

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

July 5, 2013

Mr. Timothy Shackleford, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641-5360

Dear Mr. Shackleford:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 5, 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



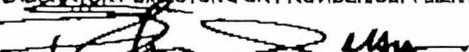
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2013
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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 08 HOSPITALITY DRIVE BARRE, VT 05641
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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	<p>INITIAL COMMENTS</p> <p>An unannounced, onsite Recertification survey was completed by the Division of Licensing and Protection from 6/3/13 to 6/5/13. The following are regulatory violations.</p> <p>F 156 SS=C 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally, and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(8) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (1)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the</p>	F 000	<p>Corrective Action</p> <p>F 156</p> <ol style="list-style-type: none"> 1. No residents were adversely affected by this alleged deficient practice 2. All residents have the potential to be affected by this alleged deficient practice 3. Information regarding resident rights, access to the Ombudsman and State and Federal agency contact numbers has been posted 4. The administrator or designee will perform weekly audits regarding the availability of this information 5. The results of the audits will be presented to the QAA committee monthly x 3 months by the administrator or designee. The QAA committee will determine frequency of audits at that time. 6. Corrective action complete by 7/2/13. <p><i>100 accepted R Tremblay French</i></p>	7/5/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6-7-13
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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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2013
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 88 HOSPITALITY DRIVE BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBC 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 15B	<p>Continued From page 1</p> <p>facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p> <p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p>	F 15B			

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05841		
(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)	(X6) COMPLETION DATE
F 156	<p>Continued From page 2</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to prominently display written information regarding resident benefit rights and access to ombudsman and state and federal agency contact numbers. Findings include:</p> <p>Per observation on 6/4/13 at 4:35 PM, the facility failed to post information regarding resident rights, access to the Ombudsman and State and Federal agency contact numbers. On 6/4/13 at 4:35 PM, the Acting Facility Administrator confirmed that the above information was not posted as required.</p>	F 156	<p>F 159</p> <ol style="list-style-type: none"> 1. No resident was adversely affected by this alleged deficient practice. 2. All residents who have funds in a personal account, managed by the facility, have the potential to be affected by this alleged deficient practice. 3. Personal funds are available to residents with personal accounts, managed by the facility. Funds are available after business office hours, weekends and holidays on C wing. 	
F 159 SS=B	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(6) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of</p>	F 159		

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 88 HOSPITALITY DRIVE BARRE, VT 05641		
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F 159	<p>Continued From page 3</p> <p>the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1811(a)(3)(B) of the Act, and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 159	<ol style="list-style-type: none"> 4. Staff will be educated on the procedure 5. Notification of availability of funds has been posted and the resident council president has been notified. 6. The resident council and Family Council will be notified at the next meeting. 7. The balance of the personal funds will be done at a minimum of weekly by the business office 8. Random audits will be done 3x weekly by the business office manager or designed to monitor effectiveness of the plan. 9. Results of the audits will be presented to the QAA committee by the business office manager or designee monthly x3 months. Frequency of audits to be determined by the QAA committee at that time. 10. Corrective action will be complete by 7/2/13. 		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2013
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 88 HOSPITALITY DRIVE BARRE, VT 05641	
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F 159	<p>Continued From page 4</p> <p>Based on staff interviews and reviews of facility policies and admission packet contents, the facility failed to provide residents with access to their personal funds whenever needed. Findings include:</p> <p>Per review of the facility policies and the information that is given to residents and their families upon admission, personal funds are only accessible during business hours. This is also confirmed during a family interview for Resident # 78 during stage 1 of the survey process on 06/04/2013.</p> <p>Per interview with the Accounting office staff on 06/04/2013 at 1:56 PM the facility manages personal funds accounts for 68 of the residents currently residing in the home. S/he reports that residents have access to their funds only during regular business hours but need to make arrangements in advance if money will be needed during the evening hours or on the week-ends.</p> <p>F 242 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to accommodate the resident's</p>	F 159	<p>F 242</p> <ol style="list-style-type: none"> 1. Preferences for breakfast times for resident #8 have been reviewed 2. All residents have the potential to be affected by this alleged deficient practice. 3. Reservation times have been reviewed and updated for residents on A and B wing. 4. Education to be provided to staff regarding updated reservation lists and preferences 5. Weekly audits to be completed by the DNS or designee to monitor

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641	
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F 242	Continued From page 6 preference for breakfast times for 1 of 40 residents interviewed for Quality of Life (Resident #8). During the quality of life interview with Resident #8 on 6/3/13 at noon time, the resident stated that s/he does not get his/her meals timely and that breakfast was an hour late that day. On 6/5/13, the resident was observed waiting for his/her breakfast at 8:30 am and stated that she didn't want to get anyone in trouble. The resident finally got his/her breakfast tray at 9:00 am. Interview with the Licensed Nursing Assistant #1 (LNA) on 6/6/13 at 11:30 am confirmed that personal care was completed by 8:00 am, the breakfast tray ticket was filled out and brought to the dining room and the tray does not get delivered until later. The LNA continued to do personal care on another resident.	F 242	effectiveness of the plan. 6. Results of the audits will be reported by the DNS or designee monthly to the QAA committee x3 months. Further frequency of the audits will be determined at that time by the QAA committee. 7. Corrective action will be complete by 7/2/13	
F 281 SS-D	483.20(k)(3)(I) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on Interviews and record review, the facility failed to conduct an assessment for 1 of 5 applicable residents (Resident #8) following a grievance/complaint of being hurt while being transferred from the wheelchair to the bed. During an interview on 6/3/2013 at noon time, Resident #8 stated that s/he was hurt while being transferred using the ARJO (mechanical) lift during the prior week. On 5/30/2013, the resident reported this to the Social Worker who completed a Resident Grievance/Complaint Investigation	F 281	F281 1. The incident for resident #8 was reviewed and investigation was completed. 2. All residents have the potential to be affected by this alleged deficient practice. 3. Nursing and social service staff will be inserviced regarding completion of a progress note and assessment at the time of a report of an incident 4. All reported incidents will be reviewed for proper documentation at concurrent review meeting.	

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641		
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F 281	Continued From page 6 Report Form. The report included that the LNAs (Licensed Nursing Assistants) did not position her correctly in the pad and therefore had to bend her leg to reposition. This caused great pain to her left leg. Interview with Unit Manager #1 on 6/4/2013 at 3:30 PM confirmed that although she knew about the incident, there were no nursing or social service progress notes concerning this incident or any physical assessment to determine if the resident had been hurt.	F 281	5. Random audits will be done by the DNS or designee to monitor effectiveness of the plan 6. Results of the audits will be reported by the DNS or designee to the QAA committee monthly x3 months. The frequency of the audits will be determined by the QAA committee at that time.		
F 282 SS-D	489.20(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 interview and record review, the facility failed to implement the plan of care for 1 of 30 residents in the stage 2 sample (Resident #15). Findings include: Per record review on 6/4/13 at 3:02 PM, the facility did not consider a gradual dose reduction (GDR) as per the plan of care for Resident #15 who is prescribed an antipsychotic medication. The care plan for psychotropic medications stated to evaluate effectiveness and side effects of medications for possible dose reduction of psychotropic drugs as indicated. On 6/4/13 at 3:42 PM, the Unit Manager (UM), confirmed there have no GDR attempts as required and that the care plan was not implemented related to the GDR.	F 282	7. Corrective action will be complete by 7/2/13. F282 1. Resident #15 had no adverse outcome related to this alleged deficient practice. The physician has reviewed resident #15's medication regimen. 2. All residents receiving antipsychotic medication have the potential to be affected by this alleged deficient practice. 3. Licensed nurses will be inserviced regarding the requirements for gradual dose reduction for antipsychotic use		

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641	
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F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain a psychological consult for Resident #8 to obtain the highest level of psychological well-being. Findings include: Resident #8 has diagnoses which include depression, anxiety, chronic pain and is on several antidepressant medications. There was a physician's order date 5/18/13 for psychological evaluation and treatment for signs and symptoms of depression. As of 6/5/13 at 9:00 am, the resident had not had a psychiatric consult. The Unit Manager #1 stated on 6/5/13 at 8:45 AM that it was social workers' (SW) responsibility to schedule the appointment. Interview with SW#1 and SW#2 on 6/5/13 at 9:00 AM stated that they were having trouble trying to get an appointment. After surveyor questioning, the SW#2 was able to schedule an appointment for the next day, 6/6/13.	F 309	4. Random audits will be completed weekly by the DNS or designee to determine effectiveness of the plan. 5. The results of the audits will be reported to the QAA committee by the DNS or designee x3 months. The QAA committee will determine the frequency of the audits at that time. 6. The corrective action will be complete by 7/2/13.	
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any	F 329	1. Resident #8 was not adversely affected by this alleged deficient practice and has since been seen by a psychologist 2. All residents that have a physician's order for psychological services have the potential to be affected by this alleged deficient practice 3. Social Services will be inserviced regarding timeliness of initiation of psychological services once an order is obtained. 4. Random weekly audits will be completed by the Social Services Director or designee to monitor effectiveness of the plan	

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F 329	<p>Continued From page 8</p> <p>drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 3 of 10 applicable residents (Residents # 15, 174, 217) in the stage 2 sample were free from unnecessary medications. Findings include:</p> <p>1. Per record review on 6/4/13 at 3:02 PM, the facility did not consider a gradual dose reduction (GDR) for Resident # 15 who is prescribed an antipsychotic medication. The resident has been on the antipsychotic medication for over 1 year.</p>	F 329	<p>5. Results of the audits will be reported to the QAA committee by the Social Services Director or designee monthly x3 months. Frequency of the audits at that time will be determined by the QAA committee.</p> <p>6. Corrective action will be complete by 7/2/13.</p> <p>F329</p> <ol style="list-style-type: none"> 1. Resident's number 15, 217, and 174 had no adverse effects related to this alleged deficient practice. Medication regimen was reviewed for resident #15, resident #217 no longer resides in the facility and the appropriate diagnosis was obtained for resident #174 after review with the physician. 2. All residents receiving medication have the potential to be affected by this alleged deficient practice. 3. Licensed nurses will be inserviced regarding requirements for gradual dose reduction, specific time range for medications, and obtaining appropriate diagnosis for medications. 		

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 99 HOSPITALITY DRIVE BARRE, VT 05641		
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F 329	<p>Continued From page 9</p> <p>The care plan for psychotropic medications stated to evaluate effectiveness and side effects of medications for possible dose reduction of psychotropic drugs as indicated. On 6/4/13 at 3:42 PM, the Unit Manager (UM), confirmed there have no GDR attempts as required.</p> <p>2. Per record review on 6/5/13, Resident #217 had orders for pain medication and anti-anxiety medication that contained a time range for administration. The order for pain medication read "Hydroco/APAP 6-326 mg. tab. One Tablet by mouth every 4-8 hours as needed for pain." and the anti-anxiety "Diazepam 5 mg. tab. One tablet by mouth every 4 to 6 hours as needed for muscle spasms." Per review of the discharge hospital medication list in May and the Medication Administration Record (MAR) for May 2013 from the facility have these medications ordered for every 4 hours without a time range. Per interview on 6/5/13 at 1:56 PM, the UM confirmed that these medications had a time range on the June MAR, that there were no physician orders in the medical record that change the original order, and that it was possibly an error generated by the pharmacy on the June MAR.</p> <p>3. Per record review on 6/4/13, Resident #174 was administered cyanocobalamin (Vitamin B 12) 1000 mcg/ml subcutaneously (by injection into the skin) monthly (order dated from 11/1/12) without a medical indication for use. On the 5/1/13 -5/31/13 physician medical order, the diagnosis listed for cyanocobalamin was for "supplement." According to the package insert (obtained from Drugs.com), injectable Cyanocobalamin is indicated for Vitamin B 12</p>	F 329	<p>4. Random weekly audits will be completed by the DNS or designee of the MARs in comparison to the physician orders to monitor effectiveness of the plan. Nursing will continue to do monthly order checks.</p> <p>5. Results of the audits will be reported by the DNS or designee to the QAA</p> <p>committee monthly x3 months. The frequency of the audits at that time will be determined by the QAA committee.</p> <p>6. Corrective action will be complete by 7/2/13.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2013
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05841	
(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 329	Continued From page 10 deficiencies due to malabsorption which may be associated with the following conditions: Addisonian (pernicious anemia), gastrointestinal pathology, dysfunction, or surgery, including gluten enteropathy or sprue, small bacterial overgrowth, total or partial gastrectomy; fish tapeworm infestation; malignancy of the pancreas or bowel, or folic acid deficiency. Per review of the medical record with the UM on 6/4/13 at 4:05 PM, s/he confirmed that there was no medical indication or supporting lab values for the use of injectable cyanocobalamin for this resident. There were no evidence in the nursing progress notes from 1/1/2013 -6/4/13, that the physician had been contacted to clarify a medical indication for injectable cyanocobalamin.	F 329		
F 334 58=C	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that – (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal	F 334	F334 1. No residents were adversely affected by this alleged deficient practice. 2. All residents who receive the influenza vaccine have the potential to be affected by this alleged deficient practice 3. All residents receiving the influenza vaccine will receive necessary information prior to administration of the vaccine. 4. A random audit of information given or sent will be done by the DNS or designee prior to administration of the vaccine to monitor the effectiveness of the plan 5. The results of the audit will be reported to the QAA committee during flu season. 6. Corrective action will be complete by 7/2/13.	

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641
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F 334	<p>Continued From page 11</p> <p>representative was provided education regarding the benefits and potential side effects of Influenza Immunization; and</p> <p>(B) That the resident either received the Influenza Immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that –</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or</p>	F 334		
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2013
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 88 HOSPITALITY DRIVE BARRE, VT 05641		
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F 334	Continued From page 12 the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide 4 of 5 sampled residents or their legal representatives (Resident # 8, # 18, # 38, # 49) with educational material regarding the benefits and potential side effects of the immunization prior to administration of the vaccine. Findings include: Per review of the medical records for those 4 residents between 06/04/2013 and 08/05/2013 there is no evidence to indicate that current educational material was provided to the residents or their responsible agents prior to receiving the flu vaccine in 2012. All records contain signed consent forms that include some potential side effects, but there is no documentation that the potential benefits were addressed or that all side effects of the vaccine were mentioned. The Infection control nurse confirms during interview on 08/05/2013 at 1:15 PM that there is no record of what educational material is given to the family/ resident either in their medical record or in a shared place in the facility files.	F 334			
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive	F 364	F364 1. Resident #123 has no negative effects related to this alleged deficient practice. 2. All residents have the potential to be affected by this alleged deficient practice. 3. The times of food delivery to the units have been reviewed and revised to assist in ensuring adequate temperature. 4. Dietary and nursing staff will		

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641	
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F 364	<p>Continued From page 13</p> <p>value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of the Resident Council Minutes, the facility failed to provide meals that were palatable to resident #123.</p> <p>The Resident Council minutes were reviewed for the months of November 2012 through May, 2013. Issues of cold food were identified by the residents for the months of November, January, March and May. Although changes were made according to the Resident Council Action Summary, cold food remained an issue.</p> <p>On 6/4/2013, the food truck was observed on the A and B Unit at 8:00 am. At 9:00 am, there were 4 trays were still on the A and B Unit food trucks. On the A unit, one tray had cold soggy toast. At 9:05 am, Resident #123 was delivered his/her breakfast. The resident complained that food is always cold and asked the surveyor to taste the scrambled eggs and hot cereal. Although the cereal was warm to taste and was palatable, the scrambled eggs were cold and not palatable. Interview with the with Food Service Director at 10:00 am confirmed that the trucks were delivered to the A and B units between 7:35 and 7:45 am and that it was the nurse's aides responsibility to deliver the trays.</p>	F 364	<p>be inserviced regarding the need to serve food timely and at the right temperature</p> <ol style="list-style-type: none"> Random audits will be completed at least weekly by the Dietary Food Service Director or designee to monitor effectiveness of the plan. Results of the audits will be presented to the QAA committee by the Food Service Director or designee monthly x3months. The frequency of the audits will be determined by the QAA committee at that time. Corrective action will be complete by 7/2/13. 	
F 371 SS=E	483.36(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641		
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F 371	<p>Continued From page 14</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to store food under sanitary conditions.</p> <p>On 8/3/2013 at 10:00 am, the kitchen tour was conducted with the Food Service Director (FSD) and the following was observed:</p> <ol style="list-style-type: none"> In the storeroom, 2 bags of potatoes were located in the storeroom underneath the air conditioning unit and under pipes. The ceiling above the pipes had old stains from an old leak. Dented cans were observed in the storeroom. One can was bulging (possible food contamination) and another was dated 2011. The District Manager was asked how often the cans were sent back to the company, he stated that it was when they get the credit. In the reach refrigerator, 2 individual portions of previously frozen lasagna were dated with the made date, but did not contain the pulled date. Strawberries with syrup were undated. Mighty Shakes were stored in the walk-in 	F 371	<p>F371</p> <ol style="list-style-type: none"> No residents were adversely affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The potatoes were removed from the area. The dented cans were removed and discarded The lasagna was removed and discarded The strawberries were removed and discarded The Mighty Shakes with no expiration dates were discarded The steam table was cleaned and the drain was cleared and will be cleaned at least 3x weekly The chemicals over the clean dishes were removed and the unidentified liquid was discarded. 		

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F 371	Continued From page 15 refrigerator and unit refrigerator without an expiration date. Per manufacturer instructions, once the product has been defrosted, the shakes are good for 14 days. 5. The steam table was observed to have dirty water in the wells. It also had paper floating in it. At 11:15 am, the FSD started to load the steam table. When asked when the last time it was emptied, he stated it was on Friday (5/31/2013). He then took the food out and tried to empty the wells using the drain which was clogged. It had to be emptied manually and then cleaned. 6. In the dishroom area, 3 containers of hand soap, heavy duty cleaner and a cottage cheese container with an unidentified liquid in it was stored on the top shelf over clean dishes and paper napkins. 7. Mops and brooms were stored behind the fan which was blowing air toward the clean dishes. 8. There was a cover bucket with broken dishes and mold growing inside of it found underneath the dirty side of the dismantling table.	F 371	10. The mops and brooms were removed and the rack dismantled 11. The cover bucket was discarded. 12. Dietary staff will be inserviced regarding proper food storage, sanitation, chemical storage, storage of mops/brooms, proper disposal of broken items. 13. Random audits will be completed at least twice weekly by the Food Service Director or designee to monitor effectiveness of the plan. 14. Results of the audits will be reported to the QAA committee by the Food Service Director or designee monthly x3 months. Further frequency of the audits will be determined by the QAA committee at that time. 15. Corrective action will be complete by 7/2/13.		
F 514 SS-D	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the	F 514			

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F 514	<p>Continued From page 16</p> <p>resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure documentation of an incident reported to the Social Worker (SW) was part of the medical record for 1 resident, Resident #8.</p> <p>On 5/30/2013, Resident #8 reported to SW#1 that s/he was hurt during a transfer using the ARJO lift. Interview with the Unit Manager #1 on 6/4/2013 at 3:30 PM confirmed that there were no nursing or social service notes progress notes about the incident. On 8/5/2013 at 9:00 AM, SW#1 confirmed that no social service notes were located in the electronic or hard copy of the medical record concerning the 5/30/13 incident report, but that the notes were kept in the social service office.</p>	F 614	<p>F514</p> <ol style="list-style-type: none"> 1. Resident #8 has had no adverse effect related to this alleged deficient practice. 2. All residents with concerns have the potential to be affected by this alleged deficient practice. 3. Nursing staff and social service staff will be inserviced regarding completion of a progress note and assessment at the time of a report of concern. 4. Random weekly audits will be completed by the DNS or designee to ensure proper documentation of reported incidents x3 months to monitor the effectiveness of the plan. 5. The results of the audits will be reported by the DNS or designee to the QAA committee monthly x3 months. The frequency of audits will be determined by the QAA committee at that time. 6. Corrective action will be completed by 7/2/13. 		