

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

June 8, 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
May 9, 2011.

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

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Enclosure



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

PRINTED: 05/20/2011
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 _____	(X3) DATE SURVEY COMPLETED C 05/09/2011
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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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(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 000	INITIAL COMMENTS	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 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's	F 157	The facility maintains that it informs the resident, consults with the resident's physician; and if known, notifies the resident's legal representative or an interested family member when there is an accident which results in injury or requires physician intervention. How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Resident # 1, 2, and 3 suffered no negative outcomes from this alleged deficient practice. Appropriate parties were notified however documentation was not made in the individual medical charts. Future notifications will be noted in the medical chart. ADNS, SDC, Nurse Mnger, &/or Designee	5/31/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator DATE 5/31/11

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 157	Continued From page 1 legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to notify the physician and/or legal representative concerning allegations of resident to resident incidents, as stated in facility policy, involving 3 residents. (Residents #1, #2, #3). Findings include: 1. Per record review and confirmed with the Assistant Director of Nursing (ADNS) on 5/9/11 at 11:30 AM, the physician for Resident #1 was not notified concerning an alleged inappropriate sexual contact made to Resident #1 by Resident #2 on 1/25/11. In addition, the ADNS confirmed that per the Accidents and Incidents Investigating and Reporting Policy, the nurse supervisor and/or charge nurse shall inform the physician of the incident. 2. Per record review and confirmed with the ADNS on 5/9/11 at 12:10 PM, the physician for Resident #2 was not notified concerning Resident #2's alleged inappropriate sexual contact to Resident #1 on 1/25/11. 3. Per record review and confirmed with ADNS on 5/9/11 at 1:24 PM, the physician and legal representative of Resident #3 were not notified of an alleged staff to resident physical abuse to Resident #3 on 1/18/11.	F 157	How will the facility identify other residents having the potential to be affected by the same deficient practice? : All residents have potential to be involved in incidents and /or allegations of abuse. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : Nurses and social services will be re-educated re: Abuse Policy & Procedure. ADNS, SDC, &/or designee How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? : Allegations of Abuse and incident reports will be reported in Clinical Concurrent Review with f/u review at Action Team and QA Meetings with changes made as appropriate. ADNS, SDC, &/or designee	6/6/2011	
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social	F 250	The facility maintains that it provides services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.	On-going	

F157 POC Accepted 6/6/11 Pincot RN

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F 250	Continued From page 2 services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 2 residents. (Residents #1, #3). Findings include: 1. Per record review and confirmed with the Assistant Director of Nursing (ADNS) on 5/9/11 at 11:30 AM, there is no documentation of a Social Service note following an alleged resident to resident sexual contact on 1/25/11 for Resident #1. Per record review and confirmed during interview with Social Services on 5/9/11 at 11:51 AM, there is no documentation in the record that Resident #1 was monitored or assessed by social services following an alleged resident to resident sexual contact on 1/25/11. In addition, the 4/13/11 Social Service annual care plan meeting note does not mention the alleged resident to resident sexual contact. 2. Per record review and confirmed with the Director of Social Service on 5/9/11 at 1:17 PM, there is no documentation in the record that Resident #3 was monitored or assessed by social services following an alleged staff to resident physical abuse on 1/18/11.	F 250	How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Resident # 1 and 3 suffered no negative outcomes from this alleged deficient practice. Resident # 1 care plan revised to reflect current individual level of care. Resident #3 deceased. Director of Social Svcs, ADNS, Nurse Mnger, &/or Designee 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. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? : Social Services and Nurses will be re-educated re: f/u documentation and Abuse Policy and Procedure. Administrator, ADNS, SDC, &/or designee How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? : All incidents will be reported in Clinical Concurrent Review with f/u review at Action Team and QA Meetings with changes made as appropriate. DNS, ADNS, &/or designee	5/31/2011	6/6/2011
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP				

F250 POC Accepted 6/1/11 Audit Page 3 of 6

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F 280	Continued From page 4 ADNS on 5/9/11 at 1:24 PM, Resident #3's care plan was not revised to include monitoring for psychosocial well-being following an allegation of staff to resident physical abuse on 1/18/11.	F 280	How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? : Incident and careplan update will be reported in Clinical Concurrent Review with /u review at Action Team and QA Meetings with changes made as appropriate.	
F 309 SS=D	Refer also to F250. 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being related to alleged inappropriate behavior for 2 residents. (Residents #1, #3). Findings include: 1 Per record review and confirmed with ADNS on 5/9/11 at 11:30 AM, following an alleged resident to resident sexual contact on 1/25/11, Resident #1's care plan was not revised to include monitoring for psychosocial well-being, the Behavioral Care Tracking was not initiated, there is no nursing documentation that the alleged event occurred, the physician was not notified, and there is no documentation of a Social Service assessment or monitoring following the alleged	F 309 F309	ADNS, Unit Mngers, &/or designee <i>F309 POC Accepted 6/18/11 [Signature]</i> The facility maintains that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice? : Resident # 1 and 3 suffered no negative outcomes from this alleged deficient practice. ADNS, Nurse Mnger, &/or Designee 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.	<i>On-going</i> 5/31/2011

