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

October 20, 2022

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

Dear Ms. Haupt:

Enclosed is a copy of your acceptable plans of correction for the investigation conducted on October 11, 2022**.** 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475014	A. BUILDING _____ B. WING _____	C 10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURLINGTON HEALTH & REHAB	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	INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced investigation of six complaints and three facility reported incidents between 10/10/2022 and 10/11/2022. The following regulatory deficiency was identified:	F 000	Burlington Health and Rehabilitation Center 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 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i)	F 655	**F655** Residents #9 and #7 continue to reside in the center and have had care plans completed Residents who are admitted to the center have the potential to be affected by the alleged deficient practice. A house wide audit of residents that have been admitted in the last 30 days and timeliness of their baseline care plans has been conducted Nurses have been educated on the baseline care plan policy and process. The Director of Nursing or designee will conduct random weekly audits X 4 on all admissions to ensure this process was completed as required and monthly X 2. The results of these audits will be brought to the QAPI committee meeting for review and to determine if any further action is required. Date of compliance: October 21,2022	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Assistant Administrator		10/17/22

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 655	Continued From page 1 of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop a baseline care plan within 48 hours of admission for 2 of 9 sampled residents (Resident #7 and #9). Findings include: 1. Per record review, Resident #9 was admitted to the facility on 9/30/2022 with diagnoses that include: history of falling, hereditary factor XI deficiency [bleeding disorder], unspecified dementia, and cognitive communication deficit. Progress notes indicate that Resident #9 fell on 10/2/2022 and 10/3/2022; the latter fall resulted in an emergency department visit and significant bruising around Resident #9's neck. A care plan was created for Resident #9 on 10/3/2022. There was no evidence in Resident #9's medical record that a baseline care plan had been developed within 48 hours of his/her admission. Per interview on 10/11/2022 at 9:15 AM, the Unit Manager stated that Resident #9's initial care plan was created on 10/3/2022.	F 655		

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F 655	Continued From page 2 Per interview on 10/11/2022 at approximately 11:45 AM, the Administrator (ADM) confirmed that a baseline care plan had not been developed within 48 hours of Resident #9's admission. 2. Per record review, Resident #7 was admitted to the facility on 8/2/2022 with diagnoses that include: cerebral infarction [stroke], dysphagia [difficulty swallowing], and history of falling. Resident #7's initial care plan was created on 8/9/2022. There was no evidence in Resident #7's medical record that a baseline care plan had been developed within 48 hours of his/her admission. Per interview on 10/11/2022 at approximately 3:00 PM, the ADM confirmed that a care plan for Resident #7 had not been created until 8/8/2022.	F 655	Tag F655 POC Accepted on 10/20/2022 by S.Stem/P.Cota	