

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

August 29, 2014

Ms. Meagan Buckley, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Ms. Buckley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 29, 2014**. 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: 08/08/2014
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 07/29/2014
NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401	

(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		
F 353 SS=F	<p>An unannounced onsite investigation of complaints and entity self-reports was conducted by the Division of Licensing and Protection on 7/28 & 7/29/2014. Findings include:</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident interview, and staff interviews the facility failed to assure sufficient staff to provide nursing services per individual plan of care for Resident #1 (R#1) and to maintain the highest physical and mental</p>	F 353	<p>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 in the summary statement of deficiencies.</p> <p>F 353</p> <ol style="list-style-type: none"> 1. There were no negative outcomes to any resident related to this alleged deficient practice. 2. DNS met with Resident #1 to discuss concern regarding wait time for pain medication and addressed as well as to arrange times for dressing changes. Resident #1 agreed to specific dressing change times, however has not be adhering to this schedule. Staff continues to offer Resident #1 dressing changes and allow her/him to self-direct his/her care. 3. All residents are potentially affected by this alleged deficient practice. 4. Education to nursing staff regarding call light system and staffing needs/patterns 5. Daily review of nursing schedule by DNS or designee X 2 weeks. Daily call light audits X 2 weeks, then random weekly audits to be performed by DNS or designee to determine continued compliance with plan. 	

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



TITLE

Executive Director

(X6) DATE

8/18/2014

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 353	Continued From page 1 well-being of each resident. Findings include: 1). During an interview at 2:30 PM on 7/29/14, R#1 stated that "they don't have enough staff here to do all that we need". S/he stated that s/he has been in terrible pain and had to wait 45 minutes to an hour for pain medication. The staff doesn't have time to change my dressings as often as they should especially in the evening, but during the day too. 2). During an interview during the 2 days of survey, a resident wishing to remain anonymous stated "a couple of times I have wet myself because no one answered my call light." 3). In a review of the call light response report for Monday 7/7/14 on Unit 3 (all dates randomly chosen) it is noted that for the period reviewed there were 146 calls. In 135 instances the response time was less than 10 minutes. Seven calls were answered in 10-15 minutes. Three calls were answered in 16-20 minutes and one call was answered in 21 minutes. 4). In a review of the call light response report for Monday 6/9 on Unit 4 it is noted for the time period reviewed there were 133 calls. In 84 instances response time was less than 10 minutes. Nineteen calls were answered in 10-15 minutes. Thirteen calls were answered in 16-20 minutes. Seventeen calls were answered in more than 20 minutes and 5 of those were answered in more than 30 minutes. 5). In a review of the call light response report for Sunday 7/27 for Units 3, 4, and 5 the following was noted: Unit 3- 167 total calls, 124 were answered in less	F 353	6. DNS or Designee shall report out to QAA committee monthly x3 at this time frequency of further surveillance shall be determined by committee. 7. Corrective actions shall be complete by 8/27/2014 <i>UB</i>		

*POC 3
CORRECTION
ACCEPTED
Margaret Higgins RN
8/28/14*