



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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
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Survey and Certification Reporting Line: (888) 700-5330

December 13, 2022

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

Dear Ms. Reynolds:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 9, 2022. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 11/29/2022
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 11/09/2022
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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 an onsite, unannounced investigation of one complaint on 11/9/2022. There were regulatory findings associated with this investigation.	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 evidenced of the facilities continued compliance with applicable law.	
F 802 SS=F	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. §483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii). This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, there facility failed to provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Findings include: During a tour of the facility kitchen accompanied	F 802	The facility and the contracted dietary agency have hired two new employees and have retained agency services to assist with the staffing. The kitchen has been deep cleaned. Dietary staff have been re-educated on the daily routine cleaning schedule and the policy on food handing for thawing frozen meat. The Administrator/designee will conduct random weekly audits X 4 and monthly X 2 to ensure sufficient staffing to safely and effectively carry out the functions of the food and nutrition service. The results of the audits will be brought to QAPI for review and further interventions if needed.	12/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Heather Reynolds (Hutchings)</i>	TITLE <i>Administrative</i>	(X6) DATE <i>12/18/2022</i>
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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 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 802	Continued From page 1 by the Kitchen Supervisor (KS) at 10:15 AM on 11/9/22, the following issues were observed: 1. The entire kitchen floor is soiled with dirt and food particles. 2. There are dirty plates mixed in with clean plates on the steam table. 3. The metal inserts holding the clean plates are soiled with dust and food particles. 4. There is a case of frozen chicken thighs in a cardboard box sitting in the 3 bay pot sink. They are unrefrigerated and per the KS, have been unrefrigerated since 8:30 AM. The KS stated that the chicken should not be left unrefrigerated to thaw. These observations were confirmed by the KS at the time of the observations. The KS stated that they was insufficient dietary staff to properly clean and maintain the kitchen. The KS stated that there is a total of 4 dietary staff to cook, clean and serve all meals. This was verified by review of the actual dietary staff schedules for October - November 2022. On 11/9/22 at 11:18 AM, the facility Executive Director stated that h/she is aware of the issues with dietary staffing and has been working unsuccessfully to get more staff.	F 802	Tag F 802 POC accepted on 12/13/2022 by K.Ruffe/P.Cota		
F 812 SS=F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.	F 812			

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F 812	<p>Continued From page 2</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. Findings include:</p> <p>During a tour of the facility kitchen accompanied by the Kitchen Supervisor (KS) at 10:15 AM on 11/9/22, the following issues were observed:</p> <ol style="list-style-type: none"> 1. The entire kitchen floor is soiled with dirt and food particles. 2. There are dirty plates mixed in with clean plates on the steam table. 3. The metal inserts holding the clean plates are soiled with dust and food particles. 4. There is a case of frozen chicken thighs in a cardboard box sitting in the 3 bay pot sink. They are unrefrigerated and per the KS, have been unrefrigerated since 8:30 AM. The KS stated that the chicken should not be left unrefrigerated to thaw. 	F 812	<p>F812</p> <p>The kitchen has been deep cleaned.</p> <p>Dietary staff have been re-educated on the daily routine cleaning schedule and the policy on food handing for thawing frozen meat.</p> <p>The Administrator/designee will conduct random weekly audits X 4 and monthly X 2 to ensure proper storage, preparation, and distributing of food in accordance with the professional standards for food safety.</p> <p>The results of the audits will be brought to QAPI for review and further interventions if needed.</p>	

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F 812	Continued From page 3	F 812	Tag F812 POC Accepted on 12/13/2022 by K.Ruffe/P.Cota		
F 921 SS=F	<p>These observations were confirmed by the KS at the time of the observations. The KS stated that they was insufficient dietary staff to properly clean and maintain the kitchen.</p> <p>Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations and interviews the facility failed to provide a sanitary environment for residents in 11 randomly sampled resident bathrooms. Findings include:</p> <p>1. Observed bathroom in room #B18 on 11/9/22 at approximately 11:00 AM. Floor is noted to have smeared dried black matter covering approximately 1/2 of the floor and extending up wall. Sink and faucet have a coating of dried toothpaste and soap, toilet has splashed brown liquid and hair dried to seat, side of toilet has dried brown liquid extending from beneath the toilet seat to the floor, above the sink is a mirror with a shelf coated in a white film holding 2 used drinking cups and numerous personal care items. Met with the Director of Maintenance who oversees environmental services at approximately 11:15AM, who confirmed the findings and stated, "this is unacceptable". Viewed other bathrooms on the B-wing with the following findings: Room B1: dried brown substance on toilet seat, Room B2: dried brown substance toilet seat and dried brown liquid on</p>	F 921	<p>The facility deep cleaned bathrooms: B3, B7, B13, B14, B22, replaced the air vents in A14, A15, A18 bathrooms and repaired the damaged wall in A18.</p> <p>B18 is listed as the room with the dried adhesive on the floor, however it is B19 that the issue was noted. The adhesive has been removed and deep cleaned.</p> <p>All resident's bathrooms are at risk for this alleged deficient practice.</p> <p>A house wide audit was conducted of all resident's bathrooms.</p> <p>The housekeeping staff have received re-education on the proper cleaning steps for bathrooms and deep cleaning process.</p> <p>The Administrator/designee will conduct random weekly audits X4 then monthly X2 to ensure a sanitary environment for residents.</p> <p>The results of the audits will be brought to QAPI for review and further interventions if needed.</p>	11/13	12/1

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F 921	<p>Continued From page 4</p> <p>the wall next to the toilet, Room B3: brown substance on toilet seat and on the porcelain ring beneath the seat, Room B7: brown substance on toilet seat and floor between the toilet and wall, Room B13: glove and debris on floor, Room B14: brown substance on toilet seat and floor in front of the toilet, Room B 22: brown substance on porcelain ring beneath toilet seat and dried brown liquid streaks extend down the side of the toilet. These findings were confirmed by the Director of Maintenance as they were identified.</p> <p>2. Observations of a random sample of Unit A (Granite Avenue) resident bathrooms were conducted on 11/9/2022 at approximately 11:30 AM. The following observations were made:</p> <ul style="list-style-type: none"> - Room #14 - There were a large number of dirty footprints on the floor. The air vent in the bathroom was very rusty. The walls had several large scuff marks towards the bottom of the wall. The toilet had dried, crumbling feces on the back of the toilet seat. - Room #15 - The bathroom floor had streaks of dirt across it, with excess dirt and hair pushed into the corners of the bathroom. There were many crusted, built-up hard water stains on the sink faucet. There were several areas of the wall in the bathroom that had peeling paint. - Room # 18 - There was a large amount of dried urine on the toilet seat. The air vent in the bathroom was very rusty. There were stains of varying colors and sizes scattered throughout the floor. There were several areas along the bathroom wall that had been plastered over but not painted. 	F 921			

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F 921	<p>Continued From page 5</p> <p>- Room # 22 - The righthand wall where it meets the floor had dried, smeared brown substances on it that extended down and onto the floor. There was dried feces on the commode seat positioned above the toilet. There were several areas along the bathroom wall that had been plastered over but not painted. The sheetrock underneath the soap dispenser was cracked and bulging out from the wall.</p> <p>Per interview on 11/9/2022 at approximately 11:45 AM, a housekeeper on Unit A confirmed that the bathrooms had been cleaned for the day but that the quality of the cleaning done was not sufficient. The housekeeper stated that they start their shift at 8:30 AM, and when they arrive for work the housekeepers on other units who start their shifts at 6:30 AM have often already completed all the daily resident room cleaning. They confirmed that this would not be enough time to clean all resident bathrooms on a unit sufficiently. The housekeeper also shared that when they started at the facility, the bathrooms on their assigned unit were in very bad shape and took a lot of work to get clean.</p>	F 921	<p>Tag F 921 POC Accepted on 12/13/2022 by K.Ruffe/P.Cota</p>		