

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

June 14, 2019

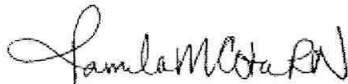
Ms. Melissa Haupt, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641-5360

Dear Ms. Haupt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 21, 2019**. 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

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 05/21/2019
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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

An unannounced complaint investigation was conducted by the Division of Licensing and Protection of 5/20 and 5/21/19. The following regulatory violations were identified:

F 623 Notice Requirements Before Transfer/Discharge
SS=B CFR(s): 483.15(c)(3)-(6)(8)

§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must:

- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
- (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and
- (iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.

- (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
- (ii) Notice must be made as soon as practicable before transfer or discharge when-
 - (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
 - (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of

F 000 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.

F 623 The transfer notice for resident #1 and resident #2 was delivered to resident and were uploaded on 5/20/19.

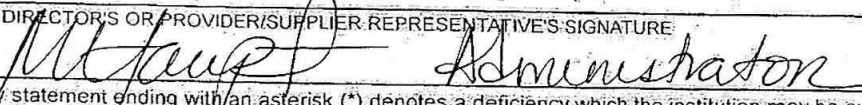
An audit for the completion of the transfer notice for residents transferred in the last 60 days was completed.

Residents that are transferred have the potential to be affected by this alleged deficient practice.

Education was provided to nurses, department managers, and managers on duty regarding the transfer process.

Audits of transfers will occur weekly times 4, then monthly times 2 or until substantial compliance has been achieved. Results will be reported and reviewed for further recommendations at QAPI.

Date of compliance: June 21, 2019
F623 POC accepted with attached addendum
6/13/19 M.Bertram

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6/10/19
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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 their 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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F.623 Continued From page 1
this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:

- (i) The reason for transfer or discharge;
- (ii) The effective date of transfer or discharge;
- (iii) The location to which the resident is transferred or discharged;
- (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
- (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
- (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
- (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and

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F 623 Continued From page 2.

email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice:
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure:
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to notify the resident and/or the resident's representative in writing, of a transfer/discharge and the reasons for the transfer, for 2 applicable residents, (Residents #1 and #2). The facility also failed to notify a representative of the Office of the State Long-Term Care Ombudsman as required. The findings include the following:

1. Per review of medical records, Resident #1, had been transferred to the hospital on 5/5/19 due to an elevated temperature, and low heart and respiratory rate. There is no evidence located in the medical record identifying that the

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F 623 Continued From page 3
family and /or representative was provided with the required notification of transfer.

Per interview with the Admission Coordinator on 5/20/19 at approximately 2:33 PM, confirmation was made that s/he is unable to locate any documents related to transfer/discharge for Resident #1 that occurred on 5/5/19. S/he also confirms that the office of the Long-Term Care Ombudsman was not notified of the transfer as required. The Admission Coordinator confirms it is her/his responsibility to provide the required notice. The facility Executive Director confirms on 5/20/19 at approximately 3:10 PM that currently there is no process in place to provide the resident and/or representative the notice of transfer/discharge during off hours, weekends, holidays and/or at any time the Admission Coordinator is not scheduled to work.

2. Per record review, Resident #2 was transferred to the hospital for an acute condition on 5/20/19. Per interview with the Admissions Coordinator (AC) at 2:30 PM, the transfer notice had just been completed. The AC stated that they only knew about this transfer to the hospital because the surveyors had asked to see the documentation, and that they had not been notified that the resident had been transferred prior to this.

F 623

F 625 Notice of Bed Hold Policy Before/Upon Transfr
SS=B CFR(s): 483.15(d)(1)(2)

§483.15(d) Notice of bed-hold policy and return-

§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to

F 625

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

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F 625 Continued From page 4
the resident or resident representative that specifies-

- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;
- (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;
- (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and
- (iv) The information specified in paragraph (e)(1) of this section.

§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to notify the resident and/or the resident's representative in writing, of a bed hold and return policy for 2 applicable residents, (Residents #1 and #2). The findings include the following:

1. Per review of medical records, Resident #1, had been transferred to the hospital on 5/5/19 due to an elevated temperature, and low heart and respiratory rate. There is no evidence located in the medical record identifying that the family and /or representative was provided with written notice of a bed hold and return policy at the time of the transfer.

F 625

The bed hold notice for resident #1 and resident #2 were delivered to resident and uploaded on 5/20/19.

An audit for the completion of the bed hold notice for residents transferred in the last 60 days was completed.

Residents that transfer have the potential to be affected by this alleged deficient practice.

Education will be provided to nurses, department managers, and managers on duty regarding the bed hold process.

Audits of bed holds will occur weekly times 4, then monthly times 2 or until substantial compliance has been achieved. Results will be reported and reviewed at QAPI

Date of compliance: June 21, 2019

FL25 POC accepted with attached addendum. 6/12/19 m.Bertrand P.M.

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F 625 Continued From page 5
Per interview with the Admission Coordinator on 5/20/19 at approximately 02:33 AM, confirmation was made that s/he is unable to locate any documents related to a bed hold notice and return policy for Resident #1 that occurred on 5/5/19. The Admission Coordinator confirms it is her/his responsibility to provide the required notice. The facility Executive Director confirms on 5/20/19 at approximately 3:10 PM that currently there is no process in place to provide the resident and/or representative the notice of bed hold and return policy during off hours, weekends, holidays and/or at any time the Admission Coordinator is not scheduled to work.

F 625

2. Per record review, Resident #2 was transferred to the hospital for an acute condition on 5/20/19. Per interview with the Admissions Coordinator (AC) at 2:30 PM, the written notice of bed hold and return policy had just been completed. The AC stated that they only knew about this transfer to the hospital because the surveyors had asked to see the documentation, and that they had not been notified that the resident had been transferred prior to this.

F 726 Competent Nursing Staff
SS=C CFR(s): 483.35(a)(3)(4)(c)

F 726

§483.35 Nursing Services
The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and 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 and considering the number, acuity and diagnoses of the facility's resident population in

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F 726 Continued From page 6
accordance with the facility assessment required at §483.70(e).

§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by:
Based on observation and confirmed by staff interview, the facility failed to ensure that 2 of 2 Licensed Nurse Aides (LNA's) have specific competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, (Employee #1 and #2). The findings include the following:

1. Per review of Employee #1's file on 5/20/19, s/he is a contracted (agency) employee; hired on 3/4/19 and is scheduled to work at the facility until 5/25/19. There is no evidence that s/he has completed the 8 mandatory education programs required by the Genesis organization. On 3/4/19 Code of Conduct for new employees a

F 726 F 726

Employee #1 no longer works in the center.

Employee #2 has received competency training.

Competency training is occurring for licensed staff with a focus on Resident rights, person centered care, communication, basic nursing skills, basic restorative nursing skills, and infection control.

Employee files will be audited for competency training and updated as needed.

Audits of competency training will occur weekly times 4, then monthly times 2 or until substantial compliance has been achieved. Results will be reported and reviewed at QAPI.

Date of compliance: June 21, 2019

F726 POC accepted with attached addendum 6/13/19 M.Bertrand RAL/MLC

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F 726 Continued From page 7

50-minute program was completed. On 3/14/19 an Abuse Prohibition Case Scenarios Handout questionnaire was answered. The employee file does not contain any information from the contracted company that evidences that Employee #1 has had competency audits prior to his/her Genesis employment. Nor is there evidence that the facility has evaluated competencies for Employee #1.

Confirmation was made by the Executive Director and the Director of Nurses (DNS) on 5/20/19 that Genesis Healthcare requires that all agency staff working directly with patient care receive the following training's prior to working with patients on the units:

- Genesis Compliance and Ethics Program/Code of Conduct;
- Discrimination and Harassment in the Workplace;
- Safety Training and Quiz;
- Resident Rights;
- Abuse Prohibition;
- Active Shooter in Long Term Care;
- Emergency Preparedness;
- Core Dementia 1-3 Hand-in-Hand Education) Training.

Confirmation was made by the DNS on 5/21/19 at approximately 1:40 PM, that Employee #1 has not met Genesis training requirements, nor is there any evidence that the contracted company provided information related to competencies completed prior to his/her hire date of 3/4/19. Nor is there evidence that the facility has evaluated competencies for Employee #1 in skills and techniques necessary to care for residents needs including but not limited to such areas as: Resident Rights, Person Centered Care,

F 726

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F 726 Continued From page 8
Communication, Basic Nursing Skills, Basic Restorative Nursing services, and Infection Control.

2. Per review of Employee #2's file on 5/20/19, with a hire date on 12/1/15, does not evidence any documents demonstrating that the facility has evaluated competencies for Employee #2.

Confirmation was made by the Director of Nurses on 5/21/19 at approximately 1:40 PM that they are unable to locate any documents that identify that Employee #2 has had competencies evaluated in skills and techniques necessary to care for residents needs including but not limited to such areas as: Resident Rights, Person Centered Care, Communication, Basic Nursing Skills, Basic Restorative Nursing services, and Infection Control.

F 726

F 730 SS=B Nurse Aide Perform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7)

§483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by:

Based on employee file review and confirmed by staff interview, the facility failed to ensure that 1 of 2 Licensed Nurse Aides (LNA's) reviewed, received at least 12 hours of regular in-service education, (Employee #2). The findings include the following:

F 730

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F 730 Continued From page 9
Per review of Employee #2's file on 5/20/19, with a hire date on 12/1/15, evidences the following educational programs completed in 2018-2019 to date:
-2/6/18 Sensitivity Training 15 minutes;
-2/23/18 Whirlpool Tub 30 minutes;
-4/12/18 Stop 'N' Watch 15 minutes;
-4/12/18 How to document in Point of Care (refusals and showers not on shower day) 20 minutes; and
-4/25/18 Point of Care education 30 minutes.

Education for the year totals 1 hour and 50 minutes.

Confirmation was made by the Director of Nurses on 5/21/19 at approximately 1:40 PM that they are unable to locate any documents that identify that Employee #2 has completed the 12 hours of educations annually as required.

F 730 F 730
Employee #2 is receiving ongoing education towards 12 hour mandated minimum education for 2019.

LNA files have been audited for education hours for 2019.

Ongoing training is occurring for LNA staff.

Audits of education will occur weekly times 4, then monthly times 2 or until substantial compliance has been achieved. Results will be reviewed and reported at QAPI.

Date of compliance: June 21, 2019

F730 PC accepted with attached addendum 6/13/19 M. Bertrand RN/PM

Addendum to 5/21 POC for Berlin Health and Rehab

June 13, 2019

F 623

Department managers and staff nurses are responsible for ensuring notice of transfer is given outside normal business hours. Center executive director will monitor.

F 625

Department managers and staff nurses are responsible for ensuring that notice of bedhold is given outside of normal business hours. Center executive director will monitor.

F 726

Nurse practice educator will administer competencies for LNAs with a focus on resident rights, person centered care, communication, basic nursing skills, basic restorative nursing skills, and infection control. Center Nurse Executive will monitor progress.

F 730

Nurse practice educator is responsible for ensuring the 12 hour mandatory minimum education requirements are completed for LNAs. Center nurse executive will monitor progress.