

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

October 13, 2021

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

Dear Ms. Moxley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 22, 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: 10/11/2021
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 09/22/2021
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 The Division of Licensing and Protection conducted an onsite, unannounced investigation of three complaints and one facility reported incident from 9/21/21 through 9/22/21. The following regulatory deficiency was identified as a result:	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	10/22/21
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive	F 578	Resident #1 is deceased. All residents that reside and admit to Center are at risk for impact from this alleged deficiency. A house wide audit was conducted by the Center Nurse Executive of All residents Advanced Directives, Code Status Orders, and Code Status Care Plans to Ensure accuracy and congruency. All Licensed Clinical staff, Director of Social Services and our Medical Providers have been re-educated on Resident rights related to Advanced Directives. All Licensed Clinical staff, Director of Social Services and our Medical Providers have been re-educated on the Centers Policies regarding Resident Code Status Orders and Health Care Decision Making.	

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

TITLE

(X6) DATE

Amanda Crapley, Center Executive Director

10/21/21

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 578	<p>Continued From page 1</p> <p>information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the right to refuse and/or discontinue treatment per an advance directive for one of five sampled residents (Resident #1). Findings include:</p> <p>1. Per record review, Resident #1 met with the facility's SW (social worker) and the facility's APRN (advanced practice registered nurse) on 8/25/2021 to change their advance directive from full code-status to DNR/DNI (Do Not Resuscitate/Do Not Intubate). Per a social services note on 8/25/21, "APRN completed new COLST [clinician orders for life-sustaining treatment], This SW updated nurse manager who will update code status orders. Resident has established ink stamp of signature, [Resident #1] provided verbal consent to this SW, APRN, and BOM [business office manager] whom [Resident #1] entrusted with signature stamp prior to status change for BOM to sign for [Resident #1] using stamp. This SW, APRN, witness stamping of signature. COLST is updated in system." Record review confirms that the new, signed COLST with a check mark next to "Do Not Resuscitate/Do Not Intubate" was uploaded to the electronic health</p>	F 578	<p>Center Nurse Executive or Designee will conduct weekly audits of new admissions to ensure accuracy and congruency of Resident's Advanced Directives, Code Status Orders and Code Status Care Plans, weekly X 4 weeks and then Monthly X 3 months or until Substantial compliance is reached.</p> <p>Center Nurse Executive or Designee will conduct weekly audits of the Electronic Medical Record's 24 hour Report for documentation of changes to Resident Advanced Directives/Code Status to ensure accuracy and congruency of Resident's Advanced Directives, Code Status Orders and Code Status Care Plans, weekly X 4 weeks and then Monthly X 3 months or until Substantial compliance is reached.</p> <p>Results of these audits will be brought before the Interdisciplinary Team at QAPI for review and further recommendations.</p> <p>TAG F 578 POC Accepted on 10/12/21 by K. Ruffe/P. Cota</p>	10/22/21	

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F 578	<p>Continued From page 2 record under the tab "MISC" on 8/25/21.</p> <p>Per record review, Resident #1 passed away on 9/16/21 at 6:10 AM. CPR was not performed on Resident #1.</p> <p>Per record review, at the time of Resident #1's death there was an order in the electronic health record that reads, "Full Code". This order was initiated on 8/24/21. Review of the care plan at the time of Resident #1's death shows a care plan focus of "The resident has an advanced directive of Full Code" which was initiated on 11/10/20 with an intervention of "CPR will be performed as needed."</p> <p>Per review of the facility's "Health Care Decision Making" Policy, the policy states, "centers must establish a mechanism for documenting and communicating the patient's choices to the interprofessional team and staff responsible for the patient's care." Per review of the facility's "Code Status Orders" policy, the policy states, "All patients require a code status order as soon as possible upon admission/readmission, a change in patient preference, or a significant change in patient condition ... if the patient wishes are different than the admission orders, immediately document the patient's wishes in the medical record, notify the physician, and obtain the correct order."</p> <p>Per interview on 9/21/21 at approximately 3:30 PM, the SW and DON (Director of Nursing) explained that nurses reference the resident's code status orders and care plan to know if they need to proceed with CPR for a particular resident during an emergency.</p>	F 578		10/22/21	

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F 578	Continued From page 3 Per interview with the SW on 9/22/21 at approximately 1:00 PM, the SW confirmed that the orders and care plan for Resident #1's code status had not been updated prior to their death, and that code status care plans are only updated quarterly. Per interview with four facility nurses, including one Unit Manager, on 9/22/21 at approximately 1:30 PM, all four nurses stated that they would reference the code status order in a resident's medical record to determine if a resident was a full code or a DNR/DNI if a resident was found without signs of life.	F 578		10/22/21