



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

November 8, 2023

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

Dear Ms. Dacosta:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **October 17, 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: 10/27/2023
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 10/17/2023
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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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(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
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, on-site investigation of complaints # 22249, 22351, 22328, and 22314 on 10/17/2023 to determine if the facility was in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following regulatory violations were identified as a result: F 658 SS=D Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and record review, the facility failed to ensure that services provided meet professional standards of quality as evidenced by failing to follow physicians' orders for one of 3 sampled residents (Resident #1). Findings include: Per record review, Resident #1 was admitted to the facility on 8/23/23 with a diagnosis of Type 2 Diabetes Mellitus without complications and an acquired absence of the right leg above the knee (amputation). On 8/24/23, Resident #1's attending physician ordered the following: "Blood sugar checks AC (before meals) and HS (before bed) call if blood sugar less than 70 or greater than 400." Per interview on 10/17/23 at approximately 10:15 AM, Resident #1 stated that their blood sugar levels are not checked at the facility, but at home	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's commitment to demonstrate and maintain compliance.	
F 658	SS=D	F 658	F658 Specific Corrective Action 1. An audit of the resident # 1's orders were completed immediately to validate that the facility obtained accurate physician orders to provide necessary care and services. 2. The facility conducted an audit of residents with a diagnosis of Diabetes to ensure orders and treatments were followed per physician orders. 3. Licensed nurses will be educated on following MD orders. 4. DON/Designee will complete daily audits X 4 weeks, then weekly X 4 weeks, then monthly X 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. Date of Compliance 11/21/23 Tag F 658 POC accepted on 11/8/23 by D. Hoffman/P. Cota	

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

TITLE

(X6) DATE

Ducosta

ADMINISTRATOR

11/6/23

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 658	Continued From page 1 they have a device they use that constantly monitors their blood sugar levels. Per review of Resident #1's medical record, Resident #1's blood sugar was checked once since admission on 8/24/23. There was no evidence that Resident #1's blood sugar was checked between 8/25/23 and 10/17/23. A 9/26/23 nursing progress note states, "We do not monitor [their] daily blood glucose." Per interview on 10/17/23 at approximately 1:20 PM, the Administrator confirmed that the facility has not been checking Resident #1's blood sugars as ordered by Resident #1's physician. Ref: Lippincott Manual of Nursing Practice (9th Edition) Wolters, Kluwer Health/Lippincott, Williams, & Wilkens.	F 658			
F 839 SS=D	Staff Qualifications CFR(s): 483.70(f)(1)(2) §483.70(f) Staff qualifications. §483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. §483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all professional staff are licensed, certified, or registered in accordance with applicable State laws for 1 or 4 sampled licensed nurses (RN #1). Findings	F 839	F839 Specific Corrective Action 1. RN #1 was suspended from the facility when it was revealed that she did not have a Vermont License. 2. An audit of all license staff was conducted to ensure that an active LNA/LPN/RN/ ARNP license is on file that authorizes the employee to work in the State of Vermont. 3. Education was provided to staff responsible for validating that staff have an active license that authorizes the employee to practice in the State of Vermont upon hire, prior to the start of employment. 4. NHA/Designee will complete an audit on new hires weekly X 4 weeks and Monthly X 3 to ensure that all new licensed candidates that staff have an active license that authorizes the employee to practice in the State of Vermont upon hire, prior to the start of employment. Any concerns identified will be addressed immediately and discussed in QAPI. Date of Compliance 11/21/23		

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F 839	Continued From page 2 include: Per record review, Registered Nurse #1 (RN #1) worked at the facility as a Nurse Educator from 7/10/2023 through 8/18/2023. RN #1's employee records revealed an unencumbered license in the state of New Hampshire. There was no evidence that RN #1 had a license to practice as a nurse in the state of Vermont. According to Vermont State Licensing and Operating Rules for Nursing Homes, professional staff must be licensed, certified, or registered in accordance with applicable laws. According to the Vermont Office of Professional Regulation, "In order to practice in Vermont, a nurse must possess either an active Vermont license or multistate license." Per interview on 10/17/2023, at approximately 1:00 PM, the Market Clinical Advisor confirmed that the facility failed to check RN #1's nursing license and confirmed that RN #1 was not licensed to practice nursing in the State of Vermont. Sources: "Nurse Licensure Compact." Vermont Secretary of State; Office of Professional Regulation, https://sos.vermont.gov/nursing/statutes-rules-resources/nurse-licensure-compact/#:~:text=To%20practice%20in%20Vermont%2C%20a,needed%20to%20practice%20in%20Vermont. Vermont Agency of Human Services; Department of Disabilities, Aging and Independent Living; Division of Licensing and Protection. "State Licensing and Operating - Rules for Nursing Homes." June 2018, p. 33	F 839	Tag F 839 POC accepted on 11/8/23 by D. Hoffman/P. Cota		