



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

April 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 **March 26, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PC:jl

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

RECEIVED PRINTED: 04/07/2014
Division of 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 _____	APR 14 11 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 03/26/2014
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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		
F 387 SS=B	<p>An Extended survey was conducted by the Division of Licensing and Protection from 3/25-3/26/14. The following minor issue was identified.</p> <p>483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT</p> <p>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and per staff interview the facility failed to ensure that a physician had seen a resident at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter for two of six sampled records. Findings include:</p> <ol style="list-style-type: none"> Resident # 1 was admitted to the facility on December 10, 2013. Per record review no physician documentation occurred the entire period of time that the resident has been in the facility (to date). The physician has not documented a progress note at the 30 day, 60 day, or 90 day period. On March 25, 2014 at 3:00 PM the Assistant Director of Nursing confirmed that the physician documentation was not in the medical record. Resident # 2 was admitted on 5/9/12. Per 	F 387	<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>April 18, 2014.</p> <p>Resident #1 was seen by his MD 3/27/14 and resident # 2 was seen by his MD 3/22/14</p> <p>All residents have the potential to be affected by the deficient practice. An audit of all current resident records was conducted by DNS to assure all MD visits were current and up to date.</p> <p>The Medical records clerk will be responsible for tracking MD visits. Findings will be communicated to the DNS/designee.</p> <p>The DNS will communicate any negative findings to the Medical Director who will notify the deficient MD's of needed visits.</p> <p>Results of these audits will be communicated to the monthly QAPI meeting. The DNS/Medical Director is responsible for overall compliance.</p> <p>F387 POC accepted 4/17/14 KCampos RN / PMC</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/10/14
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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.

PMC

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F 387	Continued From page 1 review of the Physician's Progress Notes, the resident was seen by their physician on 9/27/13. The next MD visit was recorded on 12/12/13, and in the progress note the physician stated that the MD visit was due on 11/26/13. Including a 10 day grace period, this MD visit to the resident was still 6 days over the required timeframe. Per interview on 3/26/14 at 9:30 AM, the Unit Manager confirmed that the MD visit was overdue back in November/December due to a transition in medical practices.	F 387		