

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 3, 2016

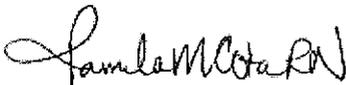
Ms. Alecia Dimario,
Kindred Transitional Care & Rehab Birchwood Terrace
43 Starr Farm Rd
Burlington, VT 05408-1321

Dear Ms. Dimario:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 24, 2016**. 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

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

PRINTED: 09/14/2016
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 _____	(X3) DATE SURVEY COMPLETED C 08/24/2016
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB BIRCHWOOD TER	STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT 05408
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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	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 157 SS=D	<p>An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 8/24/2016. The following regulatory issue was identified:</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157	<p><i>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.</i></p> <p>F 157</p> <p>Resident #3 no longer resides at facility.</p> <p>Resident that sustain falls have the potential to be affected by the alleged deficient practice.</p> <p>The Nurse management team has been re-educated in the policy of timely notification of families/MD of resident falls.</p> <p>Nurse managers or their designee will review all resident event reports daily to assure that family/responsible party and MD have been notified.</p> <p>The DNS or her designee will monitor through record review and/or daily clinical rounds that timely notification of events has occurred.</p> <p>Results of the audits will be brought to monthly Performance Improvement Committee until 100% compliance.</p> <p>The DNS is responsible for overall compliance.</p> <p><i>F157 POC accepted 9/29/16 G Coleman RN PM</i></p>	9/26/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cecilia Manno</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>9/19/16</i>
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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 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to notify the family about a fall experienced by 1 of 4 residents in the sample (Resident # 3) that resulted in an injury to that resident and had the potential for requiring physician intervention. The specifics are detailed below: Per medical record review, Resident #3 was admitted to the facility on 7/12/2016 from a local hospital with a history of frequent falls, head laceration, fractured pelvis, late onset Alzheimer's Disease, depression, difficulty walking and osteoarthritis. Resident #3 sustained falls in the facility on 7/25, 8/11 and 8/12/2016. The family was not notified of the fall on 7/25/2016, but they were told about the other 2 falls. Per review of the staff documentation and confirmed during interview with the unit manager and the facility MD, Resident # 3 was aware of the fall and so the family was not notified. The Minimum Data Set (MDS) dated 7/19/2016 codes the resident as "severely cognitively impaired." Facility policy details informing physicians and responsible parties of any untoward events. Resident #3 had been receiving analgesics and physical therapy at the time of the first fall. Per physical therapy notes during the week of 7/25/2016 Resident # 3 was noted to not be a candidate for physical therapy as her/ his pain level had increased between 7/25/2016 and 7/30/2016. On 7/30/2016 an x-ray was ordered	F 157			

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F 157	Continued From page 2 and a note indicates that the mobile x-ray unit was not available on week-ends and the x-ray would be done on Monday, 8/1/2016. Results of the x-ray revealed a fractured right clavicle, with a sling ordered to be in place when the resident was out of bed. Pain assessments and care planning are in place and staff report that resident #3 was moved to a room that was closer to the nurses' station as she would often forget to call for help to go to the bathroom. Resident # 3 had been receiving Coumadin, a blood thinner for an irregular heartbeat and at admission to the facility, this was changed to Lovenox, which was administered between 7/12 and 8/11/2016.	F 157			