

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
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

March 17, 2014

Mr. Daniel Daly, Administrator  
Kindred Transitional Care & Rehab Birchwood Ter  
43 Starr Farm Rd  
Burlington, VT 05408-1321

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 24, 2014**. 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

PC:jl

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PRINTED: 03/06/2014  
FORM APPROVED  
OMB NO. 0938-0391

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

Licensing and  
Protection

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 02/24/2014
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 on-site complaint investigation of two self-reported incidents was conducted by the Division of Licensing and Protection on 02/24/14. Regulatory violations were identified during the investigation. The findings are as follows:	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 3 of 3 sampled residents, (Resident #1, #2 & #3), the facility has failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The finding include the following:  1. Resident #1 initially admitted on 09/11/06 followed by multiple hospitalizations and readmission to the facility with diagnosis to include Congestive Heart Failure, Tachycardia, Diabetes, Reactive Psychosis, Anxiety, Depression, Mild Mental Retardation, Cardiac Atherosclerosis, Chronic Obstructive Pulmonary Disease, Hypertension and Schizophrenia.  Per medical record review, self-report and	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>  The Director of Social Services updated resident #1, 2, and 3 progress notes on 2/24/14.  All residents have the potential to be affected by the deficient practice.  The Director of Social Service has be re-educated regarding the need to document on a quarterly basis and with changes/occurrences as they relate to resident's psychosocial needs  Social Services will document progress notes quarterly and as needed as relates to resident's psychosocial needs.  Nursing management will monitor compliance with this process during scheduled quarterly care plan reviews.  Findings will be reported to the Performance Improvement Committee monthly x 3 months.  The ED is responsible for overall compliance.	March 24, 2014
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
		Admirator		3/11/14

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.

*pmc*

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F 250	<p>Continued From page 1</p> <p>internal investigation regarding the incident that occurred on 8/28/13 at 2030, Resident #1 was yelling at Resident #2 who was on the telephone at the nurses station. Nurse attempted to intervene, but Resident #2 ran her/his walker into the back of Resident #1's legs and proceeded to pinch him/her on the buttocks. Residents were separated and both assessed for injuries.</p> <p>Per review of Interdisciplinary Care Plan (ICP), for Resident #1, identifies altered behaviors as the problem/focus, alteration in mood as the problem/focus, memory deficits and inappropriate behavior as the problem/focus. Interventions are listed with multiple disciplines noted to assist in the management of the problem/focus. Updates of each problem/focus vary. Last update 9/4/14.</p> <p>Per medical record review the last Social Service note is dated 09/20/13. The note identifies that Resident #1 has problem behaviors and long term placement is necessary. No notation regarding incident of 8/28/13 nor follow up can be located in the medical record.</p> <p>Per interview with Social Service Director on 02/24/14 at 10:52 AM, s/he confirms that the last Social Service note written was on 9/20/13. S/he also confirms that s/he has not discussed with Resident #1 the altercation that occurred with Resident #2 nor has s/he followed up on the altercation or interventions as noted in the ICP.</p> <p>2. Resident #2 admitted on 01/06/11 with diagnosis to include Convulsions, Mild Congestive Impairment, Diabetes, Hypertension, Osteoarthritis, Hypothyroidism, Venous Insufficiency, Dementia with Behavioral Disturbances, Hyperlipidemia, Chronic Kidney</p>	F 250			

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F 250

Continued From page 2  
Disease, Altered Mental Status and Cerebral Vascular Accident.

Per medical record review, self-report and internal investigation on 8/28/13 at 2030, Resident #1 was yelling at Resident #2 who was on the telephone at the nurses station. Nurse attempted to intervene, but Resident #2 ran her/his walker into the back of Resident #1's legs and proceeded to pinch him/her on the buttocks. Residents were separated and both assessed for injuries.

Per review of Interdisciplinary Care Plan (ICP), for Resident #2, identifies impaired cognitive skills as a problem/focus, alteration in mood and behavior as a problem/focus, dementia with a history of physically and verbally abusing spouse. Interventions are listed with multiple disciplines noted to assist in the management of the problem/focus. Updates of problems/focus vary. Last update 9/4/14.

Per medical records review the last Social Service Note is dated 11/26/13. The note identifies that Resident #2 was interviewed for moods and has been reported for being verbally abusive 1-3 x over the look back period. The resident is long term placement and a Do Not Resuscitate order is in place. No notation regarding incident of 8/28/13 nor follow up can be located in the medical record.

Per interview with Social Service Director on 02/24/14 at 11 AM, s/he confirms that the last Social Service note written was on 11/26/13 S/he also confirms that s/he has not discussed with Resident #2 the altercation that occurred with Resident #1 nor has s/he followed up on the

F 250

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F 250	<p>Continued From page 3 altercation or interventions as noted in the ICP.</p> <p>3. Resident #3 admitted on 10/11/10 with diagnosis to include Vascular Disease, Diabetes, Contracture of the Hand, Vascular Dementia, Hypertension, Depressive Disorder, Lower Leg Amputation and Osteoarthritis.</p> <p>Per medical record review on 2/24/14 Resident #3 ICP identifies altered mood that demonstrates specific behaviors as a problem/focus, impaired thought process as a problem/focus, dementia with cognitive losses and long term placement. Interventions are listed with multiple disciplines noted to assist in the management of the problem/focus. Updates of problem/focus vary.</p> <p>Per medical records review the last Social Service note is dated 10/16/13. The note identifies that Resident #3 is full care and long term placement.</p> <p>Per interview with Social Service Director on 02/24/14 at 12 noon, s/he confirms that the last Social Service note written was on 10/16/13. S/he also confirms that s/he has not followed up on interventions as noted in the ICP.</p>	F 250		
F 323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p>	F 323		

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F 323	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by.</p> <p>Based on medical record review, observation and staff interviews for 8 of 8 residents sitting in B Wing Dining Room, the facility failed to ensure that the resident environment remains as free of accident hazards as possible; and each resident receives adequate supervision and assistance devices to prevent accidents. The findings include the following:</p> <p>1. Resident #1 who was initially admitted on 09/11/06 with multiple hospitalizations and re-admissions to the facility, with diagnosis to include Chronic Congestive Heart Failure, Tachycardia, Diabetes, Reactive Psychosis, Anxiety, Depression, Chronic Obstructive Pulmonary Disease, Dementia with Psychosis and Schizophrenia.</p> <p>Per observation of the B-Wing Dining Room on 2/24/14 at 8:40 AM Resident #1 was observed walking back to her/his room at a fast pace, barefoot. The resident returned to her/his bed. The floor was noted to have multiple adult briefs, sheets and pads on the floor.</p> <p>At 8:48 AM the following was observed: The dining room included 8 residents who were seated at various tables, eating and/or being fed breakfast. Approached the first table, observed one resident seated and directly across from him/her, were two medicine cups containing multiple medications. No resident was seated at this location. This had been the seat/space that was occupied by Resident #1.</p> <p>Per interview with the Licensed Practical Nurse</p>	F 323	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <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 323</p> <p>Resident # 1 is encouraged to wear foot wear as per care plan. Room is checked and cleared of clutter as appropriate.</p> <p>LPN involved has been counseled and re-educated on proper administration of medications and maintaining resident safety.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>The SDC will re-educate the nursing staff on appropriate safe administration of medications. Staff will be reminded to monitor resident rooms to assure resident safety.</p> <p>The DNS or her designee will do random audits of nurses performing medication administration to assure that safe practices are maintained.</p> <p>Results of these audits will be brought the monthly Performance Improvement Ctm. For 3 months or until 100 % compliance achieved.</p> <p>The DNS is responsible for overall compliance.</p>	<p>March 24, 2014</p>

F323 POC accepted 3/14/14 MBetrand/PJ/AME

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F 323 Continued From page 5  
(LPN) on 2/24/14 @ 8:48 AM s/he confirms that the following medications (8 AM), were contained in the cups:  
Cup #1: Senna 8.6 milligrams (mg), Metoprolol 75 mg, Klonopin 1 mg, Colace 100 mg, Zantac 150 mg, Aspirin 81 mg, Lisinopril 5 mg, Plavix 75 mg, Multivitamin, Risperidone 0.5 mg, Cymbalta 30 mg and Throazine 25 mg.  
  
Cup #2 contained Calcium Carbonate 500 mg.  
  
Per interview with LPN on 02/24/14 at 8:48 AM who was facing the table while standing at the medication cart, acknowledged that s/he was unaware that the Resident #1 had left the dining room and was unaware that Resident #1 did not take his/her medications before leaving the room. The medication cups were immediately removed.  
  
Both the UM and the LPN confirmed on 8/24/14 at 8:48 that the two medication cups containing the above noted medications were left unattended in the dining room with one resident sitting at the table and 8 other residents in the area.

F 323

F9999 FINAL OBSERVATIONS

F9999

Vermont State Licensing and Operating Rules for Nursing Homes

7.13 Nursing Services: The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care or as specified by the licensing agency.

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F9999	<p>Continued From page 6</p> <p>(d) Staffing Levels. The facility shall maintain staffing levels adequate to meet resident needs.</p> <p>(1) At a minimum, nursing facilities must provide:</p> <p>(i) no fewer than 3 hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and of the three hours of direct care, no fewer than 2 hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>This deficiency was sited during a complaint investigation on 11/25/13 and was documented to be in substantial compliance by 12/15/13.</p> <p>Based on review of the facility staffing patterns and staff interviews, the facility failed to meet the 2 hours per resident per day to provide standard Licensed Nurse Aide (LNA) care for the months of January and February 2014. The findings include:</p> <p>Per review of the facility staffing pattern four days in the month of January 2014 did not meet the State of Vermont Licensed Nursing Assistant (LNA) requirement. Two out of twenty-three days in the month of February 2014 also did not meet</p>	F9999	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <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 9999</p> <p>March 24, 2014</p> <p>No residents were identified under this tag.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The facility is currently recruiting LNAs utilizing local and on line services.</p> <p>The DNS or her designee will monitor staffing and scheduling of nursing personnel on a daily basis to assure that staffing levels are sufficient to meet the resident's needs.</p> <p>Results of LNA PPD will be reviewed at the monthly Performance Improvement Ctm. Meeting. Changes will be made as appropriate.</p> <p>The ED is responsible for overall compliance.</p> <p><i>F9999 POC accepted 3/14/14 mbertvond.rw/pmc</i></p>

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F9999	Continued From page 7 the State of Vermont LNA requirement.  This was confirmed by the Director of Nurses on 02/24/14 at 1:15 PM.	F9999		