

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

March 8, 2013

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

Provider #: 475014

Dear Ms. Margazano:

Enclosed is a copy of your acceptable plans of correction for the complaint survey conducted on **January 30, 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:ne

Enclosure



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

RECEIVED
Division of

PRINTED: 02/13/2013
FORM APPROVED
OMB NO. 0938-0391

FEB 26 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED C 01/30/2013
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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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F 000	INITIAL COMMENTS An unannounced on-site complaint survey was conducted on 01/30/2013. The following regulatory violations were identified during the investigation:	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 on 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. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	The facility maintains that it informs the residents legal representative of the decision to transfer the resident to the emergency room How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Future notifications will be made and then documented in the medical chart with timed and specific documentation. DNS, ADNS, Nurse Mgr, &/or designee 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	2/25/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ushla S. Malgouy* TITLE *Executive Director/Administrator* (X6) DATE *2/25/13*

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.

pmc

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F 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to immediately inform the resident's legal representative of a decision to transfer Resident #1 from the facility to the Emergency Room. Findings include: Per record review, the incident note states that the resident's daughter was called on 12/25/2012 at 11:40 PM and a message left that a fall had occurred and to call back. The note states that the resident was transferred to the Emergency Room (ER) via ambulance at 12:40 AM. There was no additional note stating that the daughter was notified that resident had been transferred to the ER. The nurses notes in the resident record indicate that a call was placed to the resident's daughter on 12/25/2012 at 11:40 PM to let her know that the resident had fallen and request a call back. It does not reflect whether or not the message stated that the resident was being transferred to the ER. In an interview at 3:14 PM the nurse who wrote the note stated that s/he did state, in the first call, that the resident "might be transferred to the ER" and that s/he did not state that the resident was "OK". S/he also stated s/he believed that the nurse relieving him/her would notify the family of the resident's transfer to the ER after the decision was made to send her/him out. There is no evidence that this call was made per the Director of Nursing Services in an interview at 3:30 PM on 01/30/2013.	F 157	What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : LPN / RN staff will be re-educated on the notification policy for emergency hospital transfers and nursing documentation standards DNS, ADNS,SDC, &/or designee How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? : All residents transferred to the hospital room will be audited X 6 weeks, then randomly. Results reported during 24hr stand up, Action Team and QA Meetings with changes made as appropriate. DNS, ADNS, SDC &/or designee	2/25/13 2/25/13	
F 353 SS=F	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS	F 353	<i>F157 POC accepted 2/28/13 m Higgins RN / PMC</i>		

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F 353	<p>Continued From page 2</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide sufficient numbers of nursing staff and related services to maintain residents' highest practicable well-being in accordance with resident care plans. Findings include:</p> <p>Per record review and staff interviews the following information was identified. Staffing review of actual staffing 12/22/12 to 02/06/13 as well as review of numbers of hours per day per resident for the months of December 2012 and January 2013 was conducted. The</p>	F 353	<p>The facility maintains that sufficient nursing staff is provided to meet the care needs and supervision of all residents in the facility.</p> <p>How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Night shift LNA staffing scheduled per state staffing guidelines and resident need. There were no negative resident outcomes from this alleged deficient practice. Administrator, DNS, Nsg Scheduler, &/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.</p> <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : -Daily review of nursing schedule by DNS and or designee Administrator, DNS, ADNS, &/or designee</p>	<p>2/25/13</p> <p>2/25/13</p>

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F 353	<p>Continued From page 3</p> <p>schedules reveal night staffing which reflects insufficient staff to meet care needs of residents and provide sufficient care and supervision of all residents in the facility.</p> <p>At times the staffing on the fourth floor from 11 PM - 7 AM includes 1 nurse and 1 LNA (Licensed Nursing Assistant) with an additional LNA for 4 hours (usually 11 PM-3 AM or 3-7 AM). On one occasion there was 1 nurse and 1 LNA for each of the four units in the facility.</p> <p>In an interview at 11:15 AM on 4th Floor with two nurses, routinely assigned to this unit, for 4th floor demographics reveal that:</p> <p>12 residents require the use of a Hoyer Lift (always 2 person assist) however only one resident refuses the bedpan during the night shift and must be hoisted to the bedside commode during the night shift;</p> <p>3 residents require a 2 person assist for transfers (or 1-2 person);</p> <p>14 residents require a 1 person assist with transfers;</p> <p>7 residents require a 2 person (or 1-2 person) assist with bed mobility;</p> <p>21 residents require a 1 person assist with bed mobility;</p> <p>Most of the 35 residents on the 4th floor require a 2 person assist for a "boost" up in bed.</p> <p>In a review of the night schedule, the nurse designated as night supervisor is both supervisor for the building and assigned as the nurse on a Unit. In an interview on 01/30/2013 at 2:30 PM the DNS (Director of Nursing Services) and Administrator acknowledged that the nurse leaves the floor with LNA coverage only during an emergency requiring his/her attention. During that</p>	F 353	<p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? :</p> <p>Daily audits of the nursing schedule X 6 weeks, then randomly. Results reported during 24hr stand up, Action Team and QA Meetings with changes made as appropriate.</p> <p>DNS, ADNS and/or designee</p> <p><i>F353 POC accepted 2/28/13 MHiggins RN / PML</i></p>	2/25/13	

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F 353	Continued From page 4 time the LNA has a two-way radio as does the nurse. In a review, on 01/30/2013 at 2:40 PM, of the resident needs and staffing patterns, the DNS acknowledged that the number of nurses and LNA as related to the care needs of the residents reflect insufficient numbers of staff to meet all needs of the residents on some occasions.	F 353			
F9999	FINAL OBSERVATIONS 2.9 Reports to the Licensing Agency The following reports must be filed with the licensing agency: (a) At any time a fire occurs in the home, regardless of the size or damage, the licensing agency and the Department of Labor and Industry must be notified by the next business day. A written report must be submitted to both departments by the next business day. A copy of the report shall be kept on file in the facility. (b) Any untimely death that occurs as a result of an untoward event, such as an accident that results in hospitalization, equipment failure, use of restraint, etc., shall be reported to the licensing agency by the next business day, followed by a written report that details and summarizes the event. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interview the facility failed to assure that the death of Resident #1 possibly as the result of an accident that required hospitalization was reported according to state regulations.	F9999	The facility maintains that it does report to the Division of Licensing and Protection all required reports using the guidelines of the Licensing agency How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice?: Resident #1 no longer in the facility. How will the facility identify other residents having the potential to be affected by the same deficient practice?: Any resident that sustains an untoward event that leads to a death. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur?: The facility will report all deaths as required by state regulation. Admin, DNS &/or designee	2/25/13	

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F9999	Continued From page 5 Findings include: Per record reviews of the facility record and Division of Licensing and Protection (DLP) reports no report was made to the Division of an unanticipated death of Resident #1. In an interview on 01/30/2013 the Administrator and Director of Nursing Services (DNS) acknowledged that a report had not been made to DLP regarding the fall, hospitalization, and subsequent death. They stated that given the residents age, and that they were not negligent, they felt a report was unnecessary.	F9999	How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?: Audit any deaths that result from untoward events / accidents at concurrent review Admin, DNS &/or designee <i>F9999 POC accepted 2/25/13</i> <i>M Higgins RN / PMC</i>	2/25/13	