

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

August 27, 2013

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 **August 5, 2013**. 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



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

PRINTED: 08/14/2013

RECEIVED
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 _____	AUG 19 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 08/05/2013
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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 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

An unannounced onsite investigation of two complaints was conducted by the Division of Licensing and Protection on 8/5/13. A regulatory violation was cited as a result.

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on staff interviews and record review, the facility failed to ensure professional standards of quality were met related to proper and timely transcription of physician orders for 2 of 6 sampled residents (Residents #1, #2). Findings include:

Per interview with the Director of Nurses (DNS) on 8/5/13 at 9:10 AM, nursing staff did not properly transcribe physician orders for the Residents #1 and #2. An order for Lovenox (a medication to treat deep vein thrombosis) was misplaced and not noted by nursing staff until 7/6/13, causing Resident #1 to miss a dose of the medication. The medication was not given until the medication pass at 8:30 PM on 7/6/13 despite the order being written at 12:00 PM on 7/5/13.

Additionally an order for Coumadin (an anticoagulant) for Resident # 2 written on 7/5/13 was improperly transcribed and not noted until 7/6/13. Per interview with the C wing Unit Manager, the evening charge nurse and night shift nursing staff should have reconciled all

F 000

F 281

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 281

August 27, 2013

Residents #1 was discharged 7/7/13
Resident # 2 had no adverse reaction

All residents have potential to be affected by deficient practice

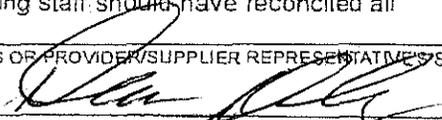
Process in place for nurses to validate and reconcile order notation and follow-up.
RN's and LPN's instructed in this process.

Nurse Managers will monitor for compliance through record review and the 24 hour report.

Results of these audits will be brought to the monthly Performance Improvement Committee to assure 100% compliance for 3 months.

F281 POC accepted 8/23/13
RTremblay RN/PMC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

8/16/13

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 281	<p>Continued From page 1</p> <p>physician orders, and confirmed that this was not done on 7/5/13. The facility has no method to document these medication checks. The DNS confirmed the above on 8/5/13 at 1:20 PM.</p> <p>*Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.</p>	F 281		
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