



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

August 7, 2023

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

Dear Ms. Wood:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **July 26, 2023**. 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

Enclosure

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

PRINTED: 08/04/2023
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 07/26/2023
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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 unannounced onsite investigations of complaints #21869, #21870, #21960, and #22062 as well as Facility Reported Incidents #21930, #21996, and #22073 on 7/26/23. The following regulatory deficiencies were identified as a result:	F 000	This plan of correction was written to follow state and federal guidelines. It is not an admission of noncompliance. However, it is the facility commitment to demonstrate and maintain compliance.	
F 553 SS=D	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must- (i) Facilitate the inclusion of the resident and/or resident representative.	F 553	F553 Specific Corrective Action 1. Resident #3 expired before corrective action could be taken. 2. An audit of all residents with upcoming careplan meetings has been completed to ensure that the residents and resident representatives have been invited to attend meeting. 3. Education to be completed with social services on inviting residents and their representatives to scheduled care plan meetings and documenting the invitation. 4. The administrator/designee will conduct weekly audits x3, monthly x3 to ensure invitation are extended to residents and resident representatives and documentation has been added to medical record. Any issues identified will be addressed immediately and discussed in QA. Date of Compliance 8/15/2023	

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

Henry R. Wood

TITLE

Administrator

(X6) DATE

20230807

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 553	Continued From page 1 (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 applicable resident's (Resident# 3) representative was included in the care planning process. Findings include: Per review of Resident #3's clinical record, there is no evidence that Resident # 3's representative was invited to or was included in the care planning process. Resident # 3 has a diagnosis of dementia and the representative is his/her sole emergency and authorized personal health information contact. This was confirmed by the Resident's emergency contact on 7/26/23 at 10:52 AM.. The Market Nurse Consultant confirmed the above on 7/26/23 at 12:15 PM.	F 553	Tag F 553 POC accepted on 8/7/23 by K. Ruffe/P. Cota F580 Specific Corrective Action 1.Sr Administrator called Resident #2's representative and apologized for not notifying her of an alleged incident at the time of incident. Resident #3 expired before corrective action could be completed.		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is,	F 580	2. An audit of risk management events/ incidents was completed to ensure notifications were completed. 3.Education is being provided to staff responsible for providing notifications regarding appropriate and timely notifications. 4. DON/Designee will conduct weekly audits x3, monthly x4 to ensure notifications were completed timely. Any concerns identified will be addressed immediately and discussed in QA. Date of Compliance 8/15/2023		

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F 580	<p>Continued From page 2</p> <p>a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to immediately notify the resident representative for two of six sampled residents after a Resident was assaulted by another</p>	F 580	<p>Tag F 580 POC accepted on 8/7/23 by K. Ruffe/P. Cota</p>	
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F 580	<p>Continued From page 3</p> <p>Resident (Resident #2) and another Resident received a room change emergently (Resident # 3). Findings include:</p> <p>1. Per record review, a progress note in Resident #2's record from 2:30 PM on 7/14/23 states the following: "Staff observed another resident pulling this residents hair out of the blue." Per record review of the Risk Management System reports for this incident, only the physician is listed as having been contacted following the incident. Per the facility's investigation documentation a nurse who was interviewing the representative about the incident on 7/20/23 confirmed with them that the representative was not notified about the incident until 7/15/23.</p> <p>Per interview on 7/26/23 at approximately 12:00 PM, the DON and the Market Nurse Consultant confirmed that Resident #2's representative had not been notified of the incident involving Resident #2 until the day after the incident occurred.</p> <p>It was confirmed with Resident #2's representative as part of the investigation that they did not receive notification of Resident #2's involvement in the incident until 7/15/23.</p> <p>2. Resident # 3's representative was not notified of changes in condition. Resident # 3's clinical record indicates that h/she had developed Deep Tissue Injuries to bilateral heels as of 12/2/22. Additionally, Resident # 3 had a new stage 2 pressure ulcer develop on 12/21/22 and sustained a fall on 6/6/23. There is no evidence in Resident # 3's clinical record that the Resident's responsible party was notified of these changes in condition. This was confirmed by the</p>	F 580		
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F 580	Continued From page 4 Resident's emergency contact on 7/26/23 at 10:52 AM.. The Market Nurse Consultant also confirmed the above on 7/26/23 at 12:15 PM	F 580		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all alleged violations	F 609	F609 Specific Corrective Action 1. The alleged incidents for resident #1 and resident #3 were reported to the appropriate after the 2 two hours and full investigations were completed. 2. An audit of progress notes was completed and will continue regularly in morning/ afternoon huddle to ensure allegations are reported timely. 3. Education is being completed with staff in regards to timely reporting of abuse allegations; no later than 2 hours after the allegation is made - 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. 4. The Administrator, Director of Nursing or Designee will conduct audits of progress notes, partner program forms and interview staff weekly x3, monthly x3 to ensure allegations of abuse are reported timely. Any concerns identified will be addressed immediately and discussed in QA. Date of Compliance 8/15/2023 Tag F 609 POC accepted on 8/7/23 by K. Ruffe/P. Cota	

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F 609	<p>Continued From page 5</p> <p>involving abuse are reported immediately, but not later than 2 hours after the allegation is made for two of three sampled residents (Residents #1 and #2). Findings include:</p> <p>1. Per review of documentation for the investigation of an incident involving Resident #1, Resident #1 was having a mental health crisis and bit a staff member on the hand at approximately 10:30 AM on 6/6/2023. Emergency Medical Services (EMS) was called to the facility for transfer to the emergency department for evaluation. When two EMS staff arrived to transfer Resident #1 to the ambulance, Resident #1 was aggressive with the EMS staff and attempted to hit EMS staff #1 with their baby doll. Due to the aggressiveness of Resident #1, multiple staff were witnesses to the transfer, including the DON (Director of Nursing). An interaction between EMS staff #1 and Resident #1 was overheard by several staff. According to witness statements, there were varying accounts of what EMS staff #1 said to Resident #1. LPN (licensed practical nurse) #1 overheard EMS staff #1 state, "If you hit me, I'll hit you." LPN #2 overheard them state, "If you hit me, I'll hit you." RN (registered nurse) #1 overheard EMS staff #1 state, "you don't want me to hit you, do you?" The DON observed EMS staff #1 hold the baby doll to Resident #1's face and state, "would you want me to hit you?"</p> <p>Per a written statement from the Senior Administrator, a stand-down meeting was conducted on 6/6/23 at 3:00 PM during which time the Senior Administrator and Administrator were first made aware of the incident between EMS staff #1 and Resident #1. Per the statement, the DON said that they did not think that it was a</p>	F 609		

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F 609	<p>Continued From page 6</p> <p>reportable event and therefore did not report this event to the Administrator. No other staff member reported this event to the Administrator either.</p> <p>On 7/26/23 at approximately 10:00 AM, the Market Clinical Nurse confirmed via interview that the DON was terminated as a result of this investigation and that this incident was not reported to the Administrator or the appropriate officials within 2 hours.</p> <p>2. Per record review, a progress note in Resident #2's chart on 7/14/23 at 2:30 PM states, "Staff observed another resident pulling this residents hair out of the blue ... DON made aware of situation at this time." Another note entered on 7/15/23 in reference to the event on 7/14/23 states, "This nurse observed another resident pulling this residents hair unprovoked." The facility provided two Risk Management System reports, entered on 7/14/23, documenting the resident-to-resident interaction between Resident #2 and the alleged perpetrator.</p> <p>Per written statements from the Senior Administrator dated 7/19/23 in the incident investigation documentation, administration had not been made aware of the incident until 7/19/23, at which time the incident was reported to the appropriate officials and an investigation was initiated.</p> <p>Per interview on 7/26/23 at approximately 12:30 PM, the DON and the Market Clinical Nurse confirmed via interview that this incident had not been reported to the appropriate officials or the Administrator within 2 hours.</p>	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation	F 610		

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F 610	<p>Continued From page 7 CFR(s): 483.12(c)(2)-(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to prevent further potential abuse in response to allegations of abuse while the investigation is in progress for one of three sampled residents (Resident #1) by sending the Resident out with emergency personnel who had just been overheard to make threatening statements to the Resident. Findings include:</p> <p>1. Per review of documentation for the investigation of an incident involving Resident #1, Resident #1 was having a mental health crisis and bit a staff member on the hand at approximately 10:30 AM on 6/6/2023. Emergency Medical Services (EMS) was called to the facility for transfer to the emergency department for evaluation. When two EMS staff arrived to</p>	F 610	<p>F610 Specific Corrective Action</p> <p>1. The allegation was reported to the EMS Supervisor on 6/6/2023 and the EMS employee was placed on administrative leave pending the investigation, per the EMS Director.</p> <p>2./3. Staff educated on the appropriate steps to take in order to prevent further potential abuse.</p> <p>4. The Administrator, Director of Nursing or Designee will conduct random quizzes with 7 staff weekly for 3 weeks on methods to prevent further potential abuse and continue to interview residents about their safety through outlets such as Partner Program rounding and resident council meetings.</p> <p>These same quizzes will continue monthly for 7 random staff, monthly x3.</p> <p>Any concerns identified will be addressed immediately and discussed in QA.</p> <p>Date of Compliance 8/15/2023</p> <p>Tag F 610 POC accepted on 8/7/23 by K. Ruffe/P. Cota</p>

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F 610	<p>Continued From page 8</p> <p>transfer Resident #1 to the ambulance, Resident #1 was aggressive with the EMS staff and attempted to hit EMS staff #1 with her baby doll. Due to the aggressiveness of Resident #1, multiple staff were witnesses to the transfer. An interaction between EMS staff #1 and Resident #1 was overheard by several staff. According to witness statements, there were varying accounts of what EMS staff #1 said to Resident #1. LPN (licensed practical nurse) #1 overheard EMS staff #1 state, "If you hit me, I'll hit you." LPN #2 overheard them state, "If you hit me, I'll hit you." RN (registered nurse) #1 overheard EMS staff #1 state, "you don't want me to hit you, do you?" The Director of Nursing (DON, at the time of the incident) observed EMS staff #1 hold the baby doll to Resident #1's face and state, "would you want me to hit you?"</p> <p>Per a progress note dated 6/6/23 at 4:07 PM, "Resident sent to ED [emergency department] for evaluation."</p> <p>Per a written statement from the Senior Administrator in the incident investigation documentation, a stand-down meeting was conducted on 6/6/23 at 3:00 PM during which time the Senior Administrator and Administrator were first made aware of the incident between EMS staff #1 and Resident #1. Per the statement, the DON said that they did not think that the interaction was reason for concern.</p> <p>Per interview on 7/26/23 at approximately 11:15 AM, the DON (at the time of the surveyor's onsite investigation) and the Market Clinical Nurse confirmed that Resident #1 was still sent to the emergency department in an ambulance with EMS staff #1 and no facility staff present despite</p>	F 610	Type text here	

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F 610	Continued From page 9 the threatening statements made by EMS Staff #1 to Resident #1.	F 610		