

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

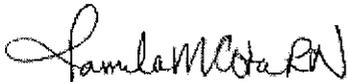
Ms. Alecia Dimario,
Kindred Transitional Care & Rehab Birchwood Ter
43 Starr Farm Rd
Burlington, VT 05408-1321

Dear Ms. Dimario:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 26, 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: 08/04/2016
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 07/26/2016
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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 An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 7/26/16. The following are regulatory findings identified as a result of the investigation.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, lack of facility documentation and staff interviews for 1 of 6 sampled residents, (Resident #1) the facility failed to provide medically-related social services (MSS) to attain or maintain the highest practicable physical, mental and psychosocial well-being. The findings include the following: 1. Resident #1 and spouse had expressed the desire to be transferred closer to home or to be discharged home. Per chart review, a physician visit note for admission on 02/04/16 stated "length of stay: less than 30 days, disposition: home, and potential for rehab: fair." Although there is a progress note dated 04/14/16 that states "continue to try to get [resident] a spot closer to home", as well a 05/12/16 care plan summary goal to discharge to Berlin nursing home, there is no evidence that the MSS staff methodically made or pursued arrangements for discharge.	F 250	<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> Resident #1 was discharged from the facility against medical advice June 30, 2016 All residents have the potential to be affected by the alleged deficient practice. An audit of all resident's care plan will be completed by Social Services to assure that a discharge plan is included. Social Service staff will be re-educated by the Executive Director in the need to document/care plan discharge plan interventions. Social Services will update resident's care plan as they relate to discharge planning in a systematic timely manner. Random audits of resident's discharge plan care plan will be completed by the DNS/designee weekly at care plan review meetings. Results of these audits will be brought to the monthly Quality Improvement meeting for 3 months to ensure compliance. The Administrator is responsible for overall compliance. <i>FASO POC accepted 9/29/16 SEMINARS RAL/PMC</i>	August 16, 2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Celecia D. Clark</i>	TITLE <i>ED</i>	(X6) DATE <i>8/10/16</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 250 Continued From page 1

Per interview at 2:35 PM, the MSS staff member stated that a conversation did happen with the spouse around "March or April" regarding getting the resident closer to their home. The MSS staff stated that some calls were made to the area nursing homes however, confirmed there was no written documentation showing coordination or arrangements for discharge.

Also see F280.

F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

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:

F 250

This Plan of Correction is the center's credible allegation of compliance.

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.

F 280

August 16, 2016

F 280 Resident #1 was discharged from the facility against medical advice June 30, 2016

All residents have the potential to be affected by the alleged deficient practice.

An audit of all resident's care plan will be completed by Social Services to assure that a discharge plan is included.

Social Service staff will be re-educated in the need to document/care plan discharge plan interventions.

Social Services will update resident's care plan as they relate to discharge planning in a systematic timely manner.

Random audits of resident's discharge plan care plan will be completed by the DNS/designee weekly at care plan review meetings. Results of these audits will be brought to the monthly Quality Improvement meeting for 3 months to ensure compliance.

The Administrator is responsible for overall compliance.

FABO POC accepted 9/29/16 SEMMANS RN/PML

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F 280 Continued From page 2 F 280

Based on Clinical Record Review and interviews for 1 of 6 sampled residents (Resident #1), the facility failed to revise Resident #1's care plan in a timely manner. The findings include:

1. A care plan for discharge was not revised in a timely manner for Resident #1. Upon admission on 02/04/16 the physician's evaluation noted length of stay as less than 30 days with disposition to home. The care plan for discharge was not revised until 06/21/16, although several progress notes show evidence that the spouse requested transfer or discharge to facility closer to their home. In addition, there is no evidence that a care plan meeting took place prior to a review on 05/03/16, despite the requests to move to a facility closer to home. Per interviews on the afternoon of 07/26/16, the MSS staff stated "typically we put in fairly quickly care plans for discharge" and acknowledged awareness of the request beginning of March or April. The Assistant DNS [director of nursing services] also confirmed no documentation of a care plan meeting prior to May 2016 and the revision noted not until 06/21/16.
See also F250.