

Division of Licensing and Protection
103 South Main Street
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 15, 2016

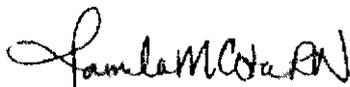
Ms. Alecia Dimario,
Kindred Transitional Care & Rehab Birchwood Ter
43 Starr Farm Rd
Burlington, VT 05408-1321

Dear Ms. Dimario:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 22, 2015**. 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

JAN 11 2016

PRINTED: 12/23/2015
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 12/22/2015
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB BIRCHWOOD TER			STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT 05408	
(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 onsite investigation of two entity self-reported incidents was completed by the Division of Licensing and Protection on 12/22/15. The following regulatory issue was identified:	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the Consultant Pharmacist reported any medication irregularities to the attending Physician and the Director of Nursing for 1 of 4 residents in the sample (Resident # 4). Findings include: Per record review on 12/22/15, Resident # 4 had physician orders for 4 "as needed" (PRN) medications that did not have adequate parameters for their use. The orders were for Ativan (anti-anxiety) give 1 mg sublingually (under the tongue) every 15 minutes as needed for extreme anxiety, fear, sob related to panic disorder; Ativan 0.5 mg give 0.5 mg by mouth	F 428	F 428 Resident # 4's physician was notified 12/22/15. Orders for parameters for use of ativan and morphine were obtained. Residents with orders for ativan and morphine have the potential to be affected. The facility pharmacist has been re-educated in the practice of monitoring for need of parameters for medications (ativan and morphine) to limit and avoid duplicate administration of the same medication. The Pharmacist will audit all records monthly using RESIDENT'S ON A PARTICULAR DRUG REPORT to assure compliance. Results of the audit will be brought to the monthly Performance Improvement Committee meeting. The Executive Director is responsible for overall compliance. <i>F428 POC accepted 1/14/16 SDennisen/PMCC</i>	January 21, 2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Alecia D. Harris* TITLE *Executive Director* (X6) DATE *1/7/16*

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 428	<p>Continued From page 1</p> <p>every 15 minutes as needed for panic attack related to panic disorder; Morphine Sulfate (Concentrate) Solution (an opioid) 20 mg/ml, give 4 mg by mouth every 10 minutes as needed for shortness of breath related to panic disorder and Morphine Sulfate (Concentrate) Solution 20 mg/ml give 4 mg by mouth every 10 minutes as needed for chest pain, sob related to panic disorder. [sob = shortness of breath].</p> <p>All of the medications were ordered without an indication of how many times they could be administered within a 24 hour period; there were no parameters to indicate a total daily dose (not to be exceeded amount); and there were no parameters to limit or avoid duplicate administration of the same medication. On 12/10/15 the Pharmacist Consultant reviewed Resident #4's medication regimen and had not noted any irregularities.</p> <p>On 12/22/15 at 1:45 PM, the facility DNS (Director of Nursing) confirmed the above information and the need to clarify the orders for the administration of Ativan and Morphine to prevent risk for unintentional overdose. The DNS stated that typically the pharmacist consultant identifies and reports this type of issue to the facility. During the survey the physician was notified and a clarification of the orders was in progress.</p>	F 428		