
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVINGDivision 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

April 17, 2019

Ms. Alecia Dimario, Administrator
Birchwood Terrace Rehab & Healthcare
43 Starr Farm Rd
Burlington, VT 05408-1321

Provider ID #: 475003

Dear Ms. Dimario:

The Department of Public Safety, Division of Fire Safety completed a survey at your facility on **April 11, 2019**. The purpose of the Life Safety Code survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements. However, **there are three deficiencies that require a plan of correction**. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please submit the your plan of correction on the enclosed CMS-2567 and return the original to this office by **April 27, 2019**.

Plan of Correction (POC)

A written POC for all of the deficiencies, which is your allegation of compliance, must be received by **April 27, 2019**. Failure to submit an acceptable POC by **April 27, 2019** may result in imposition of additional remedies or termination of your provider certification. Your POC must contain the following:

- What corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- The dates corrective action will be completed.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for submitting your plan of correction. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Cota RN". The signature is written in black ink and is positioned below the word "Sincerely,".

Pamela Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 04/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2019
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NAME OF PROVIDER OR SUPPLIER BIRCHWOOD TERRACE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT 05408
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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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K 000

INITIAL COMMENTS

K 000

An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 4/11/19. While the facility was found to be in substantial compliance with applicable Life Safety Code requirements, the following issues were identified that require correction.

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

TITLE

(X5) DATE

Alicia D. Manno, Executive Director 4/19/19

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475003	MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	DATE SURVEY COMPLETE: 4/11/2019
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NAME OF PROVIDER OR SUPPLIER BIRCHWOOD TERRACE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 211	<p>Means of Egress - General CFR(s): NFPA 101</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure compliance with means of egress being free of all obstructions.</p> <p>Per observation on 4/11/2019, accompanied by Director of Facility maintenance, the facility failed to ensure that the means of egress was free of all obstructions as evidenced by shoes found to be keeping the required fire door near the laundry room open.</p>
K 351	<p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure all components of the sprinkler system are in compliance in one area of the facility.</p> <p>Per observation on 4/11/2019, accompanied by Director of Facility maintenance, it was noted that the aesthetic cover was falling down on the sprinkler in the tub room.</p>

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475003	MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	DATE SURVEY COMPLETE: 4/11/2019
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 511
K 511

Continued From Page 1

Utilities - Gas and Electric
CFR(s): NFPA 101

Utilities - Gas and Electric
Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.
18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2

This REQUIREMENT is not met as evidenced by:
Based on observation, the facility failed to ensure compliance with National Fuel Gas Code and National Electric Code standards in two areas of the facility.

Per observation on 4/11/2019, accompanied by Director of Facility maintenance, it was noted that there was a knock out missing in the electrical junction box in the boiler room and a cracked switch plate cover on the receptacle in the tub room.