



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

November 30, 2018

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

Dear Ms. Walker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 24, 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 11/14/2018
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 10/24/2018
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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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(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
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F 000

INITIAL COMMENTS

F 000

F 804
SS=D

Nutritive Value/Appear, Palatable/Prefer Temp
CFR(s): 483.60(d)(1)(2)

\$483.60(d) Food and drink
Each resident receives and the facility provides:

\$483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;

\$483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.
This REQUIREMENT is not met as evidenced by:
Based on observations, staff and resident interviews, and medical record review, the facility failed to assure that 1 of 5 residents (Resident # 1) was served food that was palatable, attractive, and at an appetizing temperature. The specifics are detailed below:

During an interview with Resident #1 on 10/24/2018, S/he stated that the food is almost always served so cold the vegetables won't melt the butter. The resident had taken photos of previous meals on his/her phone. In reviewing the photos there were plates with vegetables with pads of un-melted butter on them. S/he has met with the Food Service Supervisor (FSS) to discuss concerns with the temperature of the food.

F 804

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.

Proposed compliance date is 11/26/18 for below plans of correction.

F-Tag 804- There were no ill effects to resident 1. The interim dietary director met with resident 1 and discussed the issues in complaint. The dietician also review dietary restrictions and discussed needs with staff; notes updated.

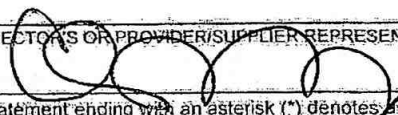
Residents/patients have the potential to be effected.

The dietary staff will be re-educated regarding proper food temperatures.

Test trays will be done daily and temperatures recorded on log and reviewed in QAPI for evaluation and further recommendations.

F804 POC accepted 11/28/18 ccedeman, PML

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



TITLE
CED

(X6) DATE
11/26/18

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 patient. (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 804	<p>Continued From page 1</p> <p>Per observation of the lunch meal on 10/24/2018, Resident #1 received a cheeseburger and french fries. The cheeseburger was cold and the cheese on the top had not melted, the french fries were also cold. The resident requested the staff member to heat them up.</p> <p>Per interview with the FSS, S/he stated that meals are now delivered to the residents from a meal cart. The cart is brought to the dining area and residents are served there or in their rooms. S/he confirmed that he has met with Resident #1 and is aware that he is not happy with the meal temperatures.</p> <p>F 806 Resident Allergies, Preferences, Substitutes SS=D CFR(s): 483.60(d)(4)(5)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, and medical record review, the facility failed to assure that 1 of 5 residents (Resident # 1) was served food that was not contraindicated, either by reason of allergy, preference or therapeutic diet. The specifics are detailed below:</p> <p>During an interview with Resident #1 on</p>	F 804	<p>F-Tag 806- There were no ill effects to resident 1. The interim dietary director met with resident 1 and discussed the issues in complaint. The dietician also review dietary restrictions and discussed needs with staff.</p> <p>Residents/patients have the potential to be effected.</p> <p>The dietary staff will be re-educated regarding following food preferences, substitutions and possible food allergies of residents/patients. The line has been changed to include a ticket reader and server to include a double check system when plating food.</p> <p>Audits will be conducted by CED or designee weekly x 4weeks, then monthly x 3, results will be reviewed at QAPI for evaluation and further recommendations.</p> <p>F806 POC accepted 11/25/18 Coleman RNL/pme</p>	

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F 806	<p>Continued From page 2</p> <p>10/24/2018, S/he stated that the dietary department is not serving the correct diet per physicians orders. The diet that is ordered by the Physician is a 2 gram sodium diet. S/he reported that S/he has received 10 slices of bacon at once for breakfast. The resident confirmed this with a picture of a plate with 10 pieces of bacon in it. S/he has met with the Food Service Supervisor (FSS) to discuss concerns with not receiving the correct diet. S/he also stated that the facility had recently been out of milk for 4 days.</p> <p>Per observation of the lunch meal on 10/24/2018, Resident #1 received a cheeseburger and french fries. The meal slip for this resident indicated that the resident should receive a 2 gram sodium diet.</p> <p>Per record review Resident #1 had a Physician's order for a 2 gram sodium diet.</p> <p>Per interview with the FSS, S/he is aware that residents are not always receiving what they order or the correct diets. S/he confirmed that he has met with Resident #1 and reviewed his dietary needs and preferences. S/he has reported issues concerning lack of staff, training, and resources in the dietary department to the Administrator.</p> <p>Per interview with the Administrator on 10/24/2018, S/he stated that S/he was aware of the issue regarding lack of dietary staff and that 2 cooks had just been hired. S/he had not been made aware that the dietary department had been out of milk or any other supplies. Once S/he was made aware, S/he sent staff out to purchase it.</p>	F 806	