

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

November 5, 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 **October 8, 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:kc

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

RECEIVED
Division of
PRINTED: 10/22/2014
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 _____	NOV - 3 14 Division of Licensing and Protection	(X3) DATE SURVEY COMPLETED 10/08/2014
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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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(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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F 000	INITIAL COMMENTS An unannounced on-site recertification survey was conducted by the Division of Licensing & Protection on 10/6-8/2014. The following regulatory deficiencies related to the survey 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 for the on the summary statement of deficiencies.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, for 1 of 15 sampled residents, for Resident #35, the facility failed to monitor for adverse side effects during the use of antipsychotic medication. The findings include the following: Per medical record review, Resident #35 was admitted on 4/16/12 with diagnoses to include Depression, Morbid Obesity, Neurogenic Bladder, Multiple Sclerosis, Chronic Pain Syndrome, Pulmonary Insufficiency and Dysphagia. Per medical record review on 10/8/14 at 2 PM, physician orders dated 4/16/12 prescribed Abilfy 10 mg by mouth (PO) and at bedtime. Resident #35 remains on the antipsychotic medication that requires monitoring for adverse side effects such as difficulty speaking, muscle spasms, restlessness, the need to keep moving, shuffling gait, stiffness of the arms and legs and other	F 282	F282 D 483.20(k)(3)(ii) 1. Resident #35 had no negative effects as a result of this alleged deficient practice 2. Residents receiving antipsychotic medication have the potential to be affected by this alleged deficient practice. 3. An initial audit will be performed for all residents receiving antipsychotic medication to ensure the AIMS testing have been completed. 4. Education will be provided to licensed nurses regarding the requirements for monitoring for adverse effects of psychoactive medication.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Asst. Executive Director	(X6) DATE 10/29/14
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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 282

Continued From page 1
muscular symptoms, to determine if the medication should be continued or dosage adjusted.

Interdisciplinary Care Plan (ICP) dated 11/4/12 evidences the use of antidepressant medications related to depression with goals to be free of adverse reactions related to medication and documents an intervention to monitor/record/report to Medical Doctor (MD) as necessary any side effects and adverse reactions of psychoactive medication.

Per record review, only one assessment for monitoring of side effects of psychoactive medications could be located since the resident's admission. The AIMS assessment (screening tool used to monitor for the above mentioned, potentially irreversible side effects) was dated 9/15/14 and contained a nursing note that stated: the resident has experienced changes with involuntary movements of lower extremities. There were no previous assessments to compare this to, and no evidence of a specific plan to assess and document the adverse effects of the psychoactive drug the resident has been on for a period of greater than 2 years.

Per medical record review and interview with the Unit Manager (UM) on 10/8/14 at 2:40 PM, confirmation was made that the only evidence of monitoring for side effects of psychoactive medication is one screening (AIMS) completed on 9/15/14. Per facility policy, "Use of Antipsychotic Drugs procedure #4", identifies that there must be a specific plan to monitor, document and assess the adverse effects of antipsychotic drugs.

F 282

5. Random weekly audits will be conducted by the DNS or designee to monitor the effectiveness of the plan.
6. The results of the audits will be reported to the QAA committee by the DNS or designee monthly x3 months at which time the QAA committee will determine further frequency of the audits.
7. Corrective action to be complete by 10/31/2014.

ACCEPTED 11/4/14
M. J. GIBSON RN

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F 431 Continued From page 2
F 431 483.60(b), (d), (e) DRUG RECORDS, SS=E 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.

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.

This REQUIREMENT is not met as evidenced by:

F 431 **F431.60(b), (d), (e)**
F 431

1. Residents #315, #BHR001, #35,

and #55 were not affected by the alleged deficient practice.

2. Residents receiving insulin have the potential to be affected by the alleged deficient practice.

3. An initial audit will be conducted by DNS or designee to ensure all opened vials of insulin are labeled correctly.

4. Staff education will be provided to licensed nurses regarding proper labeling of medication.

5. Random weekly auditing will be conducted by DNS or designee to evaluate the effectiveness of the plan.

6. The results of the audit will be reported to the QAA committee monthly X3 months at which time the QAA committee will determine the frequency of further auditing.

7. Corrective action will be complete by 10/31/14.

ACCEPTED
11/4/14
m Hggmorn

POC ACCEPTED
m Hggmorn

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F 431	<p>Continued From page 3</p> <p>Based on observation and staff interview the facility failed to ensure that four (4) multi dose vials of insulin, (for Residents # 315, # BHR001, #35 and #55), located on two separate nursing units, were labeled according to accepted professional principles, by identifying the date the medication was first used. The findings include the following:</p> <p>1. Per observation on 10/7/14, during a medication storage review, on the 3rd floor, Medication Cart #2, contained an open, partially used bottle of Novolin Insulin for Resident #315.</p> <p>Per interview with the Licensed Practical Nurse at 9:35 AM, confirmation is made that the insulin is currently used for Resident #315, that there is no date written on the vial or the box containing the insulin, to indicate when the medication had first been open and/or used. Therefore, nursing would not be able to accurately determine the date to discard the insulin, which the manufacturer suggests at twenty-eight (28) - thirty (30) days after opening.</p> <p>Per facility policy "Insulin Storage Policy", procedure #6: Once opened record the date and initial the label on the vial; #7: Insulin that is currently in use may be kept at room temperature for 30 days, away from direct sunlight. After 30 days, insulin opened and stored at room temperature should be discarded."</p> <p>2. Per observation on 10/7/14, during a medication storage review, on the 3rd floor, Medication Cart #2, contained an open, partially used bottle of Lantus Insulin for Resident #BHR001.</p>	F 431		

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F 431 Continued From page 4

Per interview with the Licensed Practical Nurse at 9:35 AM, confirmation is made that the insulin is currently used for Resident # BHR001, that there is no date written on the vial or the box containing the insulin, to indicate when the medication had first been open and/or used. Therefore, nursing would not be able to accurately determine the date to discard the insulin, which the manufacturer suggests at twenty-eight (28) - thirty (30) days after opening.

3. Per observation on 10/7/14, during a medication storage review, on the 4th floor, Medication Cart #2, contained an open, partially used bottle of Novolog Insulin for Resident #35.

Per interview with the Registered Nurse (RN) at 11:53 AM, confirmation is made that the insulin is currently used for Resident #35, that there is no date written on the vial or the box containing the insulin, to indicate when the medication had first been open and/or used. Therefore, nursing would not be able to accurately determine the date to discard the insulin, which the manufacturer suggests at twenty-eight (28) - thirty (30) days after opening.

4. Per observation on 10/7/14, during a medication storage review, on the 4th floor, Medication Cart #2, contained an open, partially used bottle of Lantus Insulin for Resident #55.

Per interview with the Registered Nurse (RN) at 11:53 AM, confirmation is made that the insulin is currently used for Resident #55, that there is no date written on the vial or the box containing the insulin, to indicate when the medication had first been open and/or used. Therefore, nursing

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F 431	Continued From page 5 would not be able to accurately determine the date to discard the insulin, which the manufacturer suggests at twenty-eight (28) - thirty (30) days after opening.	F 431		
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