



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 25, 2019

Ms. Judy Morton, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Ms. Morton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 13, 2019**. 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 black ink that reads "Pamela M. Cota, RN". The signature is written in a cursive, flowing style.

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 03/21/2019
FORM APPROVED
OMB NO. 0938-0394

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 02/13/2019
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)
F 000 F 725 SS=E	<p>INITIAL COMMENTS</p> <p>The Division of Licensing and Protection conducted an unannounced onsite investigation of 1 facility reported incident and 2 anonymous complaints from 2/11 - 2/13/19. The following regulatory finding was identified.</p> <p>Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:</p>	F 000 F 725	<p>The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.</p> <p>There were no resident identifiers. Residents have the potential to be affected by the alleged deficient practice.</p> <p>The center has applied for a waiver to conduct LNA classes.</p> <p>A resident council meeting was held on 2/26/18. Discussion about call lights included the average response time and the installation of the dome lights with verbalized improvement of response time from the residents.</p> <p>An "all hands on deck" approach has been implemented to provide assistance to unit staff and residents during meal times.</p> <p>A manager on duty program has been implemented to ensure department head presence in the building on the weekends.</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Judy Morton Regional CBD
TITLE
3/22/19
(X8) DATE

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.

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

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F 725	<p>Continued From page 1</p> <p>Based on observation, record review, staff, resident and family interviews, the facility failed to ensure there was sufficient nursing staff to provide nursing and related services assuring resident safety and maintaining the highest practicable physical, mental and psychosocial well-being of each resident. Consideration for the number of residents who reside in the home, the resident assessments, individual care plans, the acuity and diagnoses of the facility population should be included in determining the number of direct care staff needed. This is a repeat deficiency having been cited during the last 3 recertification surveys on October 26, 2016, December 14, 2017 and October 24, 2018 and again during a follow-up survey on December 4, 2018. The findings include the following:</p> <ol style="list-style-type: none"> 1. During a Resident Council group meeting that was held on 2/13/19, several residents (who wish to remain anonymous) reported they have not seen any improvement of wait times for staff to respond to call lights since the facility was cited for staffing in October and December 2018. They still report that Licensed Nursing Assistant staff (LNAs) report being "short staffed". 2. During the 3 days of survey (2/11, 2/12, and 2/13/2019), multiple staff including Registered Nurses (RN), Licensed Practical Nurses (LPN) and LNAs, both facility employed, as well as agency staff voiced concerns about resident safety and putting their "licenses on the line" related to staff shortages. They report having to rush through resident care and that residents have to wait a long time for their call lights to be answered. In reviewing the staffing schedule for 2/13/19 on one of the rehab units there were 2 LPN's and 1 LNA scheduled from 2:45 PM to 7 	F 725	<p>CED to monitor HPPD and call bell response times and report to QAPI monthly.</p> <p>Date of compliance: February 28, 2019</p> <p><i>F725 POC accepted 3/25/19 procedure</i></p>	

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F 725	<p>Continued From page 2</p> <p>PM for 17 residents. From 7 PM until 11:15 PM there is 1 LPN and 2 LNA's scheduled. Of the 17 residents, 1 is a Hoyer lift and 2 others are 2-person assists.</p> <p>3. Per interview on 2/13/19 at 4:20 PM a resident on the rehab unit (who wishes to remain anonymous) reported that on the morning of our interview s/he was left on the toilet for 15 or 20 minutes and was very uncomfortable in that position. After using the call light and also yelling to staff, s/he self-transferred to their walker and then again self-transferred to a chair in their room. The resident stated, "I know I'm supposed to wait for someone to help, but I just couldn't sit there any longer". In reviewing the resident's care plan and the most recent Minimum Data Set (MDS) the resident is a 2-person extensive assist. Family members of the resident were in the room during the interview and reported that staff is scarce on the weekend.</p> <p>4. Per interview with another resident on 2/13/19 at 4:45 PM on the rehab unit (who wishes to remain anonymous) reported that earlier in the week s/he put on their call light to use the toilet, s/he waited 45 minutes and by the time someone responded s/he had been incontinent. S/he reported that the week before s/he put on their call light because s/he wanted something for pain. By the time someone responded it was over 30 minutes and by then s/he was in excruciating pain.</p>	F 725		