

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

September 25, 2018

Ms. Jessica Jennings, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 22, 2018**. 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,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 09/07/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C. 08/22/2018
NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401	
(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 F 600 SS=D	<p>INITIAL COMMENTS</p> <p>An unannounced investigation of 3 Facility Reported Incidents was conducted by the Division of Licensing & Protection on 8/21 & 22/2018. There were regulatory deficiencies identified related to one report and no findings related to the other two reports. Findings include:</p> <p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation 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.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: The facility failed to assure the resident's right to be free from sexual abuse for one resident, Resident # 1. Findings include:</p> <p>Per record review, on 8/10/18 Resident #1 was seated in a wheelchair by the nurses station. Resident #2 was noted to approach the resident, with a pillow in hand, and stand by the resident. Staff observed and noted that Resident #2 had exposed his penis and had rested it upon Resident #2's arm. Resident #2 was described as</p>	F 000 F 600	<p>Burlington Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>F600 Resident #2 was not physical or psychologically effected by this incident as both residents have cognitive deficits and resident #2 was unable to recall the incident.</p> <p>All residents have the potential to be effected by this deficient practice.</p> <p>The nursing staff will be educated on CMS F600 guidelines and implementing a Care plan to prevent occurrence.</p> <p>Care Plan audits on residents with residents with inappropriate sexual behavior will be conducted weekly x 4 then monthly x 3. This will be monitored by the CNE and/or her designee.</p> <p>Results of the audits will be presented at QAPI for further evaluation and recommendations.</p> <p>Corrective action will be completed by September 21, 2018 .</p> <p><i>F600 POC accepted 9/20/18 m Higgins RN /pmc</i></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Executive Director* (X6) DATE *9/13/18*

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 600	<p>Continued From page 1</p> <p>stroking his penis as it lay on Resident #1's arm. Both residents have cognitive impairment. The residents were separated and Resident #2 was returned to his room. Resident #2 had documentation in the electronic medical record (EMR), which reflected two previous incidents of exposing himself in public areas and incidents of urinating in public areas. Resident #2 was first care planned for Inappropriate Sexual Behaviors on 2/12/2018. The facility plan to prevent any further incidents included every 15 minute checks and for Resident #2 not to be within arms reach of other residents. The facility failed to provide the supervision to implement the care plan regarding not being within arms reach of other residents.</p> <p>In interview, the Director of Nursing Services stated that Resident #2 had a history of exposing himself to other residents in public areas and of urinating on the floor in public areas. Using the reasonable person concept per CMS guidelines, having this type of non-consensual sexual contact occur would cause mental anguish to a reasonable person.</p>	F 600	
F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p>	F 656	<p>F656</p> <p>Resident #1 and Resident #2 care plans were updated.</p> <p>All residents with cognitive deficits and behaviors have the potential to be effected by this deficient practice.</p> <p>The nursing staff will be educated on The center's policy and procedure for</p>

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F 656	<p>Continued From page 2</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to assure the implementation of the comprehensive person-centered care plan for each resident, consistent with the resident rights for one resident, Resident #1. Findings include:</p> <p>Per record review, on 8/10/18, Resident #1 was seated in a wheelchair by the nurses station.</p>	F 656	<p>Developing and Implementing a Comprehensive Care Plan.</p> <p>Care Plan audits on residents with residents with inappropriate sexual behavior will be conducted weekly x 4 then monthly x 3. This will be monitored by the CNE and/or her designee.</p> <p>Results of the audits will be presented at QAPI for further evaluation and recommendations.</p> <p>Corrective action will be completed by September 21, 2018</p> <p><i>F656 POC accepted 9/20/18 M Higgins RN/Amc</i></p>

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F 656	<p>Continued From page 3</p> <p>Resident #2 was noted to approach the resident, with a pillow in hand, and stand by the resident. Staff noted that Resident #2 had exposed his penis and had rested it upon Resident #2's arm. The residents were separated and Resident #2 was returned to his room. Resident #2 had documentation in the electronic medical record (EMR), which reflected two previous incidents of exposing himself in public areas and incidents of urinating in public areas.</p> <p>Resident #2 was first care planned for Inappropriate Sexual Behaviors on 2/12/2018. The facility plan to prevent any further incidents included every 15 minute checks and for Resident #2 not to be within arms reach of other residents. In a review of the documentation of every 15 minute checks, care planned on 8/13/18, there are gaps in the checks as follows:</p> <p>No checks documented 5 PM-11 PM on 8/13/18; No checks documented 11:15 AM-11:15 PM on 8/14/18; Last documented check (from Midnight) on 8/15/18 is 7 AM; First documented check on 8/16/18 is at 3:15 PM; No checks documented for the 3-11 shift on 8/17/18 and 8/18/18; No checks documented on the 11-7 shift on 8/18/18; Last checks documented are on 8/19/18 on the 7-3 shift.</p> <p>There is another sheet dated 5/21/18 in this resident's binder but it does not have a name on it. Of note no resident's name appears on 5 of 10 pages of checks. In interview the Director of Nursing Services stated that no other documentation of 15 minute checks was available</p>	F 656	

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F 656	Continued From page 4 and staff wasn't always good about documenting the checks. In addition the DNS stated that 15 minute checks were discontinued on 8/21/18.	F 656		