



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

August 25, 2010

Mr. Daniel Daly, Administrator
Birchwood Terrace Healthcare
43 Starr Farm Rd
Burlington, VT 05401

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **August 11, 2010**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



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

RECEIVED
Division of

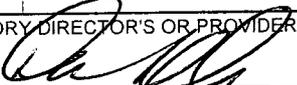
PRINTED: 08/13/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ licensing and Protection	(X3) DATE SURVEY COMPLETED C 08/11/2010
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NAME OF PROVIDER OR SUPPLIER BIRCHWOOD TERRACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD 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 visit was conducted on 8/11/10 to investigate a complaint and a facility mandated report. The following regulatory violations were found.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens	F 441	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F441 The Staff Development Coordinator in-serviced the RN involved on proper procedure for clean dressing change, hand washing and contact precautions. The SDC in-serviced the LNA's involved on proper procedure for contact precautions. Clean dressing change competencies for nurses will be done to validate proper technique. Hand washing competencies will be done for nursing staff to validate proper hand washing technique. The SDC or Infection Control Nurse will in-service nursing staff on proper procedure for contact precautions. The DNS, or her designee, will re-inservice and or counsel any employee identified as not following proper procedure for clean dressing change, hand washing or contact precautions. The DNS, SDC or her designee through periodic observation of care will monitor this. Results of these audits will be brought to the monthly P.I. meeting until 100% compliance is achieved. The DNS is responsible for overall compliance.	9/11/10.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 8/20/10
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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 441	<p>Continued From page 1</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to implement and maintain infection control measures for prevention of the spread of infection for 1 applicable resident in the targeted sample residing on 1 of 3 units in the facility. (Resident #1) Findings include:</p> <p>1. Per 2 observations of nursing care provision on 8/11/10 to Resident #1, who was on contact precautions, staff failed to consistently adhere to the facility's policy/procedures for Clean Dressing Change, Hand Hygiene/Handwashing and contact precautions. During a dressing change observation at 11:10 AM on 8/11/10, the RN (Registered Nurse) failed to create a clean field prior to placing dressing supplies on the resident's overbed table, per the policy. The RN then used a sanitizer to cleanse hands rather than hand washing (as indicated by the type of infection present, per policy) and proceeded to move a waste basket with gloved hands and without changing the soiled gloves, removed the old dressing from the resident's wound. The RN then failed to cleanse the entire wound area, and only cleansed the lower open area, which had greenish brown drainage visible on the first cleansing wipe. This was confirmed by interview with the RN at that time. Later in the dressing change the nurse removed gloves and was timed to wash hands in the bathroom for 8 seconds,</p>	F 441		

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F 441	<p>Continued From page 2 less that the required 20 seconds per policy.</p> <p>During observation of redoing the dressing change after repositioning the resident, the RN again failed to wash hands when indicated after washing the wound area and removing gloves. The RN used hand sanitizer and re-gloved and proceeded to redress the wound. After completion of the dressing, the RN failed to remove gloves/cleanse hands and used the same gloved hands to operate the bed controls to raise up the head of the bed and document the date on a bottle of saline which could be used at a later time.</p> <p>The observations were confirmed with the RN and the Unit Manager, who assisted with turning the resident immediately after the conclusion of care.</p> <p>2. At 4:05 PM on 8/11/10, upon entering the resident's room, 2 LNAs (Licensed Nursing Assistants) were observed turning and repositioning the resident in bed. Neither LNA was wearing a disposable gown as required due to the presence of an infection. Per review of the care plan and confirmed during interviews with the LNAs and the Infection Control Nurse at 4:10 PM and 4:15 PM, the resident is on contact precautions (precautions per protocol) and gowns and gloves are to be worn when providing care. The LNA stated when asked when gowns were required that she thought gowning was only necessary when providing personal care. She then realized that she had direct contact with the resident and bedding and agreed that gowns should have been worn by herself and the other LNA present. The Infection Control Nurse stated that gowns should be worn whenever there is contact with the resident.</p>	F 441			

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