

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

August 30, 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 **August 19, 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

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

PRINTED: 08/26/2019  
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 08/19/2019
--	--	--	---

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

(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 000 INITIAL COMMENTS

An unannounced onsite investigation of an entity self-report and a complaint was completed by the Division of Licensing and Protection on 8/19/19. The following regulatory deficiencies were identified, and due to the corrective actions completed by the facility prior to the onsite investigation, it is considered to represent past noncompliance whereby no plan of correction (POC) is needed related to F-761, however F-730 will require a POC.

F 730 Nurse Aide Perform Review-12 hr/yr In-Service  
SS=C 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 staff interview and record review, the facility failed to complete a performance review at least once every 12 months for 5 of 5 Licensed Nurse Assistants (LNA's) in the sample. Findings include:

During review of a random selection of 5 employee personnel files, 5 of 5 LNA files reviewed did not have evidence of an annual performance review within the last 12 months. Per interview on 8/19/19 at 3:00 PM, the Director of Nursing confirmed that the facility had not conducted performance reviews for the LNA's.

F 761 Label/Store Drugs and Biologicals  
SS=D CFR(s): 483.45(g)(h)(1)(2)

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 730

No residents that reside in the center have the potential to be affected by this alleged deficient practice.

F 730

Education was provided to nursing managers regarding the annual performance review requirements.

LNA employees will receive their annual evaluations during the month of August through September 19, 2019.

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

CNE is responsible for ensuring that LNA staff have timely performance evaluations.

Center executive director will monitor.

F 761

Date of compliance: September 19, 2019

*F730 POC accepted 8/20/19 Lovell Rd PM*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>M. Sampson, CEO</i>	TITLE <i>CEO</i>	(X6) DATE <i>8/29/19</i>
---	---------------------	-----------------------------

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

PRINTED: 08/26/2019  
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. 08/19/2019
--	--	--	--

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

(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 761 Continued From page 1

F 761

§483.45(g) Labeling of Drugs and Biologicals  
Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

§483.45(h) Storage of Drugs and Biologicals

§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, and review of the facility internal investigation, the facility failed to assure that all drugs are stored in locked compartments and only authorized personnel have access to drugs for 3 of 3 residents (Resident #1, #2 & #3). Finding Include:

Per review of the facility internal investigation, on July 8, 2019 at 11:38PM the pharmacy delivered the following medications to the Licensed Practical Nurse (LPN) on B wing that were

Past noncompliance: no plan of correction required.

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

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

475020

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

PRINTED: 08/26/2019  
FORM APPROVED  
OMB NO. 0938-0391

(X3) DATE SURVEY  
COMPLETED

C

08/19/2019

NAME OF PROVIDER OR SUPPLIER

BERLIN HEALTH & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

98 HOSPITALITY DRIVE  
BARRE, VT 05641

(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 761

Continued From page 2  
actually for residents who reside on A wing.

F 761

1. Hydrocodone/Acetaminophen 10mg/325mg,  
Quantity #180 (6 cards of 30 each, and numbered  
1 through 6). This medication is used to control  
moderate to severe pain having both narcotic and  
non-narcotic ingredients, and is listed as a  
schedule II-controlled substance;

2. Morphine Sulfate Concentrate 20mg/1ml  
Solution, Quantity 30 ml. This medication is used  
to treat severe pain and is listed as a schedule  
III-controlled substance;

3. Fentanyl 25mcg/HR Patch TD72, Quantity #5.  
This medication is used to treat moderate to  
severe pain, and is listed as a schedule  
III-controlled substance;

The LPN on B wing signed for the medications  
and notified the LPN on A wing to pick up the  
medications. The LPN on B wing then left the  
medications in an unsealed bag on the desk of  
the nurse's station and left the area to pass out a  
medication to a resident on his/her wing. The  
nurse's station is not locked and is accessible by  
anyone in the facility including visitors, staff and  
residents. When the LPN on A wing came to pick  
up the medication and began to count the  
medication it was noted there was one card of 30  
Hydrocodone/Acetaminophen 10mg/325mg  
tablets missing.

A search ensued and the medication card was  
located inside of a Licensed Nursing Assistant's  
(LNA's) backpack wrapped inside of a black  
sweatshirt. There was one tablet noted to be  
missing from the card of 30.

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

PRINTED: 08/26/2019  
FORM APPROVAL  
OMB NO: 0938-039

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

08/19/2019

NAME OF PROVIDER OR SUPPLIER

BERLIN HEALTH & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

98 HOSPITALITY DRIVE  
BARRE, VT 05641

(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 761

Continued From page 3.  
Per 8/19/19 review, the facility policy titled,  
"Storage and Maintenance of Controlled Drugs,"  
states:

F 761

1. "Maintain controlled drugs in a double locked  
box/cabinet separate from other medications.  
This includes controlled drugs store in the  
medication refrigerator."

2. "Narcotic keys or the locked boxes/cabinets  
must be easily identifiable, and always in the  
possession of the licensed nursing staff who has  
designated responsibility for medication  
administration."

During the onsite investigation on 8/19/19, it was  
confirmed that the facility made notification to all  
pertinent agencies, law enforcement and  
completed multiple corrective actions in response  
to drug diversion incident of 7/8/19. These  
corrective actions included:

1. The facility conducted a root cause analysis  
and used those findings to determine the  
corrective action needed.

2. All professional nursing staff was re-educated  
during in-services that were held beginning on  
7/9/19 surrounding "Policies and Procedures as  
related to Management of Controlled Drugs".

3. The LNA who was involved in the drug  
diversion was terminated and law enforcement is  
pursuing an investigation.

4. The LPN who left the medication unattended  
on the desk, has since resigned from the facility.

5. The facility administration has an ongoing

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

PRINTED: 08/26/2019  
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 08/19/2019
--	--	--	---

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

(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 761 Continued From page 4  
process of audits of the narcotic books, delivery process for controlled drugs and an internal QAPI study has been initiated.  
  
Based on corrective actions completed prior to the onsite, the citation related to F761 is designated as past noncompliance.

F 761