy review, the facility failed to give written notice of the bed-hold policy at the time of transfer to the hospital for 2 of 3 residents in the survey sample. (Resident #1 and Resident #2). Findings include: Per 4/29/14 review, the facility "Holding Bed Space" policy, states that "when emergency transfers are necessary, the facility will provide the resident or representative (sponsor) with information concerning our bed hold policy within one business day of such transfer." "...The bed-hold information will include any charges that the resident may incur as well as the time limit established by the State Medicaid Plan for which the facility will reserve the resident's bed-space." 1. Per medical record review, Resident #1 reentered the facility on 6/11/12 with the following diagnoses: Orthostatic hypotension, quadriplegia and quadriparesis, low back pain and other chronic medical conditions. On 6/16/13, s/he was transferred to the hospital for symptoms of apneic</p>	F 205	<p>F205</p> <ol style="list-style-type: none"> 1. Resident #2 readmitted to the Center upon discharge from the hospital. Resident #1 will be readmitted on 6/10/14 2. All residents transferred to the hospital are at risk of this alleged deficient practice. 3. Re-educate staff on bed hold notice policy. 4. Random weekly audits by Social Services or designee to determine compliance with plan. 5. Social Services or designee shall report out to QAA committee monthly X 3 at this time frequency of further surveillance shall be determined by committee. 6. Corrective actions shall be complete by 6/10/2014 <p><i>F205 POC accepted 6/10/14 pme:starn</i></p>	

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F 205	Continued From page 5 breathing, a respiratory rate of 8-10 with audible gurgles and seizure like symptoms. Per interview on 4/30/14 at approximately 8:33 AM, the facility social worker confirmed that Resident #1 and/or his/her family were not provided with the bed-hold notice as per regulation. Per interview with the facility administrator on 4/29/14, Resident #1 has remained in the hospital since his/her transfer on 6/16/13; the facility issued a notice of discharge to Resident #1 on 3/5/14. 2. Per medical record review, Resident #2 was admitted to the facility on 1/10/14 with diagnoses that included muscle weakness, difficulty walking, pain, diabetes and other chronic medical conditions. S/he was transferred to the hospital on 1/24/14 for worsening symptoms that included dehydration. Per interview on 4/29/14 at 12:55 PM, the facility administrator confirmed that Resident #2 and/or his/her family were not provided with the bed-hold notice as per regulation; however, the resident re-entered the facility of 12/29/14 upon discharge from the hospital. On 4/30/14 at approximately 8:33 AM, the facility social worker reported that prior to February 2014; the facility did not have a good system in place to assure that the bed-hold notice was given to residents upon transfer to the hospital. The above information was confirmed by the facility administrator at 1:40 PM; s/he added that once the facility was aware that they were not meeting the requirement for bed-hold notice, steps were taken in February 2014 to assure that residents were provided with the notice. (See F157 and F206)	F 205		
F 206 SS=D	483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD	F 206		

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F 206	<p>Continued From page 6</p> <p>A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record and policy review, resident and staff interviews and facility submitted documents, the facility failed to permit re-admission to the first available bed for Resident #1, whose therapeutic leave period exceeded the 10 day bed-hold policy. Findings include: Per record review on 4/29/14, Resident #1 reentered the facility on 6/11/12 with the following diagnoses: Orthostatic hypotension, quadriplegia and quadriparesis, low back pain and other chronic medical conditions. S/he was transferred to the hospital on 6/16/13 for symptoms of apneic breathing, a respiratory rate of 8-10 with audible gurgles and seizure like symptoms. At the time of the transfer, Resident #1's 6/16/13 MDS (Minimum Data Set) entry documented the 6/16/13 discharge, as "unplanned," "return anticipated" At the time of discharge, Resident #1 was covered by the State Medicaid insurance plan and per 4/29/14 interview; the facility administrator confirmed that Resident #1 had no outstanding bills with the facility. Per review of documents submitted by the facility administrator to the State Agency (SA) (dated 3/17/14), the facility issued an amended new "notice of discharge" to Resident #1 on 3/5/14</p>	F 206	<p>F206</p> <p>F206</p> <ol style="list-style-type: none"> 1. Resident #1 will be readmitted by 6/10/14. 2. All residents with Medicaid that are transferred to the hospital are at risk of this alleged deficient practice. 3. Re-educate staff on policy to permit readmission beyond bed hold. 4. Random weekly audits by Social Services or designee to determine compliance with plan. 5. Social Services or designee shall report out to QAA committee monthly X 3 at this time frequency of further surveillance shall be determined by committee. 6. e. Corrective actions shall be complete by 6/10/2014 <p><i>F206 POC accepted 6/10/14 [signature]</i></p>		

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F 206	<p>Continued From page 7</p> <p>(almost 9 months after his/her transfer to the hospital). Per review, the 3/5/14 discharge notice stated that, the resident will be discharged from Burlington Health and Rehabilitation Center to the home of [Resident #1's family]. The letter continued, stating that, "the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility." Per review of Resident #1's 4/14/13 quarterly MDS (completed by facility 2 months prior to his/her hospitalization), Resident #1 is documented as having no behavioral symptoms, no rejection of care, and no physical or verbal symptoms directed at others. S/he is documented as needing extensive assistance for bed mobility, dressing and personal hygiene and as being totally dependent for toileting and bathing; s/he is described as having an impairment of bilateral upper and lower extremities, having an indwelling catheter and using a wheelchair. S/he was reported as having daily pain and being at risk for pressure ulcer development.</p> <p>Per 4/29/14 telephone interview at 7:30 AM, Resident #1 confirmed that s/he is still in the hospital but would like to return to Burlington Health and Rehab. S/he stated that it would be impossible to return to the family member's home (referred to in the facility discharge notice) as the apartment s/he resided in, in the past, is rented and occupied and the named family member is unable to provide care. S/he confirmed that s/he is a quadriplegic and is unable to use his/her legs and has very limited use of his/her arms due to a spinal cord injury. S/he reported needing the assistance of a mechanical lift to transfer from bed to wheelchair and back to bed and continues to need help with dressing, undressing,</p>	F 206		
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F 206	Continued From page 8 showering, bowel care and repositioning. S/he reported that s/he is also unable to prepare food. On 4/29/14 at 9:00 AM, the facility DON (Director of Nursing), confirmed that Resident #1's physical care needs were similar to other residents in the facility, and stated that "we do that care well." However, s/he added that LNAs (Licensed Nursing Assistants) were in Resident #1's room for hours and that his/her social needs were more difficult. The DON added that this was not a staffing issue and that Resident #1 got the care that s/he needed but the facility found it difficult to accommodate his/her social needs. The DON confirmed that the facility was in the process of making arrangements for transfer (at the time the resident was hospitalized) and that past attempts to facilitate a community transfer did not work out. Per 4/29/14 review, the facility "Holding Bed Space" policy, states that "when emergency transfers are necessary, the facility will provide the resident or representative (sponsor) with information concerning our bed hold policy within one business day of such transfer." "...The bed-hold information will include any charges that the resident may incur as well as the time limit established by the State Medicaid Plan for which the facility will reserve the resident's bed-space." The facility "Bed Hold Policy" further states that, "Vermont law permits us to hold a Medicaid recipient's bed for up to ten (10) days when a resident is discharged to a qualified hospital and will, upon discharge from the hospital, continue to need the level of services we are licensed and certified to provide and his/her bed is located on a wing/unit/floor that is licensed and certified to provide the level of services he/she will require. A resident, who is able to return to this Center, will be re-admitted to the first medically available bed"	F 206			

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BURLINGTON, VT 05401

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F 206	<p>Continued From page 9</p> <p>On 4/29/14 the facility administrator provided the facility's written admission agreement; in section 5 b., under the heading, "Medicaid-Assisted Patients" the agreement states: i. "In the case of a hospitalized Medicaid-assisted Patient, the Center will reserve a bed for up to ten days as required by the regulations of the state Medicaid agency." ii. "If the Center is not required to reserve a bed because it does not meet the regulatory conditions, it nevertheless will admit the Patient to the next available bed upon discharge from the hospital provided the Patient requires the Center's services."</p> <p>On 4/29/14 at 1:40 PM, the facility administrator reported that the facility declined a referral for Resident #1 to be readmitted to the facility in July or August 2013 and again around the time that the notice of discharge (3/5/14) was served to the resident; s/he reported, s/he had not talked to anyone in months [from the hospital] re Resident #1's status.</p> <p>Per 4/29/14 review, on 3/17/14 the facility submitted a letter to the SA from Resident #1's physician (dated 2/14/14). In the letter, Resident #1's physician wrote, that s/he contacted the medical director of case management at the hospital where Resident #1 is residing and was informed that Resident #1 has no significant care needs and is at a custodial level of care at the hospital. The physician ended his/her letter, stating that, "While Burlington Health and Rehab may not be the ideal location for [Resident #1] to receive care (typical clientele are typically much older with different care needs), I do think Burlington Health and Rehab is much more appropriate venue of care than the hospital where [s/he] has resided for the past 8 months, approximately."</p>	F 206		

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

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FORM APPROVED
OMB NO. 0938-0391

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 04/29/2014
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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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F 206	Continued From page 10 Per 4/28/14 interview, the facility administrator stated that the current resident census at the facility was 113; the facility is licensed for 126 residents. (See F 157 and F205)	F 206		