

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

January 21, 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 **November 25, 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

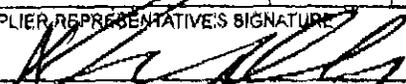
PRINTED: 12/05/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  476003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/25/2013
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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  An unannounced on-site complaint investigation was conducted by the Division of Licensing & Protection on 11/25/2013. Findings include:	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F0999	FINAL OBSERVATIONS  Per the Licensing and Operating Rules for Nursing Homes (State Regulations),  7.13.(d) Staffing Levels. The facility shall maintain staffing levels adequate to meet resident needs  (1) At a minimum, nursing facilities must provide:  (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.  Based on observation, staff interviews, and record review the facility failed to provide direct care staff sufficient to meet state regulatory requirements. Findings include:  Per observation on 11/25/13 at 11:20 AM on Unit C, four (4) call lights were active (on) upon the arrival of the surveyor on the unit. The first of the	F0999	<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>	12/15/2013
		F9999	<i>No residents were identified under this tag</i>	
			<i>All residents have the potential to be affected by this deficient practice</i>	
			<i>The facility is currently recruiting for LNAs utilizing local and online recruiting services.</i>	
			<i>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. Call light audits will be conducted by nursing management to monitor for appropriate response. Results of these audits will be used to allocate staff to meet the needs of residents.</i>	
			<i>Results of these audits and staffing hours will be reviewed at the monthly Quality Assurance meeting and changes made as appropriate.</i>	
			<i>The Administrator is responsible for overall compliance.</i>	
			<i>F9999 POC accepted 1/16/14 Mitigating Rn/PMC</i>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	12/12/13	

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that health 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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F9999	Continued From page 1 four lights was answered at 11:30, the second light was answered at 11:34, and the last two were answered at 11:44 and 11:46 respectively. In an interview at 11:25 AM, the Unit Manager stated that, on that day, the unit census was 38 and there were 3 LNAs working on the unit.  A review of the facility staffing pattern reports for September, October, and November (to date) of 2013 was conducted and revealed the following:  September- starting on 9/12/13 there were 10 out of 18 days with less than 2 hours per resident per day of assigned direct care staff (averaged out to 1.9 hours); October- for the month there were 24 out of 31 days with less than 2 hours per day per resident of assigned direct care staff (averaged out to 1.87 hours); November- for the month through 11/21/13 there were 15 out of 21 days with less than 2 hours per day per resident of assigned direct care (averaged out to 1.9 hours).  In an interview at 3:25 PM, the Director of Nursing Services stated that nursing staff also cover direct care duties however complete documentation of all hours covered by nursing staff is not readily available.	F9999			