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

April 6, 2018

Ms. Ursula Margazano, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641-5360

Dear Ms. Margazano:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 15, 2018**. 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

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

PRINTED: 03/26/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 475020 | A. BUILDING ______<br>B. WING ______ | C<br>03/15/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BERLIN HEALTH & REHAB CTR | 98 HOSPITALITY DRIVE<br>BARRE, VT 05641 |

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| F 000 | INITIAL COMMENTS<br><br>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 3/13/18. The investigation was completed on 3/15/18. The following deficiencies were cited. | F 000 | **Preparation and/or execution of this plan of correction does not constitute the providers admission of/or agreement with the alleged violations or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed as required by State and Federal law.** | |
| F 684<br>SS=G | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to provide the necessary care and services consistent with professional services to one resident with venous stasis ulcers. (Resident # 1) Findings include:<br><br>1. Resident # 1, who had a significant vascular condition resulting in impaired blood flow to the left leg, developed two venous stasis ulcers on the left lower leg on 8/6/17 and 2/6/18. The assessment tool "Skin-Venous (stasis) Ulcer v4" sheet last completed on 2/15/18 described the new stasis ulcer as being 6.5 centimeters long x 2.3 centimeters wide, and the older ulcer as being 3 centimeters long x 2.3 centimeters wide. One stasis ulcer had improved, but the new stasis ulcer had deteriorated. The DNS reported that skin assessments are conducted weekly on | F 684 | 1. Resident #1 is no longer at the facility.<br>2. Residents with vascular conditions have the potential to be affected by the alleged deficient practice.<br>3. CNE, NPE, and/or designee will be provided education to nurses regarding providing care to venous ulcers including assessments / measurements and documentation.<br>4. Audits will be conducted weekly X 4 then monthly X 3 by the CNE or designee to monitor effectiveness of the plan. | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | CEO | 4/2/18 |

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 684 | Continued From page 1<br>residents with pressure ulcers, venous stasis ulcers and for other skin issues such as skin tears and lacerations.<br><br>Following the assessment completed on 2/15/18, no other venous stasis assessments were completed monitoring the size, appearance, pain, palpable pulses, drainage or if the ulcers had improved or deteriorated. . The nursing notes did not include any description of the stasis ulcers following the 2/15/18 assessment. A separate document, "Skin Check" dated 2/22/18, used to assess Resident #1's skin tears, documented the presence of "left lower leg. Vascular ulcers." No assessment was done related to the size, appearance, palpable pulses, pain, drainage or if the stasis ulcers had improved or deteriorated.<br><br>A "Wound Management Tracking Tool" used by the DNS during wound rounds on 2/22/18 included the size of the two stasis ulcers, but the 2/28/18 assessment did not include any measurements. The wound measurements obtained on 2/22/18 were not incorporated into Resident # 1's medical record monitoring the condition of the ulcers.<br><br>In addition to the lack of weekly assessments for the stasis ulcers after 2/15/18, there were no nursing notes monitoring Resident # 1's stasis ulcers or h/her general condition. The last nursing note was an eMAR note dated 2/24/18 concerning the application of hydraguard lotion to both heels and a Una boot to the left heel.<br><br>Upon interview on 3/13/18 at 11:30 AM, the DNS confirmed the lack of monitoring and assessment | F 684 | 5. Results of the audits will be reported to the QAPI committee at which time the committee will evaluate and make recommendations as needed.<br>6. Corrective action to be completed by 4/9/18<br><br>F-684 POC accepted 4/5/18 S. Perry, RN | |



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| F 684 | Continued From page 2<br>of the ulcers stating the 'populated files' that would have prompted follow up assessments and documentation in the electronic medical record had been "accidentally deleted."<br><br>Per review of physician orders, on 2/28/18 at 11:35 AM, the physician ordered a referral to the wound clinic. The DNS reported that staff was "very concerned" about Resident # 1's leg, however, there was no documentation in the nursing notes describing Resident # 1's leg or h/her condition. Later that evening, Resident # 1's left lower leg was described as "ice cold", "deep purple in color" with a foul odor emanating from the ulcer. Resident # 1 also had a fever of 101.3 degrees. Resident # 1 was admitted to a local hospital with an ischemic limb, which is a decreased supply of oxygenated blood to a body part.<br><br>Hospital records noted Resident #1's anterior left leg stasis ulcer measured 10 cm x 8 cm which was covered with eschar (scab or dry crust). In addition eschar, was present on the dorsal surfaces of the 3rd, 4th and 5th toes. During interview with the Unit Manager on 3/15/18 @ 2:24 PM, Resident #1 had small dry scabbed on the toes of the left foot prior to her transfer to the hospital, but h/she hadn't seen them in a couple of weeks. | F 684 | | |
| F 686 SS=D | Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)<br><br>§483.25(b) Skin Integrity<br>§483.25(b)(1) Pressure ulcers.<br>Based on the comprehensive assessment of a resident, the facility must ensure that-<br>(i) A resident receives care, consistent with | F 686 | 1 Resident #2 treatment/services to prevent/heal pressure ulcer care was reviewed and revised.<br>2 Residents at high risk for pressure ulcers have the potential to be affected by the alleged deficient practice. | |



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| F 686 | Continued From page 3<br>professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and<br>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to provide the necessary care and services consistent with professional services to one applicable resident with pressure ulcers. (Resident# 2) Findings include:<br><br>Resident # 2, who was identified as having pressure ulcers on both heels and on h/her buttock, did not have adequate monitoring of the wounds. Per record review, Resident # 2's last "Skin-Pressure Ulcer" assessments completed on 2/21/18 for the three pressure ulcers revealed the following:<br>1. Right heel, which developed on 12/1/17: Stage 3, measuring 2.6 centimeters long x 2.4 centimeters wide and 0.2 centimeters deep.<br>2. Left heel, which developed on 12/1/17 : Unstageable due to slough or escher, measuring 1.5 centimeters long and 2 centimeters wide.<br>3. Left buttock, which developed on 12/20/17 : Stage 3 measuring 1.3 centimeters long 2 centimeters wide and 1 centimeter deep.<br><br>The 2/27/18 and 3/6/18 "Skin Check" sheets and nursing progress notes only identified the pressure ulcers as being on the left buttock and bilateral heels. No measurements, assessment | F 686 | 3 CNE, NPE or designee will provide education to nursing staff re skin checks / assessments / and measurements including interventions for high risk patients and new admissions using the Braden scale.<br>4 Audits will be conducted weekly X 4 then monthly X 3 by the CNE or designee to monitor effectiveness of the interventions.<br>5 Results of the audits will be reported to the QAPI committee at which time the committee will evaluate and make recommendations as needed.<br>6 Corrective action to be completed by 4/9/18<br><br>F686 - POC accepted 4/5/18 S. Perry RN | |



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| F 686 | Continued From page 4<br>for drainage, staging, or determination if the wounds were improving or deteriorating were noted. Although the DNS (Director of Nursing Services) documented the sizes of the pressure ulcers on the "Wound Management Tracking Tool" on 2/22/18 and 2/28/18, the information was not added to Resident # 2's medical record. The next Skin-Pressure Ulcer assessment was not done until 3/7/18. This was confirmed on 3/13/18 at 3:30 PM during interview with the DNS. The DNS reported during interview that wound assessments are to be done weekly. | F 686 | | |
| F 842 SS=D | Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is resident-identifiable to the public.<br>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>§483.70(i) Medical records.<br>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br>(i) Complete;<br>(ii) Accurately documented;<br>(iii) Readily accessible; and<br>(iv) Systematically organized<br><br>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, | F 842 | | |



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| F 842 | Continued From page 5<br>regardless of the form or storage method of the records, except when release is-<br>(i) To the individual, or their resident representative where permitted by applicable law;<br>(ii) Required by Law;<br>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;<br>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.<br><br>§483.70(l)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.<br><br>§483.70(l)(4) Medical records must be retained for-<br>(i) The period of time required by State law; or<br>(ii) Five years from the date of discharge when there is no requirement in State law; or<br>(iii) For a minor, 3 years after a resident reaches legal age under State law.<br><br>§483.70(l)(5) The medical record must contain-<br>(i) Sufficient information to identify the resident;<br>(ii) A record of the resident's assessments;<br>(iii) The comprehensive plan of care and services provided;<br>(iv) The results of any preadmission screening and resident review evaluations and | F 842 | 1 Resident #1 is no longer at the facility and resident #2 treatment/services reviewed, revised and documented.<br>2 Residents with skin ulcers have the potential to be affected by the alleged deficient practice.<br>3 CNE, NPE and/or designee will provide education to nurses regarding documentation of skin ulcers/ skin checks / assessments / and measurements including interventions for high risk patients and new admissions using the Braden scale.<br>4 Audits will be conducted weekly X 4 then monthly X3 by the CNE or designee to monitor effectiveness of the plan. | |



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| NAME OF PROVIDER OR SUPPLIER: BERLIN HEALTH & REHAB CTR | | STREET ADDRESS, CITY, STATE, ZIP CODE: 98 HOSPITALITY DRIVE, BARRE, VT 05641 | |

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| F 842 | Continued From page 6<br>determinations conducted by the State;<br>(v) Physician's, nurse's, and other licensed professional's progress notes; and<br>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview the facility failed to assure resident records were complete and accurately documented in 2 of 2 records reviewed. (Residents #1 and #2)<br>Findings include:<br><br>1. Per record review, Resident # 1, who had a significant vascular condition resulting in impaired blood flow to the left leg, developed two stasis ulcers on the left lower leg on 8/8/17 and 2/8/18. The assessment tool "Skin-Venous (stasis) Ulcer v4" flow sheet last completed on 2/15/18 described one wound as being 8.5 centimeters long x 2.3 centimeters wide, and the other as 3 centimeters long x 2.3 centimeters wide. One stasis ulcer had improved but the newer one had deteriorated. The DNS reported that skin assessments are conducted weekly on residents with pressure ulcers, venous stasis ulcers and for other skin issues such as skin tears and lacerations.<br><br>Following the assessment completed on 2/15/18, no other assessments were completed monitoring the size, appearance, pain palpable pulses and drainage. The nursing notes did not include any description of the stasis ulcers following the 2/15/18 assessment. A separate document, "Skin Check" dated 2/22/18, used to assess Resident #1's skin tears documented the presence of "other wounds." The document | F 842 | 5 Results of the audits will be reported to the QAPI committee at which time the committee will evaluate and make recommendations as needed.<br>6 Corrective action to be completed by 4/9/18<br><br>F842-POC accepted 4/5/18 S. Perry, RN | |



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| F 842 | Continued From page 7<br>stated "left lower leg. Vascular ulcers." No assessment for palpable pulses, pain, color, drainage. A "Wound Management Tracking Tool" used by the DNS during wound rounds on 2/22/18 included the sizes of the stasis ulcers. However, this information was not incorporated into Resident # 1's medical record to assess if the wounds were improving or deteriorating. No measurements were recorded on the 2/28/18 Wound Management Tracking tool.<br><br>In addition to the lack of weekly assessments for the stasis ulcers, there were no nursing notes monitoring Resident # 1's stasis ulcers or h/her general condition. The last nursing note was an eMAR note dated 2/24/18 concerning the application of hydraguard lotion to both heels and a Una boot to the left heel.<br><br>Upon interview on 3/13/18 at 11:30 AM, the DNS confirmed the lack of monitoring and assessment of the ulcers stating the 'populated files' that would have prompted follow up assessments and documentation in the electronic medical record had been "accidentally deleted."<br><br>Per review of physician orders, on 2/28/18 at 11:35 AM, the physician ordered a referral to the wound clinic. The DNS reported that staff was very concerned about Resident # 1's leg, however, there was no documentation in the nursing notes describing Resident # 1's leg or h/her condition. Later that evening, Resident # 1's left lower leg was described as "ice cold", "deep purple in color" with a foul odor emanating from the ulcer. Resident # 1 also had a fever of 101.3 degrees. An order was obtained to sent the resident to the hospital where h/she was admitted | F 842 | | |



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| F 842 | Continued From page 8<br>with an ischemic limb.<br><br>2. Resident # 2's last "Skin-Pressure Ulcer" assessments for the three pressure ulcers completed on 2/21/18, revealed the following:<br><br>1. Right heel: Stage 3, measuring 2.6 centimeters long x 2.4 centimeters wide and 0.2 centimeters deep.<br>2. Left heel : Unstageable due to slough or eschar, measuring 1.5 centimeters long and 2 centimeters wide.<br>3. Left buttock : Stage 3 measuring 1.3 centimeters long 2 centimeters wide and 1 centimeter deep.<br><br>The 2/27/18 and 3/6/18 "Skin Check" sheets and nursing progress notes only identified the pressure ulcers as being on the left buttock and bilateral heels. No measurements, assessment for drainage, staging or determination if the wounds were improving or deteriorating were documented. Although the DNS documented the sizes of the pressure ulcers on the "Wound Management Tracking Tool" on 2/22/18 and 2/28/18, the information was not added to Resident # 2's medical record. The next Skin-Pressure Ulcer assessment was not done until 3/7/18. This was confirmed on 3/13/18 at 3:30 PM during interview with the DNS. The DNS reported during interview that wound assessments are to be done weekly. | F 842 | F842-POC accepted 4/5/18 S. Leng, RN | |



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