



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

PRINTED: 05/03/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/21/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON HEALTH &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PEARL STREET BURLINGTON, VT 05401</b>		
(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
F 280	<p>Continued From page 1</p> <p>1. Per record review on 4/21/10, the care plan for Resident #137 was not revised to reflect the resident's capability to provide self-care for an elimination appliance. The 2/26/10 care plan directs staff to change the appliance every seven days and clean the appliance site with each bag change. Per resident interview on 4/21/10 at 9:00 AM, Resident #137 "has had an (appliance) for approximately 20 years and knows how to care for it". Per staff interview on 4/21/10 at 1:50 PM, the charge nurse confirmed that Resident #137 has been providing self-care and the plan of care had not been revised.</p> <p>2. Per record review on 4/20/10, the care plan for Resident #101 was not revised to reflect the 3/31/10 Physicians's order for bilateral upper side rails to aide with mobility. Per observation on 4/19/10 at 2:45 PM, bilateral upper side rails were observed in the up position. Per staff interview on 4/20/10 at 9:19 AM, the charge nurse and medication nurse confirmed the plan of care for Resident #101 was not revised to include the use of bilateral side rails for mobility.</p> <p>3. Per record review, the written plan of care for Resident #91 failed to include Range of Motion (ROM) to the upper extremities during nursing care. Per interview with a Licensed Nursing Assistant (LNA) on 4/21/10 at 2:10 PM, the resident has been getting upper and lower extremity ROM with daily care. Per record review, the written plan of care for Resident #91 included a goal to maintain current lower extremity Range of Motion (ROM) and strength, with a directive to Nursing to provide ROM bilaterally to the lower extremities with care. On 4/21/10 at 2:20 PM, the unit manager confirmed that the plan of care does not include specific goals for upper extremity ROM. On 4/21/10 at 3:23 PM, the Director of</p>	F 280	<p><b>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? :</b> Nurses will be re-educated re: care plan revisions. <b>DNS, SDC, &amp;/or designee</b></p> <p><b>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? :</b> Audits will be performed on 10 resident charts to include Care Plans weekly for 3 weeks followed by 4 charts weekly for 2 weeks with results then reported at Action Team and QA Meetings with changes made as appropriate. <b>DNS, ADNS, &amp;/or designee</b></p> <p><i>E280 POC accepted 5/20/10 May Balto, RN</i></p>	<p><b>5/17/10</b></p> <p><b>4/21/10 On-going</b></p>

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F 280	Continued From page 2 Rehabilitation Therapy and the Director of Nursing Services (DNS) confirmed that the written plan of care needs to be revised to include a goal for ROM to the upper extremities during care in order to maintain the resident's current level of function.	F 280	<p>The facility maintains that services are provided by qualified persons in accordance with each resident's plan of care.</p> <p><b>How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? :</b> Resident # 33 suffered no negative outcomes from this alleged deficient practice. Resident #33 – Care Plan has been clarified and updated to reflect current care needs. <b>DNS, Nurse Mnger, &amp;/or Designee</b></p> <p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice? :</b> All residents are potentially affected by this alleged deficient practice <b>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? :</b> Nurses and OTs to be re-educated re Care Plan updates and communicating related changes. The Meeting/Training Record form has been centrally located for ease of reference and f/u. <b>DNS, SDC, Rehab Director &amp;/or designee</b></p>	5/11/10	
F 282 SS=D	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 and resident interview and record review, facility staff failed to provide care in accordance with the resident's written plan of care for 1 applicable resident in the stage 2 sample. (Resident # 33) Findings include:  1. On 4/21/10 per record review and staff interview, the care plan in place for Resident #33 stated "Follow hand hygiene instructions on bulletin board" in the resident's room. The written instructions of the Occupational Therapist observed on the resident's bulletin board at 10:18 AM included the following instructions: "Soak hand in basin of soapy water for three minutes daily". During interview at 10:35 AM, the Licensed Nursing Assistant (LNA) caring for the resident stated that hand hygiene being provided to the resident included washing the resident's hand with a washcloth. The interview was attended by the Unit Manager and the DNS. Re-interview with the LNA at 10:40 AM confirmed that the care being given did not include soaking	F 282		On-going	5/17/10 On-going



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F 431	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observation and staff interview, the facility failed to assure safe medication storage, including maintenance of proper temperature controls for 2 of 4 unit medication refrigerators. (Units # 3, 4). Findings include:</p> <p>1. Per observation of the Unit 3 medication refrigerator on 4/20/10 at 10:45 AM, a bag of frozen green beans was observed in the medication refrigerator freezer. Per staff interview on 4/20/10 at 10:45 AM, the charge nurse and medication nurse agreed the green beans should not be stored in the medication refrigerator freezer and immediately discarded them.</p> <p>2. Per observation of the Unit 4 medication refrigerator temperature logs on 4/20/10 at 10:15 AM, from December, 2009 through April 20, 2010, the daily recorded temperatures were at or below 32 degrees Fahrenheit a total of 96 days in the five month period. The refrigerator contained 5 vials of vaccines and 10 vials of insulin which should not be exposed to freezing temperatures, per storage recommendations in the manufacturer's insert. Per interview with the unit manager on 4/20/10 at 10:15 AM, the facility policy is to call maintenance when an out of range temperature is noted. The unit manager confirmed that maintenance had not been notified about the out of range temperatures.</p>	F 431	<p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice? :</b> All residents are potentially affected <b>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? :</b> Nurses will be re-educated re: appropriate temperatures of medication storage and storage of non-med items. Reviewed placement of thermometer away from freezer compartment and communication to Maint if repair is needed. <b>DNS, ADNS, SDC &amp;/or designee</b></p> <p><b>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? :</b> Unit Mngers will check med fridge temps and storage daily X 3 wks results reported at Action Team and QA Meetings with changes made as appropriate. <b>DNS, ADNS, SDC &amp;/or design</b></p> <p>On-going  5/14/2010  4/21/2010 On-going</p> <p><i>F431 POC accepted 5/20/10 Mary Barthel POC</i></p>