

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 11, 2020


Mr. Ross Farnsworth, Administrator  
Burlington Health & Rehab  
300 Pearl Street  
Burlington, VT 05401-8531

Dear Mr. Farnsworth:

Enclosed is a copy of your acceptable plans of correction for the investigation survey conducted on **August 14, 2020**. 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: 09/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PEARL STREET</b> <b>BURLINGTON, VT 05401</b>		
(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  The Division of Licensing and Protection conducted unannounced onsite investigations of 3 complaints on 8/10/20. The investigations were completed offsite on 8/14/20. There are regulatory deficiencies cited for one of the complaints	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 applicable law.	8/14/2020	
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 of 4 sampled residents (Resident #1) was free from any significant medication errors. Findings include:  Per review of Resident #1's medical record, Resident # 1 was given 10 times the physician-ordered dosage of Morphine on 3 occasions, March 4, 5 and 6 which led to his/her hospitalization on 3/6/20.  Resident #1 was admitted to the facility on 3/4/20 from an acute care hospital. The discharge summary from the hospital stated that Resident #1 "tolerated the Morphine well". The summary also included an order for Morphine Sulfate 10 milligrams (mg) per 5 milliliters (ml), 1 milliliter by mouth every 4 hours as needed for dyspnea/pain (this would equal 2 mg). Upon admission to the facility, the facility provider wrote the same order as the on the hospital discharge summary. The care plan for Resident #1 stated that " Resident is at risk for respiratory complications related to	F 760	Resident #1 was discharged from the Center.  Other residents could be affected by this alleged deficient practice.  Nursing staff has been re-educated on the following Policies and Procedures: General Medication Administration, 8 rights and Responsibilities of Medication Administration, Medication Errors, Management of Controlled Drugs, Medication Shortages/Unavailable Medications related to Pharmacy Services.  Nursing staff knowledge and competency has been audited by the Nurse Practice Educator or designee through the use of the Clinical Competency for Medication Administration.  Adverse event nurse huddle has occurred and will occur monthly to review re-education opportunities for clinical staff. CNE or designee to lead nurse huddle.  A one time whole house audit of Morphine order transcription accuracy, verification of congruence between order and received supply, and compliance of nursing staff with related medication management policies and procedures has been completed by CNE.  CNE or designee to audit new admission Morphine orders transcription accuracy, verification of congruence between order and received supply, and compliance of nursing staff with related medication management policies and procedures weekly x 4 and monthly x 3.		

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

*D. J. Farnsworth*

TITLE

*Center Executive Director*

(X6) DATE

*9/10/2020*

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 760	Continued From page 1  Chronic respiratory failure with hypoxia, pulmonary hypertension, interstitial pulmonary disease". Review of the March 2020 Medication Administration Record (MAR) shows that Resident #1 was administered Morphine on 3/4/20 at 6:30 PM and again on 3/5/20 at 11:14 AM. This is confirmed by nursing notes. Review of the narcotics record shows that Morphine 20 milligrams per 1 milliliter was pulled from facility stock. This record indicates that Resident #1 was administered 1 ml of the 20 mg per ml solution on 3/4/20 at 6:30 PM, 3/5/20 at 11:00 AM and 3/6/20 at 11:30 AM, which would be equivalent to a dose of 20 mg.  Resident #1 should have received 2 mg of Morphine each dose but rather received 20 mg of Morphine at each dose. On 8/10/20 at 12:45 PM, the Director of Nurses confirmed that the MAR was missing an administration of Morphine on 3/6/20 and that Resident #1 had received 20 mg 3 times instead of 2 mg 3 times as ordered by the physician.	F 760	The results of audits has been reviewed by CED and CNE at QAPI for further recommendations.  <i>F760 POC accepted 9/10/20 Rivenberg RN/PMU</i>
			8/14/2020