

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 4, 2013

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

Provider #: 475003

Dear Mr. Daly:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **December 11, 2012**. 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:ne

Enclosure



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

DEC 28 2012

PRINTED: 12/24/2012
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 _____	(X3) DATE SURVEY COMPLETED C 12/11/2012
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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 onsite complaint investigation was completed by the Division of Licensing and Protection on 12/11/12. The following are regulatory violations.

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
SS=D

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 interview and record review the facility failed to assure that the bowel management protocol was consistently utilized to help in the management of constipation, in accordance with physician orders, for 1 of 4 residents. (Resident #2) Findings include:

Per record review, staff failed to consistently follow physician orders to implement the facility's bowel protocol as an intervention to help in the management of constipation for Resident #2, who had been identified with a history of, and ongoing risk for, constipation. Per review, the most recent physician orders, dated 10/11/12 included: "Bowel & Bladder Management Program Per Facility Policy"; MOM (Milk of Magnesia) 30 cc PO (by mouth) 2nd evening without BM PRN (as needed) for constipation; Miralax 17 Gm PO every day PRN for constipation, and Glycerin suppository to be given if no BM by fourth day PRN.

A provider Progress Note, dated 11/1/12, identified that the resident was seen by the provider on an acute basis, on that date, for

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

Resident # 2 sustained no lasting effects from the deficient practice.

All residents have the potential to be affected by the deficient practice.

RNs and LPNs will be re-educated on the management of residents with constipation and or potential for constipation. Emphasis will be placed on the facility bowel management protocol.

The DNS or her designee will monitor for compliance through periodic review of resident's records. Results of these audits will be brought to the monthly Performance Improvement committee until 100% compliance achieved for 3 months.

The DNS is responsible for overall compliance.

F281 POC accepted 12/13 B. Howernl PML

January 11, 2013

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

TITLE

12/27/12

(X8) DATE

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.

PML

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F 281	<p>Continued From page 1</p> <p>constipation. The note stated; "review of bowel records show period of constipation / no BM from 10/22 - 10/26 and 10/28 - 10/31." The note further stated that per interview at the time of assessment, the resident had reported a BM on 10/31/12, and although s/he reported no abdominal or rectal pain at the time of exam, stated s/he had rectal pain "a few days ago". The provider's assessment indicated recurrent constipation and a plan was developed which included: increase in the bowel medications the resident had previously been taking; dietary consult; "bowel protocol" and referral to PT (physical therapy) to evaluate and treat in an effort to attempt to increase the resident's mobility.</p> <p>Although the recent issue of constipation had been identified, the record revealed another prolonged period without evidence of bowel evacuation between November 9th and 13th. Per review of the MAR (Medication Administration Record) although the resident received a Glycerin suppository on 11/12/12, (4th day without BM), s/he had received Miralax just once prior to that date, on the evening of 11/9/12 and no MOM had been administered during that time period. A subsequent provider Progress Note, dated 11/16/12, stated the resident had required increased/escalation of bowel regimen likely secondary to decreased mobility. The note further indicated that the PT referral to attempt increased mobility had a limited impact on constipation due to the resident's lack of interest/motivation to increase activity.</p> <p>Despite the resident's ongoing risk of constipation, the record further revealed another</p>	F 281		

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F 281	Continued From page 2 prolonged period without bowel evacuation between 12/6/12 and the date of survey on 12/11/12, without administration of laxatives in accordance with physician orders and the bowel protocol. Although the resident's last known BM had occurred on 12/5/12 the only intervention identified was the administration of Miralax on just one occasion, on the evening of 12/8/12. The failure to follow the bowel protocol and physician orders in a consistent manner to help in the management of Resident #2's constipation, was confirmed by the Unit Nurse Manager during interview at 3:30 PM on 12/11/12. Reference: Lippencott Nursing Manual, Williams and Wilkins, 8th Edition 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to assure that care was consistently provided in accordance with the comprehensive care plan for 1 of 4 residents. (Resident #2). Findings include: Per record review staff failed to consistently implement the facility's bowel protocol as an intervention to help in the management of constipation in accordance with the	F 281	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <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>	
F 282 SS=D	83.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to assure that care was consistently provided in accordance with the comprehensive care plan for 1 of 4 residents. (Resident #2). Findings include: Per record review staff failed to consistently implement the facility's bowel protocol as an intervention to help in the management of constipation in accordance with the	F 282	F 282 Resident # 2 sustained no lasting effects from the deficient practice. All residents have the potential to be affected by the deficient practice. RNs and LPNs will be re-educated on the management of residents with constipation and or potential for constipation. Emphasis will be placed on the facility bowel management protocol. The DNS or her designee will monitor for compliance through periodic review of resident's records. Results of these audits will be brought to the monthly Performance Improvement committee until 100% compliance achieved for 3 months. The DNS is responsible for overall compliance.	January 11, 2013

F282 POC accepted 1/2/13 BHOWEN/PMC

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F 282	Continued From page 3 comprehensive care plan for Resident #2, who had been identified with a history of, and ongoing risk for, constipation. Per review the resident's care plan, most recently revised on 11/20/12, identified potential for impaired bowel function as a concern. Interventions to help in the management of constipation included, follow BM (Bowel Management) protocol, which stated the following: 'It is the policy of...to monitor all residents' bowel status to insure that residents are having regular bowel movements.' Procedure: ..If resident does not have a BM for 2 consecutive days the evening medication nurse will give resident MOM (Milk of Magnesia) 30 cc PO (by mouth) at HS (bedtime)...If resident does not have a BM by day 3 the evening medication nurse will repeat MOM 30 cc PO at HS...If resident has not had a BM by the morning of the 4th day the 11-7 nurse will give the resident a glycerin suppository...If resident has no results from the glycerin suppository the resident will be given a phosphate enema by the LNA.. If no results from the phosphate enema the charge nurse will notify the MD for further orders. A provider Progress Note, dated 11/1/12, identified that the resident was seen by the provider on an acute basis, on that date, for constipation. The note stated; "review of bowel records show period of constipation / no BM from 10/22 - 10/26 and 10/28 - 10/31." The note further stated that per interview at the time of assessment, the resident had reported a BM on 10/31/12, and although s/he reported no abdominal or rectal pain at the time of exam, stated s/he had rectal pain "a few days ago". The	F 282		

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F 282

Continued From page 4

provider's assessment indicated recurrent constipation and a plan was developed which included: increase in the bowel medications the resident had previously been taking; dietary consult; "bowel protocol" and referral to PT (physical therapy) to evaluate and treat in an effort to attempt to increase the resident's mobility.

Although the recent issue of constipation had been identified, the record revealed another prolonged period without evidence of bowel evacuation between November 9th and 13th. Per review of the MAR (Medication Administration Record) although the resident received a Glycerin suppository on 11/12/12, (4th day without BM), s/he had received Miralax just once prior to that date, on the evening of 11/9/12 and no MOM had been administered during that time period. A subsequent provider Progress Note, dated 11/16/12, stated the resident had required increased/escalation of bowel regimen likely secondary to decreased mobility. The note further indicated that the PT referral to attempt increased mobility had a limited impact on constipation due to the resident's lack of interest/motivation to increase activity.

Despite the resident's ongoing risk of constipation, the record further revealed another prolonged period without bowel evacuation between 12/6/12 and 12/11/12, without implementation of the bowel protocol, as stated in the plan of care. Although the resident's last known BM had occurred on 12/5/12 the only intervention identified was the administration of Miralax on just one occasion, on the evening of 12/8/12.

F 282

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F 282 Continued From page 5

F 282

The failure to follow the bowel protocol in a consistent manner in accordance with the comprehensive care plan to help in the management of Resident #2's constipation, was confirmed by the Unit Nurse Manager during interview at 3:30 PM on 12/11/12.