

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 21, 2021

Mr. Brian Labelle, Administrator  
Berlin Health & Rehab Ctr  
98 Hospitality Drive  
Barre, VT 05641-5360

Dear Mr. Labelle:

Enclosed is a copy of your acceptable plans of correction for the investigation conducted on **June 29, 2021**. 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: 07/07/2021  
FORM APPROVED  
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERLIN HEALTH &amp; REHAB CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>98 HOSPITALITY DRIVE BARRE, VT 05641</b>	
(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  The Division of Licensing and protection conducted an onsite, unannounced complaint survey on 6/29/2021. The following regulatory violation was cited as a result.	F 000	Berlin Health and Rehabilitation provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed solely because it is required by Federal and State Applicable law.	
F 697 SS=E	Pain Management CFR(s): 483.25(k)  §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:  Based on information obtained through staff interview and record review, the facility failed to ensure that pain management provided to residents is consistent with professional standards of practice and the comprehensive person-centered care plan for 4 of 6 sampled residents (Residents #1, #2, #3 and #4). Findings include:  1. Resident #1 had an order for "Hydromorphone HCL tablet 2 mg (milligrams) - give one tablet by mouth every 2 hours as needed for severe pain 7-10" at two different times during their admission. Both orders were ordered by the Resident's provider. Per this order, Resident #1 should only receive Hydromorphone when they have an assessed pain level of 7-10.  Resident #1 also had an order for "Tramadol HCL tablet 50 mg - give one tablet by mouth every 6 hours as needed for moderate pain 4-6" at two different times during their admission. Both	F 697	F697  Resident #1, 2, 3 & 4 still reside at the facility and have had their pain managed per MD orders.  A house wide audit for all residents on a pain management program was conducted by the CNE to ensure compliance with MD orders.  All licensed Nurses have been re-educated on the NSG227 Pain Management Policy.  CNE or designee will conduct random audits of pain medication administration for compliance with pain scale and MD orders. These audits will be conducted weekly x4 then monthly x2 months.  Results of these audits will be brought to the QAPI Committee for review and recommendations as needed.  Date of compliance 7/19/2021  <b>Tag F 697 POC Approved on 7/16/21 T. Dougherty/P.Cota</b>	

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

*Brian L. Hall* LHA

TITLE

ADMINISTRATOR 7/12/2021

(X6) DATE

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.

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F 697	<p>Continued From page 1</p> <p>orders were ordered by the Resident's provider. Per this order, Resident #1 should only receive Tramadol when they have an assessed pain level of 4-6.</p> <p>Per Resident #1's Medication Administration Record, Resident #1 received 2 mg of Hydromorphone on 2/20/21 at 10:15 AM for a pain level of 4, on 2/21/21 at midnight for a pain level of 3, and on 2/21/21 at 7:20 AM for a pain level of 6 prior to the order being discontinued on 2/25/21. Resident #1 also received 2 mg of Hydromorphone on 3/9/21 at 12:50 AM for a pain level of 4, on 3/12/21 at 9:07 PM for a pain level of 5, on 3/23/21 at 8:35 PM for a pain level of 5, on 3/24/21 at 1:12 AM for a pain level of 6, and on 3/24/21 at 10:05 AM for a pain level of 3 prior to the order being discontinued on 3/26/21.</p> <p>Per Resident #1's Medication Administration Record, Resident #1 received 50 mg of Tramadol on 2/16/21 at 6:32 AM for a pain level of 3 prior to the order being discontinued on 2/25/21. Resident #1 also received 50 mg of Tramadol on 3/8/21 at 8:23 PM for a pain level of 3 and on 3/22/21 at 8:00 PM for a pain level of 0 prior to the order being discontinued on 3/25/21.</p> <p>Per Resident #1's care plan, under the care plan focus of "resident has acute pain/chronic pain disease process" an intervention was initiated on 3/7/21 that states "administer analgesia (pain medication) as ordered."</p> <p>Per interview on 2/29/21 at approximately 3:30 PM, the Interim DON (Director of Nursing) confirmed that these administrations of analgesia did not follow the indications for the administration specified in the provider's order</p>	F 697		

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F 697	<p>Continued From page 2</p> <p>and were not in line with professional standards of practice.</p> <p>2. Resident #2 has an order for "Oxycodone HCL 10mg tablet - give one tablet by mouth as needed every 4 hours for pain 4-10." This pain medication was ordered by the Resident's provider. Per this order, Resident #2 should only receive Oxycodone when they have an assessed pain level of 4-10.</p> <p>Per Resident #2's Medication Administration Record, Resident #2 received 10mg of Oxycodone on 6/19/21 at 2:26 PM for a pain level of 3, on 6/28/21 at 9:00 AM for a pain level of 3, and on 6/28/21 at 6:27 PM for a pain level of 3.</p> <p>Per interview on 2/29/21 at approximately 3:30 PM, the Interim DON (Director of Nursing) confirmed that these administrations of analgesia did not follow the indications for the administration specified in the provider's order and were not in line with professional standards of practice.</p> <p>3. Resident #3 has an order for "Codeine Sulfate Tablet 30mg - give one tablet by mouth as needed every 6 hours for severe pain 6-10." This pain medication was ordered by the Resident's provider. Per this order, Resident #3 should only receive Codeine when they have an assessed pain level of 6-10.</p> <p>Per Resident #3's Medication Administration Record, Resident #3 received 30 mg of Codeine on 5/14/21 at 8:00 PM for a pain level of 4.</p> <p>Per interview on 2/29/21 at approximately 3:30 PM, the Interim DON (Director of Nursing)</p>	F 697			

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F 697	<p>Continued From page 3</p> <p>confirmed that these administrations of analgesia did not follow the indications for the administration specified in the provider's order and were not in line with professional standards of practice.</p> <p>4. Resident #4 has an order for "Tramadol HCL tablet 50 mg - give one tablet by mouth every 6 hours as needed for moderate pain scale 6-10." This pain medication was ordered by the Resident's provider. Per this order, Resident #4 should only receive Tramadol when they have an assessed pain level of 6-10.</p> <p>Per Resident #4's Medication Administration Record, Resident #4 received 50 mg of Tramadol on 2/7/21 at 9:16 AM for pain level of 2.</p> <p>Per interview on 2/29/21 at approximately 3:30 PM, the Interim DON (Director of Nursing) confirmed that these administrations of analgesia did not follow the indications for the administration specified in the provider's order and were not in line with professional standards of practice.</p>	F 697			