

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

July 11, 2018

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

Dear Ms. Morton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 13, 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: 06/25/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475020	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2018
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05621	
(X4) PREFIX TAG F 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
<p>F 550 SS-B Resident Rights/Exercise of Rights: CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights: The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the</p>	<p>F 550</p>	<p>The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.</p> <p>F 550 - There were no ill effects to resident #3. All residents have the potential to be effected. Nursing staff will be re-educated regarding respect and dignity towards each other and residents, to be provided by NPE. Weekly audits of dignity technique to be conducted x4 By CNE or designee to ensure compliance and then monthly x3. Results reported in QA meeting for further review and recommendations.</p> <p>Date of compliance: 7/7/2018</p> <p>F-550 POC accepted 7/5/18 Lorell w/ S. Buyko</p>	<p>(X5) DATE</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 7/2/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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 15 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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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 550 Continued From page 1

resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure that 1 of 3 applicable residents (Resident #3) was treated with respect and dignity and in a manner and an environment that maintains or enhances his or her quality of life and by recognizing each resident's individuality. Findings include:

Per staff interview and record review, on April 16, 2018, an incident occurred during the dinner meal involving Resident #3. Resident #3 has a Dementia diagnosis and requires the assist of 1 (one) staff member during meals. Resident #3 was being provided meal assistance by LNA #3 (Licensed Nursing Aid). During the meal the resident threw a cup of juice. LNA #1 & #2 witnessed LNA #3 say to the resident, "this is what happens when your wife takes you off all your meds". LNA #3 then attempted to angrily remove the resident from the dining room, when LNA #2 intervened and took the resident back to the unit. The incident occurred while other residents were in the dining room and was overheard by at least one resident, who was upset enough by the encounter to file a grievance. The incident was reported to the supervisor, LNA #3 was subsequently sent home

F 550

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NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB/CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05644		
(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 550	Continued From page 2 and Resident #3 evaluated and did not have any ill-effects from the verbal interaction. However, the comment was disrespectful and demeaning to the resident and upsetting to other residents who were present. Upon review of the staff education for LNA #3, s/he was up-to-date on all trainings regarding resident rights, abuse and dementia training. S/he did receive additional training regarding stress management after the event and s/he is not currently working on the dementia unit.	F 550			