



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) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

March 1, 2010

Meagan Buckley, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641

Provider #: 475020

Dear Ms. Buckley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 27, 2010**. Please post this document in a prominent place in your facility.

We will 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,

Suzanne Leavitt, RN, MS
Licensing Chief

Enclosure



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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNF AND NFA	PROVIDER # 475020	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 1/27/2010
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 278	<p>483.20(g) - (j) RESIDENT ASSESSMENT</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Per medical record review and staff interview, the facility failed to properly code "resistance to care" on the MDS (a Resident Assessment Data Collection Tool) for 2 of the residents in the survey sample (Residents #6 and #96). Findings include:</p> <ol style="list-style-type: none"> 1. Per record review, Resident #96's most recent MDS, a quarterly assessment dated 12/13/09, inaccurately coded the resident as resistive to care. During interview, at 1:20 PM on 1/27/10, the MDS Coordinator confirmed the inaccurate code and the lack of evidence to support that the resident was resistive to care during the ARD (Assessment Reference Date) period. 2. Per record review for Resident #6, the resident was coded on the MDS as being resistive to care in the 7 days preceding the MDS assessment that was completed on 10/26/2009. The nurses' notes written between 10/23/2009 and 10/26/2009 indicate that Resident #6 had refused medications on 2 occasions and refused care on 1 occasion which was due to his/her physical condition at the time, indicating that the refusals were a matter of choice and not a behavior issue. This was confirmed during interview with the Unit Manager on 01/27/2010 at 2:19 PM. The MDS Coordinator also confirmed during interview on 01/27/2010 at 2:25 PM that the MDS was coded for resistance to care as a behavioral issue.

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

The above isolated deficiencies pose no actual harm to the residents

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

PRINTED: 02/05/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____	(X3) DATE SURVEY COMPLETED 01/27/2010
		B. WING _____	

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	F 000		
F 226 SS=D	<p>483.13(c) STAFF TREATMENT OF RESIDENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to implement their policy and procedure regarding reporting of potential mistreatment of a resident (Resident #157). Findings include: Per record review, the facility failed to report an incident, in which Resident #157 alleged rough treatment by a staff member, to the appropriate state agencies. The facility's policy, 'Reporting Abuse to State Agencies and Other Entities/Individuals' states; "1. Should a suspected violation or substantiated incident of mistreatment, neglect, injuries of an unknown source, or abuse...be reported, the facility administrator, or his or her designee, will promptly notify the following persons or agencies (verbally and written) of such incident: a. The State licensing/certification agency...d. Adult Protective Services."</p> <p>A nurse's note, dated 1/18/10, revealed that the nurse had been notified by an LNA (Licensed Nursing Assistant) of a bruise on Resident #157's right thigh. The note stated that the "area does</p>	F 226	<p>Corrective action: F226</p> <ol style="list-style-type: none"> 1. Resident #157 evaluated and no negative outcome resulted from this alleged deficient practice. 2. Allegation reported to Vermont Licensing and Protection. 1/27/2010 3. All residents have the potential to be affected by this alleged deficient practice. 4. Staff re-educated by the Director of Nursing or designee for standards of practice for abuse prevention and reporting. 2/26/2010 5. Random weekly audits to be performed by Director of Nursing or designee to determine continued compliance with plan. 6. Director of Nursing shall report out to QAA committee monthly x3 at this time frequency of further surveillance shall be determined by committee. 7. Corrective actions shall be complete by 2/26/2010 <p><i>BC unit 2-18-10</i> <i>P Cuto 18</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Chase K. Buel* TITLE Administrator 2/12/10 (X6) DATE

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

PRINTED: 02/15/2010
FORM APPROVED
OMB NO. 0938-0391

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 01/27/2010
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 226	Continued From page 1 look like finger prints" and "when res asked how it happened res didn't want to say." The note further stated that the resident identified a staff member stating; "(s/he) has iron hands." Although the facility conducted an immediate investigation of the incident, both the DNS (Director of Nursing Services) and the Administrator confirmed during interview, on the afternoon of 1/25/10, that the incident had not been reported to the appropriate state agencies.	F 226		
F 253 SS=D	483.15(h)(2) HOUSEKEEPING/MAINTENANCE The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide maintenance services necessary to maintain a safe and orderly interior for 1 applicable resident (Resident #38). Findings include: Per observation on 01/25/2010 and 01/26/2010, the facility failed to ensure that the baseboard heating elements in resident rooms were properly maintained. The heating element in the room of resident #38 was observed to be separating from the wall, contains hard, sharp edges, and is in contact with a fall mat which is placed between the bed and the wall. Resident #38, who occupies the bed closest to the heating element in this room, has a history of rolling out of bed. The above was confirmed by staff interview and staff observation on 01/26/2010.	F 253	Corrective action: F253 1. Resident #38 evaluated and no negative outcome resulted from this alleged deficient practice. 2. Heater alleged to be defective checked and repaired. By 1/29/2010 3. All room heaters can potentially be affected. 4. Maintenance Staff to check all heaters and make any necessary repairs by 2/26/2010 5. Random weekly audits to be performed by Maintenance director or designee to determine continued compliance with plan. 6. Maintenance Director shall report out to QAA committee monthly x3 at this time frequency of further surveillance shall be determined by committee. 7. Corrective actions shall be complete by 2/26/2010 <i>De unit 2-18-10 P cath 15</i>	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS	F 280		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 9F4V11

Facility ID: 475020

If continuation sheet Page 2 of

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

PRINTED VERSION
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2010
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)	
F 280	Continued From page 2 The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to revise the comprehensive care plan to reflect the current status and needs for 1 applicable resident (Resident #157). Findings include: Per record review, although Resident #157 had been identified as high risk for bruising related to medications s/he was receiving and, in fact, had developed bruises, the care plan had not been updated to identify interventions to reduce the risk of bruising during provision of care. Per review of nurses' notes, the resident was identified on 1/5/10 with bruises of unknown origin on both the	F 280	Corrective action: F280 1. Resident #157 evaluated and no negative outcome resulted from this alleged deficient practice. 2. Care plan of resident #157 updated. 1/28/2010 3. Residents who bruise easily can be affected by this alleged deficient practice. 4. All resident who bruise easily care plans reviewed and updated as needed. By 2/26/2010 5. Staff re-educated by the Director of Nursing or designee for standards of practice for caring for residents who bruise easily. By 2/26/2010 6. Random weekly audits to be performed by Nurse Manager or designee to determine continued compliance with plan. 7. Director of Nursing shall report out to QAA committee monthly x3 at this time frequency of further surveillance shall be determined by committee. 8. Corrective actions shall be complete by 2/26/2010 <i>PDC unit 2-18-10</i> <i>P. Carter</i>	

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 01/27/2010
-----------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------	-------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 90 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 280	Continued From page 3 right hip and the left ring finger and on 1/18/10, another bruise was noted on the resident's right thigh which was identified as; "...does look like finger prints..." When questioned about the origin of the right thigh bruise the resident had responded that during the provision of care, one staff member had "iron hands." The nurse's note further stated that when the physician was notified of the bruise, s/he had stated that people on a medication regimen that included Aspirin and Plavix (both of which the resident received), "bruise easily." During interview on the afternoon of 1/26/10, the nurse Unit Manager confirmed that although staff were aware of the resident's high risk for bruising, the care plan had not been updated to reflect the current right thigh bruise or interventions to reduce the risk of further bruising.	F 280		
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--