



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
To Report Adult Abuse: (800) 564-1612

January 27, 2023

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 **December 7, 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: 12/21/2022
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 12/07/2022
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 658	Continued From page 1 resident's record and therefore, the wound care was not provided as per physician's order. During an interview on 12/7/2022 at approximately 1:30pm the acting Director of Nursing (DNS) confirmed that the TOC physician orders were not followed related to wound care for resident #1. Ref: Lippincott Manual of Nursing Practice (9th Edition) Wolters, Kluwer Health/Lippincott, Williams, & Wilkens	F 658	Transition of care discharge instructions reviewed to ensure that wound care orders were reconciled correctly. Residents with wound treatment orders will have their treatment orders reviewed to ensure their treatments are being documented as ordered.	reconciled with the orders entered into the electronic medical weekly x4 weeks then monthly x 2 months. Results of the audit will be reported at QAPI committee for review-Date of compliance-2-7-23	
F 690 SS=E	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder	F 690	3. LPN's and RN's will be educated on the process of reconciling transition of care discharge orders and entering treatment orders into the electronic medical records. 4. New admissions will have their transition of care discharge orders	2/7	

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F 690	<p>Continued From page 2</p> <p>receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to ensure that residents receive appropriate services to prevent urinary tract infections for 2 of 4 sampled residents (Residents #1 and #7). Findings include:</p> <p>1. Per record review, Resident #1 was ordered an antibiotic 3 times within two months for an indication of UTI (urinary tract infection). On 10/10/2022, an order was placed for "Cefpodoxime Proxetil Oral Tablet - Give 100 mg by mouth two times a day for UTI until 10/15/2022." On 10/30/2022, an order was placed for "Cephalexin Oral Tablet - Give 500 mg by mouth two times a day for UTI for 7 days." On 11/18/2022, an order was placed for "Amoxicillin-Pot Clavulanate tablet - give 1 tablet by mouth every 12 hours for infection for 10 days." A nursing note from 11/13/2022, when Resident #1 was admitted to the hospital, states "Reported that resident has a profound UTI." Treatment was continued upon their readmission to the facility on 11/18/2022.</p> <p>Per review of Resident #1's 11/21/2022 MDS (minimum data set) assessment, Resident #1</p>	F 690	<p>F690 Bowel/bladder incontinence UTI</p> <ol style="list-style-type: none"> 1. Resident #1 is no longer at the facility. Resident #7 is provided appropriate toileting care. 2. Residents needed assistance to use the toilet will be reviewed to ensure toileting care is being provided 3. Licensed nursing assistance will be educated on the importance of documenting toileting assistance 4. Random audits of residents needing toileting assistance will be conducted weekly x 4 weeks then x2 months to ensure assistance with toileting was documented. 	<p>Results of the audits will be provided to QAPI committee for review</p> <p>Alleged date of compliance 2-7-2023</p>

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F 690	<p>Continued From page 3</p> <p>requires two-person physical assist with toileting. Per review of Resident #1's care plan for "self-care performance deficit" initiated on 8/15/2022, an intervention was placed on the same day that states "toileting: extensive assistance bed level."</p> <p>Per review of Resident #1's record of LNA (licensed nursing assistant) task completion, there is a task for "toileting: every shift and PRN (as needed)." Per review of LNA documentation for this task in the 30 days prior to 12/7/2022, there were no entries by LNAs confirming the completion of this task for any shift on 11/7/22-11/12/22, 11/19/22, 11/22/22-11/25/22, 11/28/22-11/30/22, and 12/1/22-12/7/22. For all other dates where there are entries (when Resident #1 was in the facility), there is only one entry per day and not one per shift. No date in the date range has an entry for each shift or more.</p> <p>Per interview on 12/7/2022 at approximately 3:00 PM, the Interim DON (Director of Nursing) confirmed that the LNA documentation was not marked completed as ordered and that provision of appropriate toileting care could not be confirmed for Resident #1.</p> <p>2. Per record review, Resident #7 was ordered an antibiotic 3 times within one month for an indication of UTI. On 10/8/2022, an order was placed for "Macrobid Oral Capsule - Give 100 mg by mouth two times a day for UTI for 5 days." On 10/19/2022, an order was placed for "Cefpodoxime Proxetil oral tablet - give 1 tablet by mouth two times a day for UTI for 7 days." On 11/1/2022, an order was placed for "Cefpodoxime Proxetil oral tablet - give 1 tablet by mouth every 12 hours for UTI for 7 days."</p>	F 690		

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F 690	<p>Continued From page 4</p> <p>Per review of Resident #7's 11/9/2022 MDS assessment, Resident #7 requires two-person physical extensive assist with toileting.</p> <p>Per review of Resident #1's care plan for "Resident requires assistance with ADLs (activities of daily living) related to limited mobility" initiated on 11/3/2022, an intervention was placed on the same day that states "toileting: extensive assist."</p> <p>Per review of Resident #7's record of LNA task completion, there is a task for "toileting: every shift and PRN ." Per review of LNA documentation for this task in the 30 days prior to 12/7/2022, there were no entries by LNAs confirming the completion of this task for any shift on 11/7/2022, 11/11/2022-11/14/2022, 11/24/22-11/25/22, 11/29/22. There was only one entry per day (and not per shift) on 11/9/22, 11/15/22-11/17/22, 11/19/22, 11/23/22, 11/27/22, 11/30/22, and 12/5/22-12/6/22.</p> <p>Per interview on 12/7/2022 at approximately 3:00 PM, the Interim DON (Director of Nursing) confirmed that the LNA documentation was not marked completed as ordered for many days in the sample and that provision of appropriate toileting care could not be confirmed for Resident #7.</p>	F 690	<p>Tag F690 POC accepted on 4/27/23 by K. Ruffe / P. Cota</p>
F 727 SS=F	<p>RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>CFR(s): 483.35(b)(1)-(3)</p> <p>§483.35(b) Registered nurse</p> <p>§483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at</p>	F 727	

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F 727	<p>Continued From page 5 least 8 consecutive hours a day, 7 days a week.</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the facility provided the services of a registered nurse (RN) for at least 8 consecutive hours a day, 7 days a week. Findings include: Per review of facility provided schedules, the following dates did not include 8 consecutive RN hours in October of 2022: 10/1, 10/2, 10/3, 10/8, 10/9, 10/20, 10/29, 10/30, and 10/31. Per interview on 12/6/2022 at approximately 3:30 PM, the Interim DON (Director of Nursing) provided evidence that there was an RN for 8 hours that did not pull into the provided report on the dates of 10/3, 10/20, 10/29, and 10/31. The Interim DON confirmed that there was no RN who worked on 10/1, 10/2, 10/8, 10/9, and 10/30. All of these dates fall on weekends. Per interview on 12/7/2022 at approximately 11:30 AM, the Interim DON confirmed that the facility does not have a process to ensure that an RN is scheduled every weekend day for 8 consecutive hours.</p>	F 727	<p>F272 RN 8HRS/7 Days a week. Full Time DON</p> <ol style="list-style-type: none"> 1. The facility has an RN 8 hours a day 7 days a week. 2. No residents were affected 3. The scheduler will be educated that an RN is required for 8 hours a day 7 days a week 4. The scheduler will be audited daily for the presence of an RN 8 hours a day x 30 days then weekly x2 months. The results of the audit will be presented at QAPI committee for review. Alleged compliance is 2-7-2023 <p><i>Tag F 727 Poc accepted on 1/27/23 by R. Ruffe/P. Cota</i></p>
F 778 SS=E	Assist w/ Transport Arrangements to Radiology	F 778	

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F 778	<p>Continued From page 6 CFR(s): 483.50(b)(2)(iii)</p> <p>§483.50(b)(2)(iii) Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to assist residents in making transportation arrangements to and from the source of service for diagnostic appointments as evidenced by a lack of a facility-provided transportation method. Findings include:</p> <p>Per interview on 12/6/2022 at approximately 10:00 AM, the Administrator provided a written statement regarding the state of the facility's non-emergent transportation arrangements. Per the statement, the local town EMS (emergency medical services) discontinued services due to non-payment of invoices. The invoices have since been paid and services resumed. During this time, the facility did not have access to transportation services that would take residents to diagnostic appointments at hospitals outside of the local area. Residents with appointments at hospitals outside of the local area were rescheduled and will be completed. The facility's van broke down earlier in the year and a sister facility will be sending a loaner van until a newly purchased van arrives. The local town EMS will be used primarily for transportation of residents who need transportation by gurney and the van will be used primarily for transportation of residents in wheelchairs. The facility is in the process of drawing up a new contract for service with the local EMS provider. The facility is also seeking to hire a full-time driver.</p>	F 778	Past noncompliance: no plan of correction required.	

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F 778	<p>Continued From page 7</p> <p>Per interview on 12/6/2022 at approximately 11:45 AM, the Administrator confirmed that currently, the facility's Maintenance Director and Activities Director can drive the van to appointments and that the Appointment Scheduler/Medical Records person attends the appointments with residents.</p> <p>Per interview on 12/6/2022 at approximately 1:00 PM, the facility's Appointment Scheduler stated that the facility's van broke down beyond repair on 6/16/2022. After that point, the facility relied on a regional mass transportation system to transport residents to appointments. This transportation provider would only transport residents to appointments at healthcare facilities locally and to appointments at doctor's offices outside of the local area but not to appointments at non-local hospitals. It wasn't until sometime in September 2022 that the facility began using non-emergent local EMS services for transport to non-local hospital appointments, until they discontinued services in 11/14/2022. The local EMS services did not resume until 12/2/2022. The Appointment Scheduler confirmed that between 6/16/2022 and September 2022 and then again between 11/14/2022 and 12/2/2022 there was no transport available for residents who had diagnostic appointments outside of the local area in hospitals. Appointments scheduled during this timeframe were rescheduled.</p> <p>Per observation on 12/7/2022 at approximately 9:30 AM, local EMS services were transporting a resident from the facility via gurney to a non-emergent appointment outside the facility. A branded facility bus was also parked in the parking lot of the facility.</p>	F 778		

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F 778	Continued From page 8 Per documentation review, a facility-provided list of all residents who had appointments rescheduled as a result of transportation barriers was provided for the last 6 weeks from the date of survey. This list included 6 appointments rescheduled for 5 residents (Residents #2, #3, #4, #5, and #6). The facility provided evidence of the following corrective measures taken by the facility prior to the start of the investigation: - Outstanding invoices to local EMS services have been paid and EMS services resumed; - A loaner van for wheelchair transport has been acquired; - A new facility van has been purchased and delivery is pending; - A housewide audit of all resident appointments effected has been completed; - All residents impacted have had appointments rescheduled; - Audits of rescheduled appointments will be performed to ensure completion; - Quality Assurance and Performance Improvement (QAPI) project created around transportation. As a result of these actions taken, this finding is considered past noncompliance.	F 778			