

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 25, 2019

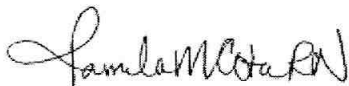
Ms. Melissa Haupt, Administrator  
Berlin Health & Rehab Ctr  
98 Hospitality Drive  
Barre, VT 05641-5360

Dear Ms. Haupt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 28, 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 05/28/2019
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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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F 000 INITIAL COMMENTS

The Division of Licensing and Protection conducted unannounced onsite investigations of 6 complaints and 3 facility self reports May 27 - 28, 2019. The following regulatory deficiencies were identified as a result:

F 609 Reporting of Alleged Violations  
SS=D CFR(s): 483.12(c)(1)(4)

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced

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 609

F 609

Resident #1 no longer resides at the center.

Residents that reside in the center have the potential to be affected by this alleged deficient practice.

Education was provided to staff regarding abuse reporting requirements.

Audits of employee knowledge of abuse reporting will occur weekly times 4, then monthly times 2 or until substantial compliance has been achieved. Results will be reviewed and reported to QAPI.

CED is responsible for ensuring that alleged abuse is reported timely. Center executive director will monitor.

Date of compliance: June 28, 2019

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

*[Signature]*

TITLE

*Administrator*

(X6) DATE

6/17/19

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.

F609 POC accepted 6/24/19 RTranbley RN / PML



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F 609 Continued From page 1  
by:  
Based on staff interview and record review, the facility failed to ensure an allegation of abuse was reported in a timely manner for 1 applicable resident (Resident #1). Findings include:  
  
Per record review, Resident #1 reported to a facility Occupational Therapist (OT) on 2/19/19 that h/she was verbally abused by an acquaintance. There is no evidence that the OT reported the alleged abuse to facility administration until 3/13/19. On 5/28/19 at 2:00 PM, the Center Nurse Executive confirmed that the alleged verbal abuse was not reported in a timely manner as required by regulation.

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

F 609

F 726

F 726  
Employee #2 has received competency training.  
  
Employee #3 has received competency training.  
  
Employee #4 has received competency training.  
  
Employee #5 no longer works in the center.  
  
Employee #6 has received competency training.

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F 726 Continued From page 2  
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 staff interview and record review, the facility failed to ensure that 7 of 9 staff members, (facility and agency Nurses and Licensed Nurse Aide), have specific competencies and skill sets to provided nursing and related services assuring resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, (Employee #2, #3, #4, #5 #6 #7 and #8). The findings include the following:

1. Per review of Employee #2's file on 05/28/19 (an agency Licensed Practical Nurse) LPN, was hired on 11/08/18 and again on 05/06/19. There is no evidence demonstrating that the facility has evaluated competencies in the area of skin and wound care, medication management, pain control, identification of changes in condition and cultural competencies. This nurse has been working on the skilled nursing unit and working with residents who require Peripherally Inserted Central Catheter (PICC) line infusions of medications and management of Negative Pressure Wound Therapy (NPWT) devices/dressings.

The Director of Nurses confirms on 05/28/19 at

F 726 Employee #7 has received competency training.  
  
Employee #8 has received competency training.  
  
Employee files have been audited for competency training and updated as needed.  
  
NPE and Unit managers have been educated on requirements for staff competencies  
  
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.  
  
CNE is responsible to ensure nursing staff are competent.  
  
Date of compliance: June 28, 2019

*F726 POC accepted 6/24/19 R Tremblay RN / PML*



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

FORM APPROVED  
OMB NO. 0938-0391

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F 726 Continued From page 3  
2:09 PM and on 05/29/19 at 10:20 AM, that Employee #2 has not had competencies evaluated in skills and techniques necessary to care for residents with the specific care needs as identified above, nor has the LPN completed a course on intravenous therapy since hire.

2. Per review of Employee #3's file on 05/28/19 (who is an agency Registered Nurse) RN, who was hired on 11/14/18. There is no evidence demonstrating that the facility has evaluated competencies in the area of skin and wound care, pain management, identification of changes in condition and cultural competency for this RN. This nurse has been working on the skilled nursing unit and working with residents who require management of Negative Pressure Wound Therapy (NPWT) devices/dressings.

The Director of Nurses confirms on 05/28/19 at 2:09 PM and on 05/29/19 at 10:20 AM, that Employee #3 has not had competencies evaluated in skills and techniques necessary to care for residents with the specific care needs as identified above.

3. Per review of Employee #4's file on 05/28/19 (who is a Genesis Employee-Licensed Practical Nurse) LPN, who was hired on 09/05/18. There is no evidence demonstrating that the facility has evaluated competencies in the areas of skin and wound care, medication management, pain management, identification of changes in condition and cultural competency for this LPN.

The Director of Nurses confirms on 05/28/19 at 2:09 PM and again on 05/29/19 at 10:20 AM, that Employee #4 has not had competencies evaluated in skills and techniques necessary to

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F 726 Continued From page 4  
care for residents with the specific care needs as identified above:

4. Per review of Employee #5's file on 05/28/19 (who is an agency Registered Nurse) RN, was hired on 03/04/19. There is no evidence demonstrating that the facility has evaluated competencies in the area of skin and wound care, medication management, pain management, identification of changes in condition and cultural competency. This nurse has been working on the skilled nursing unit and working with residents who required Peripherally Inserted Central Catheter (PICC) line infusions of medications and management of Negative Pressure Wound Therapy (NPWT) devices/dressings.

The Director of Nurses confirms on 05/28/19 at 2:09 PM and on 05/29/19 at 10:20 AM, that Employee #3 has not had competencies evaluated in skills and techniques necessary to care for residents with the specific care needs as identified above, nor has the RN completed a course on intravenous therapy since hire.

5. Per review of Employee #6's file on 05/28/19, (who is a Genesis employee, Licensed Nurse Aide) LNA, who was hired on 03/21/16. There is no evidence demonstrating that the facility has evaluated competencies for for this LNA.

Confirmation was made by the Director of Nurses on 05/28/19 at approximately 2:09 PM and again on 05/29/19 at 10:20 AM, that they are unable to locate any documents that identify that Employee #6, has had competencies evaluated in skills and techniques necessary to care for residents including but not limited to such areas as: person centered care, communication, basic restorative

F 726



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F 726: Continued From page 5  
nursing services, identification of changes in condition and cultural competency.

6. Per review of Employee #7's file on 05/28/19 (who is an agency Registered Nurse) RN, was hired on 04/01/19. There is no evidence demonstrating that the facility has evaluated competencies in the area of skin and wound care, medication management, pain management, identification of changes in condition and cultural competency. This nurse has been working on the skilled nursing unit and working with residents who required Peripherally Inserted Central Catheter (PICC) line infusions of medications and management of Negative Pressure Wound Therapy (NPWT) devices/dressings.

The Director of Nurses confirms on 05/28 at 2:09 PM and again on 05/29/19 at 10:20 AM, that Employee #7 has not had competencies evaluated in skills and techniques necessary to care for residents with the specific care needs as identified above, nor has the RN completed a course on intravenous therapy since hire.

7. Per review of Employee #8's file on 05/28/19 (who is a Genesis employee- Registered Nurse) RN, was hired on 07/09/18. There is no evidence demonstrating that the facility has evaluated competencies in the area of medication management, pain management, cultural competency for this RN. This nurse has been working on the skilled nursing unit and working with residents who required Peripherally Inserted Central Catheter (PICC) line infusions of medications and management of Negative Pressure Wound Therapy (NPWT) devices/dressings.

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F 726 Continued From page 6  
The Director of Nurses confirms on 05/28 at 2:09 PM and on 05/29/19 at 10:20 AM, that Employee #8 has not had competencies evaluated in skills and techniques necessary to care for residents with the specific care needs as identified above, nor has the RN completed a course on intravenous therapy since hire.

F 726