

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 23, 2021

Mr. Shawn Hallisey, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 1, 2021**. 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: 06/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/01/2021
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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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(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
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced onsite investigation of 3 complaints on 6/1/2021. The following regulatory violation was identified.	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.	6/25/21
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the 1 applicable resident (resident #1) or resident's representative was informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. Findings include:	F 552	Resident #1 continues to reside in center. Residents who have changes made to their diagnoses and/or their medications have the potential to be affected by this alleged deficient practice. A whole house audit of residents with medications that require consent was completed by the Center Nurse Executive to ensure compliance with Policy and Procedure. All licensed Nurses have been re-educated on the importance of following the policy and procedure related to change in condition notification. This was completed by 6/22/21 by the NPE and Designee. All licensed Nurses have been re-educated on the policy and procedure related to obtaining consent and implementing orders for medications that require consent. This was completed by 6/22/21 by the NPE and Designee. Center Nurse Executive or Designee will complete random audits of resident change in conditions to ensure compliance. These audits will be completed weekly for 4 weeks, then monthly for 2 months. Center Nurse Executive or Designee will complete random audits of the centers daily order listing report for medication changes and cross reference them with signed informed consents to ensure compliance. These audits will be completed weekly for 4 weeks, then monthly for 2 months. Results of these audits will be brought to the QAPI Committee for review and recommendations as needed.	

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

Shawn I. Holloay

TITLE

Administrator

(X6) DATE

6/21/21

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 552	Continued From page 1 Resident # 1's representative was not informed of a new diagnosis or start of a new medication in a timely manner. Resident # 1 was started on an antidepressant medication on 4/10/21. The resident's representative was not made aware of the new diagnosis of depression until 4/19/21. Facility documentation shows the representative gave verbal consent for the antidepressant medication on 4/19/21. This was confirmed by the Director Of Nurses (DON) on 6/1/21 at 11:50 AM.	F 552	TAG F 552 POC Accepted 6/23/21 R. Tremblay/S. Leavitt		