

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

June 6, 2019

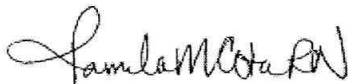
Ms. Melissa Greenfield, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 15, 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,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 05/29/2019
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 05/15/2019
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NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401
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F 000 INITIAL COMMENTS

An unannounced, onsite extended survey and investigation of 8 complaints and 2 self reports was conducted by the Division of Licensing and Protection between 5/12-5/15/2019. The following deficiencies were identified:

F 725 SS=F Sufficient Nursing Staff
CFR(s): 483.35(a)(1)(2)

§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).

§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.

§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:

F 000 Burlington Health and Rehabilitation provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed solely because it is required by Federal and State law.

F 725 Center is unable to respond to specific identified issues secondary to no identifiers used for residents/patients, staff or family members in this statement of deficiencies.

No residents/patients were negatively affected by the alleged deficient practice. All residents/patients have the potential to be affected by this alleged deficient practice.

A Master Schedule has been created to ensure staff is consistent as much as able to each specific unit.

An All Hands on Deck program has been instituted with ancillary and department head staff assigned to specific units to provide support at meal times.

Center Executive Director, Center Nurse Executive and Assistant Center Nurse Executives will be rounding on all units to check in with staff and residents regarding support needs and concerns related to staffing.

6/4/2019

6/4/2019

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

Melissa Greenfield

TITLE

Administrator

(X6) DATE

6/4/2019

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 725	<p>Continued From page 1</p> <p>Based on observations, resident, family and staff interviews, reviews of medical records and staffing patterns throughout the facility, and personnel record review, the facility failed to assure that sufficient staff is present on all units during all shifts to safely meet the acuity levels of the residents living in the facility. 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, again during a follow-up survey on December 4, 2018, and most recently cited during a complaint investigation completed February 13, 2019. Specifics are detailed below:</p> <p>Per interviews with 2 family members, 3 residents, 13 line staff members and the complainants from 8 reports to the Department of Licensing (DLP), comments and concerns from them to 3 surveyors who conducted the investigations, indicate that the facility does not have enough staff to meet the needs of residents.</p> <p>In an interview with with a family member on the 2nd floor on 5/12/2019 as supper was finishing, s/he reports that there is not enough staff to provide the necessary care to residents on that unit at mealtimes and on the evening and night shifts. S/he further reports that food preparation at the steam table and delivery of meals to residents is not efficient, and often the food is cold when it is served. Two residents, seated nearby, nodded in agreement.</p> <p>Per observation on 5/12/2019 at 5:30 PM, seven residents are eating dinner in the dining room, 1 is being fed by staff when a resident seated at the same table, is trying to eat but his/her dish has fallen into his/her lap, resulting in attempts by the</p>	F 725	<p>Department heads and ancillary staff will be provided education related to All Hands on Deck implementation and assignments.</p> <p>Scheduler will be provided education on maintaining the Master schedule and assigning staff consistently when able.</p> <p>A rounding tool has been created with Center Executive Director, Center Nurse Executive and Assistant Center Nurse Executive provided education on the use of the tool.</p> <p>Center Executive Director and/or designee will audit Master Schedule, All Hands on Deck participation and rounding weekly X4 then monthly X3.</p> <p>The results of these audits will be reviewed at QAPI for further recommendations.</p> <p><i>F725 POC accepted 6/5/19 mitiggins R/A/MLC</i></p>	6/4/2019
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F 725	<p>Continued From page 2</p> <p>resident to scoop fallen food from the table into eating utensils. This is not observed by staff until the surveyor commented. This resident is hunched over in his/her wheelchair, with their head nearly on the table. The resident does not respond when asked if they are in need of help.</p> <p>In an interview on 5/12/2019 at 5:30 PM on the 4th floor, 2 residents who wish to remain anonymous stated that the facility has, and has had for "quite a while", trouble keeping staff. The first resident states that you have to wait when you need something and it's worse at mealtime. The resident continues that it's never like this when you [surveyors] are not here (commenting on the number of staff in the dining area). Additionally, both residents commented on how difficult it is that so many staff are contracted (traveling) staff. They say that while they try hard, the travelers don't know them and that some don't have their hearts in it. They also say that the facility continues to lose regular staff. In an interview on the same unit at 7:30 PM a resident stated that recently, the call light was on for 25 minutes when s/he really needed to use the bathroom, "I almost didn't make it."</p> <p>In an interview on the 3rd floor on 5/12/2019 at 4:45 PM a Licensed Nursing Assistant (LNA) stated that it is difficult when so many staff are travelers because they are too busy to really get to know the residents. The elderly residents need a routine and get stressed with so many different faces.</p> <p>In an interview on 5/12/2019 7:05 PM an LNA, who generally works on the 4th floor, stated that "Things are the worst they've ever been" and continued to state that management doesn't pay</p>	F 725		6/4/2019
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F 725	<p>Continued From page 3</p> <p>attention and things never get resolved. Staffing is awful. It's not consistent. Travelers need more orientation. Residents aren't happy because they aren't getting what they need. They have long waits for care.</p> <p>In interview on 5/12/2019 at 8 PM, an LNA stated it's very stressful and we're very short staff. At one time there were 2 LNA's assigned to the 3rd floor and there were 3 residents who needed 1:1 staffing and 5 residents who were 2 assist with only 2 LNAs on the unit. When asked how the LNAs managed to do everything, the LNA stated we put the 1:1's in recliners at the nurses station. The LNA stated I've had nurses tell me to transfer a person who is a 2 assist, alone. We can't ask another floor because they're short staffed too. Housekeepers answer call lights.</p> <p>On 5/13/2019 at 9:50 AM an LNA stated I do mostly 12 hour shifts. I've worked in other places but this place is different than most I've seen. Last week I worked a 7 AM to 3 PM shift and then came back for a 7 PM to 7 AM shift. During the 4 hours I was gone the residents in one of the rooms I worked in (on 4th floor) hadn't been changed and one was wet and the other was wet and had a bowel movement (BM). Neither had been changed in the 4 hours I was gone. I have been told by another LNA just turn the call lights off and get back when you get to it because you get in trouble if the call lights stay on. During meals the food gets cold while 2 people help set the residents up and serve the trays. There are never as many people helping when you [surveyors] are not here.</p> <p>On 5/13/2019, in the afternoon, an LNA stated a few weeks ago we had 3 residents who needed</p>	F 725		6/4/2019
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F 725 Continued From page 4

1:1 and there were only 2 LNAs. We took them out by the nurses stations in chairs so whoever was there could watch them. On Easter I was on the 4th floor and I was the only LNA on that unit because of call outs. The On-call person refused to come in to help. Sometimes residents don't get the right food or what they want because the travelers don't know them.

Currently, the facility utilizes 27 travelers to staff the 4 units: 16 LNAs (Licensing Nursing Assistants) and 11 LPNs (Licensed Practical Nurses.) 17 of these were on duty, throughout the facility, on 5/12/2019, working 8, 12 or 16 hour shifts. Staff who were interviewed indicate that they often work 16 hour shifts.

The Matrix used on 5th floor to determine resident needs indicates that 14 of 32 residents have dementia/ Alzheimer's Disease, 7 have experienced a fall, 5 are on Hospice, 5 have pressure ulcers and 28 receive either diuretics, anti anxiety medications, antipsychotics, hypnotics, antibiotics or a combination of several of these. This is provided by the charge nurse on that unit, who also confirms that usual staffing for evening hours on 5th floor is 2 nurses, one for each med cart and, 3 LNAs (but with split hours there are some evenings where only 2 LNAs are on duty after 9:15) The night staffing on 5th floor is 1 nurse and 2 LNAs.

Per observation, the acuity log that the facility is using to determine staff needs does not include input from the LNAs and does not contain numbers to indicate how many residents are on a toileting program or those who are incontinent. Nor does it contain transfer needs, how much assistance is needed for ambulation or position

F 725

6/4/2019

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F 725 Continued From page 5
 changes while residents are in bed. This is confirmed by the assistant director of Nursing, during interview on 5/15/2019 in the late afternoon. S/he indicates that they are working on putting that aspect into place.

F 725

6/4/2019

The facility has a monitoring system housed on the 5th floor that is used to monitor entry into the building after hours. It does not have the capacity to monitor the driveway, beyond the mid point heading towards the road. Besides their regular duties of caring for residents, staff on the 5th floor are responsible to respond when the front doorbell rings.

F 730 SS=B Nurse Aide Perform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7)

F 730

6/4/2019

§483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to complete a performance review at least once every twelve months for four of seven nurse aides in the sample. Findings include:

During review of a random selection of seven employee records on May 15, 2019, four of the records did not have evidence of an annual performance review. Licensed Nursing Assistant (LNA) #1 was hired December 2015 and the last performance evaluation was December 2016. LNA #2 was hired in March 2018 and LNA #3 was

Performance evaluations have been completed.

All staff have the potential to be affected by the alleged deficient practice.

Performance reviews have been completed for staff.

Department heads have been educated on the need for staff performance reviews to be completed at least once every twelve months.

Human Resources and or designee will audit completion of performance reviews weekly X4 then monthly X3.

The results of these audits will be reviewed at QAPI for further recommendations.

F730 POC accepted 6/5/19 mHigginsRN/PMC

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F 730 Continued From page 6
hired in February 2018 with no evidence of performance evaluations for either being conducted since hire date. In review of the record for LNA #4, who was hired in 2017 and there was no evidence of an annual performance review. The Human Resource Director confirmed, during interview on May 15, 2019, that the four employees did not have annual performance evaluations completed.

F 730

6/4/2019