



DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 2, 2014

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

VIA FAX (802) 865-4516 AND FIRST CLASS MAIL

RE: Deficiency Resulting in Immediate Jeopardy and Substandard Quality of Care

Dear Mr. Daly:

On March 20, 2014, staff from this office completed a complaint investigation to determine if the facility was in compliance with state and federal requirements for nursing homes. The complaint investigation resulted in a finding of substandard quality of care. The most serious deficiency in your facility was determined to be Immediate Jeopardy at an isolated level. The immediate jeopardy was removed on **March 20, 2014**; however, deficient practice remains. The letter identifying the immediate jeopardy was sent to you previously. The attached survey report identifies the immediate jeopardy citation, F-323 Accidents whereby corrections are required. Because the immediate jeopardy deficiency is in Quality of Care 483.25(h)(1), Kindred Nursing Centers East LLC also is determined to have substandard quality of care. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

As a result of regulatory violations related to immediate jeopardy, we have recommended to Centers for Medicare and Medicaid Services (CMS) the enforcement actions that were outlined in the letter of March 24, 2014.

This survey becomes part of an enforcement cycle that was opened on February 24, 2014, therefore all remedies outlined in Centers for Medicare and Medicaid Services (CMS) letter of March 13, 2014 may still be imposed.

Plan of Correction (POC)

A written POC for all of the deficiencies, which is your allegation of compliance, must be received by **April 12, 2014**. Failure to submit an acceptable POC by **April 12, 2014** may result in imposition of additional remedies or termination of your provider certification. Your POC must contain the following:

- What corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- The dates corrective action will be completed.

Substandard Quality of Care

- Notification

When a determination is made that substandard quality of care exists this Division must provide notice of substandard care to the state Board of Nursing Administrators and the attending physician of residents affected. **Please submit to this office along with your POC a listing of the affected resident's attending physician.**

Additionally, the CMS Regional Office will impose the other remedies indicated above or revised remedies, if appropriate. You will receive formal notice of enforcement action from CMS in a separate letter.

Informal Dispute Resolution

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to submit your request, along with specific deficiencies cited to me. This request must be received prior to **April 12, 2014**. An incomplete informal dispute resolution process will not delay the effective date of any proposed enforcement action.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela Cota, RN
Licensing Chief

Enclosure

cc: State Medicaid Agency