VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

January 27, 2014

Ms. Teresa Voci, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641-5360

Dear Ms. Voci:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 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:jl

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

PRINTED: 01/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	475020		C 12/30/2013

NAME OF PROVIDER OR SUPPLIER: BERLIN HEALTH & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE: 98 HOSPITALITY DRIVE, BARRE, VT 05641

(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 An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on December 30, 2013. The following regulatory violation was cited.	F 000	Preparation and/or execution of this plan of correction does not constitute the provider's admission of/or agreement with the alleged violations or conclusions set forth in this statement of deficiencies. This plan is prepared and/or executed as required by state and federal law.	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any 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. 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure one of two residents was	F 329		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa [illegible] TITLE: Exec. Dir (X6) DATE: 1/27/14

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.

PML

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F 329	Continued From page 1 free from unnecessary drugs. (Resident # 1). Resident # 1 was admitted via ambulance to the facility on June 11, 2013. Her/his primary listed diagnoses included a urinary tract infection, dementia, and multi farct cerebral vascular accident (stroke). She/he was prescribed the (anti-depressant) Mirtazapine 15 mg upon admission. The medication administration record (MAR) notes the reason for administration as insomnia. There is no psychiatric mood disorder addressed by the treating physician, and there is no documented diagnosis for depression. The MDS admission assessment does not document a mood disorder or depression. The MDS discharge assessment does not document a mood disorder or depression at the time of discharge. A sleep aid medication, Zolpidem 5 mg at bed time was also prescribed to be taken as needed for insomnia. It was not administered to the resident the entire month of July. The resident was discharged on July 30, 2013. On December 30, 2013 at 3:40 PM the acting Nursing Director confirmed that the resident had been prescribed the anti-depressant Mirtazapine 15 mg for insomnia and not for an associated mood disorder or depression.	F 329	Resident #1 is deceased. No Resident was adversely affected by this alleged deficient practice. All Residents who receive psychotropic medications have the potential to be affected. Residents current medications will be audited for appropriate diagnoses where applicable by the DON or Designee. Residents receiving psychotropic medication diagnoses will be randomly audited weekly and PRN by the DON or Designee to ensure appropriate diagnoses are ordered. Results of the audits of Residents receiving psychotropic medications will continue to be reviewed monthly through the QA Committee where it will be determined by the IDT if more frequent auditing is required. Corrective action to be completed by F329 POC accepted 1/22/14 DDelCaroRN/PMC	01/24/14