

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

August 23, 2012

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 follow-up survey conducted on **July 23, 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:ne

Enclosure



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

RECEIVED
Division of
AUG 10 12
PRINTED: 07/30/2012
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 _____	Licensing and Protection (X3) DATE SURVEY COMPLETED R-C 07/23/2012
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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
{F 000}	INITIAL COMMENTS	{F 000}		
F 279 SS=D	<p>The Division of Licensing and Protection conducted an unannounced on-site follow-up survey on 7/23/12. The following regulatory violation was cited as a result.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop a comprehensive care plan for 1 of 3 sampled residents (Resident # 6). Findings include: Per record review on 7/23/12 at 12:50 P.M., there</p>	F 279	<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 develops, reviews, and revises comprehensive care plans for all residents based on each resident's individual comprehensive assessments.</p> <p>How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? A comprehensive care plan was developed, reviewed and revised for resident #6 based on his individualized comprehensive assessments. Resident #6 suffered no negative outcomes from this alleged deficient practice. Nurse, Nurse Mgr, ADNS,DNS &/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>	7/24/12 on-going

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Wanda M. [Signature]
TITLE
Administrator
(X6) DATE
8/9/12

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 279	Continued From page 1 was no comprehensive care plan to address the needs of Resident #1 who was admitted to the facility on 6/1/12. Resident #1 has diagnoses including Status Post hip replacement, Mild cognitive impairment, Dysarthria, Gastroesophageal reflux disease, Osteoarthritis, Neutropenia, Benign prostatic hypertrophy, Hypothyroidism and Hyperlipidemia. The plans of care for the following areas: Fall risk, Bladder incontinence, Impaired cognitive function, Impaired visual function, Potential nutritional problem, Activities and Actual fall had no individualized goals or interventions to address the Resident's needs. Per interview with the Assistant Director of Nursing (ADON) and the Minimum Data Set Coordinator (MDSC) on 7/23/12 at 2:00 P.M., the MDS Coordinator stated that the aforementioned care plans were created by staff using an electronic medical record system. Both the MDSC and the ADON confirmed that the care plans were "canned" and goals and interventions were not individualized to meet the needs of Resident #1.	F 279	What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? All departments, including nursing, dietary, activities will be re-educated re: development, review and revision of comprehensive care plans based on individualized comprehensive assessments DNS, ADNS, SDC, &/or designee How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? Initial audit of all resident's care plans, to insure development, review and revision based on individualized comprehensive assessments. All new admissions will then be audited and tracked to insure care plan development is initiated, then reviewed and revised based on the comprehensive assessments and its timelines. DNS, ADNS, Nurse Mgr, &/or designee	8/15/12	8/16/12 on-going
			<i>F279 POC accepted 8/22/12 PmetarPW</i>		