

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

March 14, 2011

Ursula Margazano, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401

Provider ID #:475014

Dear Ms. Margazano:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 16, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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

RECEIVED
Division of

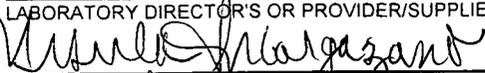
PRINTED: 03/03/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED 02/16/2011
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NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced on-site annual recertification survey from 1/14/11 to 1/16/11 with 3 complaint investigations. The following regulatory deficiencies were identified:	F 000	The following constitutes the facility's response to the findings of the Department of Licensing and Protection and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies.	
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident #16) was free from physical restraints not required to treat the resident's medical symptoms. Findings include: Per record review on 2/15/11, Resident #16 was restrained in bed on 10/4/10 by use of a wedge device by an LNA (Licensed Nursing Assistant). Review of written statements by the LNA and the Director of Nursing (DNS) show that on 10/4/10, a "long pillow" or "long cushion" was used by the LNA to keep Resident #16 in bed. Per interview with the Unit Manager (UM) on 2/15/11 at 2:31 PM, the UM confirmed that the LNA used a wedge shaped positioning device to keep Resident #16 in bed on 10/4/10, and that s/he would consider the wedge a restraint in this case. The UM stated that the Resident is capable of getting out of bed on his/her own.	F 221	The facility maintains that it provides for the residents' right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Resident # 16 suffered no negative outcomes from this alleged deficient practice. Resident # 16 no longer has a wedge in use. DNS, SDC, Nurse Mnger, &/or Designee	10/05/10
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	F 329	How will the facility identify other residents having the potential to be affected by the same deficient practice? : All residents are potentially affected by this alleged deficient practice	On-going

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/10/2011
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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.

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F 329	<p>Continued From page 1</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 1 of 10 residents in the applicable sample (Resident #219) had a complete order for an as needed (PRN) inhaled medication. The findings include:</p> <p>Per medical record review of Resident #219 at 9:44 AM on 02/16/2011, an order for the inhaled medication, Duoneb, does not include the route of</p>	<p>F 329</p> <p>F221</p> <p>F329</p>	<p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : Nursing re-educated regarding the use of restrictive devices. DNS, SDC, &/or designee</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? : Burlington Health was and remains a restraint free facility this action was not condoned as an appropriate action / judgement as part of LNA scope of practice. The LNA is no longer employed at this center. DNS, ADNS, &/or designee</p> <p><i>F221 POC Accepted 3/14/11 P. Cummings RN/ Chvotarn</i></p> <p>The facility maintains that each resident's drug regimen is free from unnecessary drugs. How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Resident # 219 suffered no negative outcomes from this alleged deficient practice. Resident #219 – order has been clarified and updated to reflect current care needs. DNS, Nurse Mnger, &/or Designee</p>	<p>3/11/11</p> <p>10/7/10 On-going</p> <p>2/17/11</p>

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F 329	Continued From page 2 administration, the dose to be administered, nor the indication for use other than PRN (as needed). The Pharmacy consult form dated 02/01/2011 identifies this incomplete order as an issue for correction. It has not been corrected as of the date of record review, 02/16/2011. When brought to the attention of the facility staff by the surveyor, the physician was contacted for clarification of the medication order. This is confirmed by staff during an interview on 02/16/2011 at 9:48 AM.	F 329	How will the facility identify other residents having the potential to be affected by the same deficient practice? : All residents are potentially affected by this alleged deficient practice	
F 386 SS=D	483.40(b) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the physician reviewed the total plan of care for 1 of 39 residents in the Stage 2 sample. (Resident # 9) Findings include: 1. Per record review on 2/16/11, the physician signed an incorrect transcription of a medication order on the February 2011 Physician's Orders on 2/15/11. The printed Physician's Orders included an entry for Nitrostat 0.4 mg (milligrams) one tablet sublingual (SL) as needed for chest pain, may repeat every 5 minutes up to 3 doses. Per	F 386	What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : Nursing staff re-educated re: PRN medication order clarification to include the 5 R's of medication administration. DNS, SDC, &/or designee How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? : 5 random audits per Unit of PRN medication orders for 4 weeks with results reported at Action Team and QA Meetings with changes made as appropriate. DNS, ADNS &/or designee	3/11/11 3/11/2011 On-going
			F329 POC Accepted 3/14/11. P.Cummings RN/AMCOTARN	

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F 386	Continued From page 3 record review, the January 2011 Physician's Orders, signed on 1/3/11 for Resident #9, state Nitroglycerin 0.4 mg SL four times per day (QID) as needed with meals for esophageal spasms. Per record review on 2/16/11, Resident #9 has a diagnosis of esophageal spasms and does not have a diagnosis for chest pain. On 2/16/11 at 9:51 AM, the Director of Nursing (DNS) confirmed the February 2011 Physician's Order signed on 2/15/11 by the physician, which states Nitrostat 0.4 mg one tablet SL as needed for chest pain, was incorrect due to a data entry error by the pharmacy. Per telephone interview on 2/16/11 at 10:14 AM with the Pharmacy and DNS, a data entry error occurred when the code for Nitroglycerin was entered into the computer for Resident #9. The February 2011 Physician's Orders for Resident #9 were automatically generated and approved by the Pharmacist for Nitrostat 0.4 mg one tablet SL as needed for chest pain, may repeat every 5 minutes, which was then signed by the physician. Also see F428.	F 386	The facility maintains that the physician reviews the resident's total program of care, including medications and treatments, at each visit. How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Resident #9 was not negatively affected by this alleged deficient practice. Residents #9 MAR was reviewed and clarified. DNS, ADNS, SDC &/or designee	3/11/2011 On-going
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate	F 425	What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : Nurses will be re-educated re: MAR review, verification, and transcription of orders. Pharmacy will be notified re: incorrect medication transcription and untimely review of new /re-admission residents with requests made for any potential corrective actions. DNS, ADNS, SDC &/or designee	3/11/2011 2/16/2011 On-going

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F 425	<p>Continued From page 4</p> <p>acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure pharmaceutical services were provided that assured the accurate dispensing of all medications for 1 of 10 residents in the applicable sample (Resident # 9). Findings include:</p> <p>1. Per record review on 2/16/11, the pharmacy incorrectly transcribed a January 2011 Physician's Order, signed on 1/3/11, for Resident #9, which states Nitroglycerin 0.4 mg sublingual (SL), four times per day (QID) as needed with meals for esophageal spasms. Per record review, the February 2011 Physician's Orders state Nitrostat 0.4 mg one tablet sublingual (SL) as needed for chest pain, may repeat every 5 minutes up to 3 doses. Per record review on 2/16/11, Resident #9 has a diagnosis of esophageal spasms and does not have a diagnosis for chest pain.</p> <p>On 2/16/11 at 9:51 AM, the Director of Nursing (DNS) confirmed the January 2011 Physician's Order signed on 1/3/11 states Nitroglycerin 0.4 mg SL QID as needed for esophageal spasms and the February 2011 Physician's Orders signed</p>	<p>F386</p> <p>F425</p>	<p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? : 5 random MAR audits per week / Unit Xs 4 weeks with results reported at Action Team and QA Meetings with changes made as appropriate.</p> <p>DNS, ADNS, &/or design <i>F386 POC Accepted 3/11/11 P. Cummings RN / Amcota RN</i></p> <p>The facility maintains that it provides pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals.)</p> <p>How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Resident #9 was not negatively affected by this alleged deficient practice. Residents #9 MAR was reviewed and clarified.</p> <p>DNS, ADNS, SDC &/or designee</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? : All residents are potentially affected</p>	<p>3/11/2011 On-going</p> <p>3/11/2011 On-going</p>

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F 425 Continued From page 5
on 2/15/11 state Nitrostat 0.4 mg one tablet SL as needed for chest pain, may repeat every 5 minutes up to 3 doses.

Per telephone interview on 2/16/11 at 10:14 AM with the Pharmacy and DNS, a data entry error occurred when the code for Nitroglycerin was entered into the computer for Resident #9. The February 2011 Physician's Orders for Resident #9 were automatically generated and approved by the Pharmacist for Nitrostat 0.4 mg one tablet SL as needed for chest pain, may repeat every 5 minutes.

On 2/16/11 at 10:24 AM, the DNS confirmed that following a pharmacy data entry error, the order and indication for use of Nitroglycerin for Resident #9 was incorrectly transcribed by the pharmacy.

Also see F386.
F 431 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS
SS=D

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

F 425

What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? :
Nurses will be re-educated re: MAR review, verification, and transcription of orders.
Pharmacy will be notified re: incorrect medication transcription and untimely review of new /re-admission residents with requests made for any potential corrective actions.

DNS, ADNS, SDC &/or desinee

3/11/2011

2/16/2011

On-going

F 431

How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? :
5 random MAR audits per week / Unit Xs 4 weeks with results reported at Action Team and QA Meetings with changes made as appropriate
DNS, ADNS, SDC &/or design

3/11/2011
On-going

*F425 PDC Accepted 3/11/11 .
P. Cummings RA / AMestarn*

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F 441	<p>Continued From page 8</p> <p>by: Based on observation and staff interview, the facility staff failed to wear gloves when required by facility policy while providing care to 1 applicable resident (Resident #220). Findings include:</p> <p>1. Per observation of a medication pass on 2/15/11 at 8:47 AM, the medication nurse administered an insulin injection to a resident with un-gloved hands. Per interview on 2/15/11 at 8:47 AM, the medication nurse stated s/he did not know if gloves should be worn when administering injectable medications and confirmed that gloves were not worn when the insulin injection was administered to Resident #220. Per interview on 2/15/10 at 8:50 AM, the charge nurse confirmed that the facility policy is to wear gloves when administering injectable medications. Per review of the facility manual, Infection Prevention Manual 2010 Exposure Determination PPE (Personal Protection Equipment) Needs, gloves are necessary for injection of medication. Per interview on 2/15/11 at 9:10 AM, the DNS confirmed that gloves should be worn during an injection of a medication to a resident.</p>	F 441	<p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : Nurses will be re-educated re: PPE use and administration of injectable medications. DNS, ADNS, SDC &/or designee</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? : 5 random audits per week for use of PPE when administering injectable medications results reported at Action Team and QA Meetings with changes made as appropriate. DNS, ADNS, SDC &/or design</p> <p><i>F441 POC Accepted 3/14/11 P. Cummings RN Director RN</i></p>	<p>3/11/2011</p> <p>3/11/2011</p>
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