

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 Survey and Certification Fax (802) 241-0343 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,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

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475020 B. WING 11/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641 STREET ADDRESS, CITY, STATE, ZIP CODE 98 HOSPITALITY DRIVE BARRE, VT 05641 (X4) D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COME DATE DATE DEFICIENCY F 000 INITIAL COMMENTS 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 Sufficient Dietary Support Personnel SS=F F 802 S483.60(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 concentry and the contracted dietary agency		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE S COMPL		
STREET ADDRESS, CITY, STATE, ZP CODE SERLIN HEALTH & REHAB CTR STREET ADDRESS, CITY, STATE, ZP CODE BERLIN HEALTH & REHAB CTR STREET ADDRESS, CITY, STATE, ZP CODE SUMMARY STATEMENT OF DEFICIENCIES PREVIDENT SEARCH (TO SOLD) TAG SUMMARY STATEMENT OF DEFICIENCIES PREVIDENT SEARCH (TO SOLD) F000 INITIAL COMMENTS PREVIDENT SEARCH (TO SOLD) COMMENTS F000 INITIAL COMMENTS F000 The Division of Licensing and Protection conducted an onsite, unannounced investigation. F000 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 investigation. F 802 SSFE CFR(S): 483.60(a)(3)(b) \$483.60(a)(3)(b) F 802 \$483.60(a)(3)(b) \$483.60(a)(3) Support staff. F 802 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 and the contracted dietary agency have hird two new employees and have if a staff accepted as evidenced by: PREVIDENT is not met as evidenced by: \$483.60(a)(3) Support staff. The kitchen has been dee		475020		B. WING		C 11/09/2022		
PREFX TAG (EACH DEPICIENCY NUCT BE PRECEDED BYFULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX TAG (EACH CORRECTIVE ACTION SHOLLD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) COMMENTE F 000 INITIAL COMMENTS F 000 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 800 SS=F CFR(S): 483.60(a)(3)(b) F 802 \$483.60(a)(3) Support Personnel service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility resident population in accordance with the facility assessment required at \$483.70(e). F 802 \$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 services staff must participate on the interdisciplinary team as required in § 483.21(b) (2)(i). The Administrator/designee will conduct random weekly audits X 4 and monthly X 2 to ensure sufficient staffing to safely and figure (and must if alled to provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Findings include: The Administrator/designee will be brought to QAPI for review and further interventions if needed. </th <th></th> <th></th> <th>TR</th> <th></th> <th>98 HOSPITALITY DRIVE</th> <th></th> <th></th>			TR		98 HOSPITALITY DRIVE			
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. SSEF SSEF CFR(s): 483.60(a)(3)(b) S483.60(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's resident population in accordance with the facility's resident population in accordance with the facility's resident population asfely and effectively carry out the functions of the food and nutrition Services staff must participate on the interdisciplinary team as required in § 443.21(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: Auring a tour of the facility kitchen accompanied	PREFIX	(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLET DATE	
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).F802§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 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:The kitchen has been deep cleaned.The kitchen has been deep cleaned.With the safely and effectively carry out the functions of the food and nutrition services. Findings include: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. Findings include:The results of the audits will be brought to QAPI for review and further interventions if needed.	F 802	The Division of Lie conducted an onsit of one complaint o regulatory findings investigation. Sufficient Dietary S	censing and Protection te, unannounced investigation n 11/9/2022. There were associated with this Support Personnel		constitute an admission of forth in the statement of d of correction is prepared a evidenced of the facilities with applicable law.	the allegations leficiencies. The nd executed as	s set e plan s	
The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.Dietary staff have been re-educated on the daily routine cleaning schedule and the policy on food handing for thawing frozen meat.§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).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.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:The results of the audits will be brought to QAPI for review and further interventions if needed.		The facility must e appropriate compe- out the functions o service, taking into assessments, indiv number, acuity and resident population	ust employ sufficient staff with the ompetencies and skills sets to carry ons of the food and nutrition g into consideration resident individual plans of care and the ty and diagnoses of the facility's lation in accordance with the facility		The facility and the contrac have hired two new emplo retained agency services to	yees and have	ncy 12	
		The facility must p personnel to safely functions of the foo §483.60(b) A mem Services staff mus interdisciplinary tea (2)(ii). This REQUIREME by: Based on observa review, there facilit support personnel out the functions of service. Findings in	rovide sufficient support and effectively carry out the od and nutrition service. ber of the Food and Nutrition t participate on the am as required in § 483.21(b) NT is not met as evidenced tion, staff interview and record ty failed to provide sufficient to safely and effectively carry f the food and nutrition include:		Dietary staff have been re- daily routine cleaning sche on food handing for thawin The Administrator/designe random weekly audits X 4 ensure sufficient staffing to effectively carry out the fu and nutrition service. The results of the audits w	educated on the dule and the pol ng frozen meat. ee will conduct and monthly X 2 o safely and nctions of the fo ill be brought to	to 1/29 od QAPI	
1/11/10 desmalls (histimes) (Amunistrate 28/2	DRATORY	// -	\wedge		11 5.6	12		

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 475020

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
1		475020	B. WING				C 0 9/2022	
	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	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD	BE	(X5) COMPLETION DATE	
F 812	11/9/22, the followin 1. The entire kitch food particles. 2. There are dirty plates on the steam 3. The metal inser are soiled with dust 4. There is a case cardboard box sittin are unrefrigerated since the chicken should thaw. These observations the time of the obset they was insufficient clean and maintain that there is a total clean and serve all review of the actual October - November On 11/9/22 at 11:18 Director stated that with dietary staffing unsuccessfully to ge Food Procurement, CFR(s): 483.60(i)(1) §483.60(i)(1) - Proce	ervisor (KS) at 10:15 AM on ng issues were observed: nen floor is soiled with dirt and plates mixed in with clean n table. Its holding the clean plates and food particles. of frozen chicken thighs in a ng in the 3 bay pot sink. They and per the KS, have been a 8:30 AM. The KS stated that not be left unrefrigerated to were confirmed by the KS at ervations. The KS stated that it dietary staff to properly the kitchen. The KS stated of 4 dietary staff to cook, meals. This was verified by dietary staff schedules for er 2022. AM, the facility Executive h/she is aware of the issues and has been working et more staff. Store/Prepare/Serve-Sanitary)(2) fety requirements.	F 8	Tag F 802 POC accepted 12/13/2022 by K.Ruffe/F	P.Cota			
FORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: K18T11		Facility ID: 475020	If continu	ation shee	et Page 2 of 6	

DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER:

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDI	NG	COMPLETED		
		475020	B. WING			C	
		47 5020	D. WING		11/	09/2022	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
BERLIN HEALTH & REHAB CTR				98 HOSPITALITY DRIVE			
				BARRE, VT 05641			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIN (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 812	from local producer and local laws or re (ii) This provision d facilities from using gardens, subject to safe growing and fo (iii) This provision of from consuming for facility. §483.60(i)(2) - Stor serve food in accor standards for food s This REQUIREMEN by: Based on observat facility failed to stor serve food in accor standards for food s include: During a tour of the by the Kitchen Sup 11/9/22, the followin 1. The entire kitch food particles. 2. There are dirty plates on the stear 3. The metal inse are soiled with dust 4. There is a case cardboard box sittir are unrefrigerated since	a food items obtained directly s, subject to applicable State gulations. Des not prohibit or prevent produce grown in facility compliance with applicable ood-handling practices. Noes not preclude residents ods not procured by the e, prepare, distribute and dance with professional service safety. NT is not met as evidenced ion and staff interview, the re, prepare, distribute and dance with professional service safety. NT is not met as evidenced ion and staff interview, the re, prepare, distribute and dance with professional service safety. Findings facility kitchen accompanied ervisor (KS) at 10:15 AM on ng issues were observed: then floor is soiled with dirt and plates mixed in with clean it table. rts holding the clean plates	F 8	12 FSID The kitchen has been deep clear Dietary staff have been re-educa daily routine cleaning schedule a on food handing for thawing fro The Administrator/designee will random weekly audits X 4 and m ensure proper storage, preparat distributing of food in accordance professional standards for food s The results of the audits will be k for review and further intervent	ated on the p and the p zen meat conduct nonthly X ion, and ce with th safety. prought t	2 to	

(X2) MULTIPLE CONSTRUCTION

Event ID: K18T11

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Facility ID: 475020

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(X3) DATE SURVEY

COMPLETED

PRINTED: 11/29/2022 FORM APPROVED OMB NO. 0938-0391

							0930-03	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C 11/09/2022		
		475020 B. WING						
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR				98	TREET ADDRESS, CITY, STATE, ZIP CODE B HOSPITALITY DRIVE	1 117	09/2022	
				в	ARRE, VT 05641			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETIC DATE	
F 812	Continued From pa	ige 3	F8	12				
	the time of the obset they was insufficien	s were confirmed by the KS at ervations. The KS stated that nt dietary staff to properly the kitchen			Tag F812 POC Accepted on 12/13/2022 by K.Ruffe/P.Cota F921	l		
	clean and maintain the kitchen. Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)			21	The facility deep cleaned bathrooms: B3, B7, B13, B14, B22, replaced the air vents in A14,			
	§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.				A15, A18 bathrooms and repaired wall in A18.	the dai	maged	
	This REQUIREMEN	IENT is not met as evidenced			B18 is listed as the room with the			
	by:	in a second in the standard the s			adhesive on the floor, however it			
	facility failed to pro-	ions and interviews the vide a sanitary environment andomly sampled resident s include:			issue was noted. The adhesive has removed and deep cleaned.	s been		
	bathrooms. Finding				All resident's bathrooms are at ris	k for thi	s	
		om in room #B18 on 11/9/22 :00 AM. Floor is noted to			alleged deficient practice.		I.	
	have smeared dried approximately 1/2 of	dried black matter covering ½ of the floor and extending up faucet have a coating of dried			A house wide audit was conducted resident's bathrooms.	d of all		
	toothpaste and soap, toilet has splashed brown				The housekeeping staff have recei	ved re-		
		I to seat, side of toilet has extending from beneath the			education on the proper cleaning	steps fo	r ll	
	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				bathrooms and deep cleaning pro	cess.	121	
					The Administrator/designee will co	onduct		
					random weekly audits X4 then mo	nthly X2	2 to	
					ensure a sanitary environment for	residen	its.	
					The results of the audits will be br	ought to	D QAPI	
				1	for review and further intervention	ns if nee	eded.	

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Facility ID: 475020

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STATEMENT OF DEFICIENCIES (X1) PROVI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	475020		B. WING			C 11/09/2022	
NAME OF PROVIDER OR SUPPLIER BERLIN HEALTH & REHAB CTR				S 9	TREET ADDRESS, CITY, STATE, ZIP CODE 8 HOSPITALITY DRIVE BARRE, VT 05641		<u> 19/2022</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 921	the wall next to the substance on toilet beneath the seat, F toilet seat and floor Room B13: glove a B14: brown substa front of the toilet, F on porcelain ring b brown liquid streak toilet. These finding Director of Mainter 2. Observations of (Granite Avenue) r conducted on 11/9/ AM. The following - Room #14 - Th dirty footprints on t bathroom was very large scuff marks t The toilet had dried of the toilet seat. - Room #15 - Th of dirt across it, wit into the corners of many crusted, built sink faucet. There in the bathroom tha - Room # 18 - T dried urine on the f bathroom was very varying colors and floor. There were	age 4 toilet, Room B3: brown seat and on the porcelain ring Room B7: brown substance on r between the toilet and wall, and debris on floor, Room ince on toilet seat and floor in Room B 22: brown substance eneath toilet seat and dried s extend down the side of the gs were confirmed by the nance as they were identified. F a random sample of Unit A esident bathrooms were 2022 at approximately 11:30 observations were made: here were a large number of the floor. The air vent in the r usty. The walls had several owards the bottom of the wall. d, crumbling feces on the back the bathroom. There were t-up hard water stains on the were several areas of the wall at had peeling paint. here was a large amount of coilet seat. The air vent in the r usty. There were stains of sizes scattered throughout the several areas along the had been plastered over but	F	921			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DAT	E SURVEY PLETED
		475020	B. WING				C 09/2022
	PROVIDER OR SUPPLIER	TR		STREET ADDRESS, CITY, STATE, ZIP 98 HOSPITALITY DRIVE BARRE, VT 05641	CODE	1 10	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD	BE	(X5) COMPLETION DATE
F 921	meets the floor had substances on it that the floor. There was seat positioned abo several areas along been plastered over sheetrock undernea cracked and bulging Per interview on 11/ 11:45 AM, a housek that the bathrooms but that the quality of sufficient. The hous their shift at 8:30 AM work the housekeep their shifts at 6:30 A completed all the da They confirmed that time to clean all resi sufficiently. The hou when they started at	he righthand wall where it dried, smeared brown at extended down and onto s dried feces on the commode we the toilet. There were the bathroom wall that had r but not painted. The th the soap dispenser was g out from the wall. /9/2022 at approximately teeper on Unit A confirmed had been cleaned for the day of the cleaning done was not ekeeper stated that they start M, and when they arrive for bers on other units who start M have often already aily resident room cleaning. t this would not be enough ident bathrooms on a unit usekeeper also shared that t the facility, the bathrooms nit were in very bad shape rk to get clean.	F 9	Tag F 921 POC Accepte 12/13/2022 by K.Ruffe/I	P.Cota		
		Obsolete Event ID:K18T11		Facility ID: 475020	it continua	ation shee	t Page 6 of 6