



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

March 31, 2023

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

Dear Ms. Dimario:

Enclosed is a copy of your acceptable plans of correction for the investigation survey conducted on **March 21, 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

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

PRINTED: 03/28/2023
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2023
NAME OF PROVIDER OR SUPPLIER BIRCHWOOD TERRACE REHAB & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 STARR FARM RD BURLINGTON, VT 05408	
(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
F 000	INITIAL COMMENTS	F 000		
F 559 SS=C	<p>The Division of Licensing and Protection conducted an onsite, unannounced investigation of one complaint on 3/21/2023. The following regulatory deficiency was identified:</p> <p>Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6)</p> <p>§483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.</p> <p>§483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.</p> <p>§483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure each resident's right to receive written notice, including the reason for the change, before the resident's room in the facility is changed for 3 of 3 sampled residents (Resident #1, #2, and #3). Findings include: Record Review reveals that Resident #1 was transferred from the rehab unit to the long term care unit on 1/9/2023, Resident #2 was transferred from the rehab unit to the long term care unit on 3/13/2023, and Resident #3 was transferred from the rehab unit to the long term care unit on 3/9/23 and then to the memory care</p>	F 559	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 559</p> <p>Facility implemented Change of Room/Roommate form to be given to resident or responsible party, ensuring written notification of the change was provided.</p> <p>All residents with anticipated room changes will receive written notice, including reason for the room change, and be documented in the resident's medical record.</p> <p>Social Services or their designee will do periodic audits of room changes to assure compliance. Results of the these audits will be brought to the monthly Performance Improvement meeting to assure 100% compliance for 3 consecutive months.</p> <p>Executive Director or designee is responsible for overall compliance.</p> <p>Tag F 559 POC accepted on 3/31/23 by S. Stem/P. Cota</p>	March 22, 2023

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

Alma D. ...

TITLE

Executive Director

(X6) DATE

3/30/23

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 559	<p>Continued From page 1</p> <p>unit on 3/13/23. There was no evidence in any of the residents' records that a written notice of room transfer was provided to Resident #1, #2, #3, or their representatives.</p> <p>Facility policy titled "Change of Room or Roommate," last reviewed 2/2023 states: "The notice of a change in room or roommate assignment will be provided in writing, in a language and manner the resident and representative understands and will include the reason(s) why the move change is required."</p> <p>Per interview on 3/21/23 at 11:55 AM, the Social Worker stated that the facility makes notice of room changes over the phone or in person and does not give the residents or their representatives a written notice for the room change.</p> <p>Per interview on 3/21/23 at approximately 1:00 PM, the Administrator confirmed that the facility does not give written room change notice to residents or their representatives per facility policy.</p>	F 559		