



**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

December 4, 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 **November 1, 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: 11/07/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/01/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BERLIN HEALTH &amp; REHAB CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>98 HOSPITALITY DRIVE BARRE, VT 05641</b>
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F 000	INITIAL COMMENTS  The Division of Licensing and Protection conducted an unannounced, onsite complaint investigation, including reports #22364 and #22371, on 11/1/2023 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey.	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 558 SS=E	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)  §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure residents received services in the facility with reasonable accommodation of resident needs for 5 residents on A Wing (Residents #2, #3, #4, #5, and #6) as evidenced by not providing access to call lights so that they may make their needs known. Findings include:  Based on observation on 11/1/23 at approximately 9:30 AM, Resident #2 was eating breakfast in bed. Their juice had spilled all over their over-bed tray and their legs. When questioned about this, Resident #2 said that they hadn't been able to tell anyone about it because they didn't have their call light. They then pointed to the floor behind their bed where the call light string was laying out of reach. An LNA (licensed nursing assistant) was alerted to the issue and they confirmed the call light string was out of	F 558	F558 Specific Corrective Action  1. Resident #2, #3, #4, #5, and #6 had clips added to their call bell cords to secure within reach of the resident.  2. An audit of resident rooms was completed to validate residents' call light cords are secured with a clip and are within reach of the resident.  3. The facility ensures that residents received services in the facility with reasonable accommodation of resident needs inclusive of access to call lights to meet their needs. Call lights are to be fitted with a clip to secure within reach of the resident. Facility staff will be re-educated to this process.  4. The facility will complete audits of resident call bells to validate clips are in place and the call bell is in reach of the resident. These audits will be daily times 14 days then weekly x 4 weeks, then biweekly x 8 weeks.  Results of these audits will be brought to the QAPI Committee for further review and recommendations.  Date of Compliance 11/ 27/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE  	(X6) DATE  11/15/2023
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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 558	Continued From page 1 reach.  Additional observations at that time revealed that Residents #3, #4, #5, and #6 also had call light strings laying on the floor behind their beds out of reach. Resident #6's call light string did not have a clip to secure the string to the resident's bed to avoid it slipping off. LNAs were alerted and all call lights were confirmed to not be accessible to the residents.	F 558	<b>Tag F 558 POC accepted on 12/4/23 by K. Ruffe/P. Cota</b>		
F 605 SS=D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2)  §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical	F 605	<b>F605 Specific Corrective Action</b>  1. Resident #1 was discharged on 10/17/2023  2. An audit of residents receiving psychotropic medications was completed to validate ordered psychotropic medications are necessary and have an indication for use. An audit of those residents receiving psychotropic medications was completed to validate that there is no evidence of harm or adverse consequences/side effects.  3. Psychotropic medications will be used to treat behaviors that have a clinical indication and be used in the lowest possible dose to achieve the desired therapeutic effect. All medications used to treat behaviors are monitored for efficacy, risks, benefits, and harm or adverse consequences. Licensed staff will be re-educated to this process.  4. DON/Designee will complete audits of residents receiving psychotropic medication to validate they are necessary and have an indication for use. This audit will also include evidence of any adverse side effects. These audits will be weekly x 4 weeks, bi-weekly x 8 weeks, and 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/ 27/23		

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F 605	Continued From page 2 symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that residents are free from chemical restraints for one of three sampled residents (Resident #1) as evidenced by administration of medications without proper indication for use and despite experiencing side effects. Findings include:  Per record review, Resident #1 was admitted on 8/8/2023 with diagnoses of Traumatic Brain Injury and Dementia. Progress notes and behavior monitoring flowsheets in the record document a steady increase in behavioral incidences throughout admission in which Resident #1 was physically aggressive with staff. Behaviors included punching, kicking, and grabbing at staff. A provider progress note on 10/5/2023 states, "Due to continued agitation, [Resident #1]'s scheduled Ativan (an antianxiety medication) will be discontinued and [they] will be started on diazepam (a different antianxiety medication) 10 mg BID (twice a day)." A new order for "Diazepam Oral Tablet 10mg - Give 10 mg by mouth two times a day for behavioral issues for 30 days" was ordered on 10/5/2023. Resident #1's care plan includes a care plan focus for "[Resident #1] is at risk for complications related to the use of psychotropic drugs" initiated on 8/9/2023. Interventions under this care plan include, "complete behavior monitoring flowsheet", "monitor for continued need of medication as related to behavior and mood", and "monitor for	F 605	Tag F 605 POC accepted on 12/4/23 by K. Ruffe/P. Cota		

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F 605	<p>Continued From page 3</p> <p>side effects and consult physician and/or pharmacist as needed".</p> <p>Per Resident #1's MAR (medication administration record), Resident #1 received their scheduled doses of diazepam from 10/7/23 through 10/14/23, the morning dose on 10/15/23, the morning dose on 10/16/23, and the morning dose on 10/17/23. Resident #1 did not receive the evening doses on 10/15 or 10/16/2023 due to being asleep, per the MAR. Per the behavior monitoring flowsheet, Resident #1 was marked as having no behaviors from 10/7/2023 through 10/17/2023 prior to their transfer out of the facility.</p> <p>Per record review, a provider progress note from 10/17/23 states, "[Resident #1] is seen today at nursing's request due to excessive lethargy since starting on diazepam 10mg BID (20mg total). Per nursing, over the weekend and at the start of the week, [they] seemed overly sedated and slept for a significant portion of the day and were unable to safely take [their] medication or interact with staff/other residents in a meaningful way. ... Diazepam 10mg BID overly sedates patient. ... Patient transferred to UVMHC emergency department from [their] neurosurgery appointment due to concerns with sedation." A nursing note from 10/17/23 states, "ER Nurse from UVM called and stated that the resident was slumped over and not responding when [they] came to [their] neurology follow up so [they were] sent to the ER (emergency room). ... Since the switch to the diazepam [they have] been very drowsy."</p> <p>Per interview on 11/1/2023 at approximately 3:00 PM, the Administrator and Director of Nursing confirmed that Resident #1 had received all but</p>	F 605		

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F 605	Continued From page 4  two scheduled doses of diazepam ordered for behaviors from 10/7/23 through 10/17/23 despite documentation of no behaviors during this time and documentation confirming that Resident #1 was overly sedated for at least several days prior to their transfer out of the facility.	F 605		