

Division of Licensing and Protection  
HC 2 South, 280 State Drive  
Waterbury VT 05671-2060  
<http://www.dail.vermont.gov>  
Survey and Certification Voice/TTY (802) 241-0480  
Survey and Certification Fax (802) 241-0343  
Survey and Certification Reporting Line (888) 700-5330  
To Report Adult Abuse: (800) 564-1612

September 26, 2016

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

Provider ID #: 475014

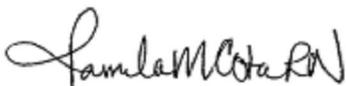
Dear Ms. Buckley:

The Division of Licensing and Protection completed a survey at your facility on **September 20, 2016**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that does not require a plan of correction but does require a commitment to correct. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please **sign the enclosed CMS-2567 and return** the original to this office by **October 6, 2016**.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt, RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>475014</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>9/20/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON HEALTH &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PEARL STREET BURLINGTON, VT</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 226</b>	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and review of the facility's internal investigation and policies, the facility failed to implement their Abuse Policy regarding reporting a resident's allegation of staff misappropriation of property (diversion of narcotic medication) to the State Agency (SA) within 24 hours and failed to remove the staff member from providing care until an investigation of the allegation was completed for 1 applicable resident (Resident #1). Findings include:</p> <p>Per review of the facility internal investigation, on Thursday, February 25, 2016 Resident #1 reported to the Unit Manager (UM) that s/he was given "yellow pills" the night before instead of "the white oxycodone's [narcotic pain medication] with the imprint of 10." The resident continued, "they are trying to trick me into thinking that these pills are my pain pills." The resident stated that s/he "slipped them under [his/her] tongue and the nurse thought I swallowed them." On the following day, Friday, February 26th, Resident #1 approached the UM again with two more yellow pills with an imprint that identified them as folic acid. Resident #1 reported that s/he did not receive [his/her] oxycodone that night.</p> <p>Per review of the Medication Administration Record (MAR), on 2/25/16 at 01:01 AM Staff Nurse #1 administered the resident oxycodone and on 2/26/16 at 01:03 (following the resident's allegation of medication diversion/misappropriation on 2/25/16), the same nurse administered the resident oxycodone.</p> <p>Per review, the facility's policy titled Facility Reporting Requirements under CMS Regulations and Vermont Licensing Operating rules for Nursing Homes, section 7 states "Facility must report all alleged violation involving mistreatment, neglect ....misappropriation of resident property are reported immediately to administrator and the licensing agency and Adult Protective Services." Additionally, the policy titled Abuse and Neglect Prevention states on page 5, section 6 Protection of a resident during an investigation: "A staff member implicated in an abuse/neglect situation, regardless of discipline, will be a) immediately rescheduled from any resident contact; b) interviewed and version of event documented c) suspended pending investigation results."</p> <p>Per interviews with administration staff and the UM on 9/20/16 starting at approximately 12:30 PM, the UM stated that s/he did not recognize that the allegation of diversion of medication was reportable to the State Agency as misappropriation of property. When asked whose name was on the oxycodone medication, s/he confirmed that medications are labeled with the resident names. The UM confirmed that the incident was not reported to the state agency and per review of the dates in the MAR and investigative summary, the staff nurse was not removed from care following the resident's allegation until an internal investigation was</p>
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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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>475014</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: <b>9/20/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON HEALTH &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PEARL STREET BURLINGTON, VT</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 226</b>	Continued From Page 1 completed. Following the investigation, the allegation was not substantiated.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2016  
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>C</b> <b>09/20/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PEARL STREET</b> <b>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 000	INITIAL COMMENTS  An unannounced onsite investigation of 3 complaints concerning care and services was conducted by the Division of Licensing and Protection on 9/19/16-9/20/16. While the facility was found to be in substantial compliance, the following issue was identified.	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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