

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

December 13, 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 survey conducted on November 15, 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,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

		MEDICAID SERVICES				
				OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AMP-PLAN OF CORRECTION IDENTIFICATION NUMBER: I IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	475014		B. WING		C 11/15/2022	
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
			3	00 PEARL STREET		
BURLING	TON HEALTH & REHAB		E	URLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
10				The filing of this plan of correctio	n does	
F 000	INITIAL COMMENTS		F 000	not constitute an admission of th	e l	
				allegations set forth in the statem	ient of	
	The Division of Licen	sing and Protection		deficiencies. The plan of correcti		
		ced onsite investigations of		prepared and executed as eviden		
	3 complaints on 11/16	•				
	regulatory violation wa			the facility's continued compliance	e with	
F 842 SS=D	Resident Records - Identifiable Information			applicable law.		
				F 842		
	§483.20(f)(5) Resider	nt-identifiable information.				
		elease information that is		Resident #1 had no untoward effe	cts	
	resident-identifiable to the public.			related to documentation discrepar		
		lease information that is				
	resident-identifiable to			All residents that require supervisi	on	
1		ntract under which the agent		with meals have the potential to b	e	
(agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.					
				affected by the alleged deficient practice.		
	§483.70(i) Medical re	cords.		An audit of all residents that requi	re	
	§483.70(i)(1) In accordance with accepted professional standards and practices, the facility			cted.		
		al records on each resident		LNA staff were educated on		
	that are-			documentation for residents that		
	(i) Complete;					
	(ii) Accurately docum			require supervision with meals.		
	(iii) Readily accessible			Random audits of residents will oc	cur	
	(iv) Systematically or	ganized				
	8/83 70(i)/2) The feet	ility must keep confidential		weekly times 4, then monthly time		
		ned in the resident's records,		until substantial compliance has be		
		or storage method of the		achieved. Results will be reported	to	
	records, except when	-		QAPI		
	(i) To the individual, o			Dimention of municipal to the state		
	representative where permitted by applicable law; (ii) Required by Law;			Director of nursing is responsible to ensure accuracy of LNA documentation		
	(iii) For treatment, pay			Data of compliances Described of		
		ted by and in compliance		Date of compliance: December 16	',	
	with 45 CFR 164.506	- 7		2022		
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE	
ll	11 16 AL AL	mushatre			5/22	

U iciency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that AL. 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.

DEDADTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/01/2022

		D HUMAN SERVICES			F	ORM APPROVED	
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OME	<u>3 NO. 0938-0391</u>	
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
475014		475014	B. WING			11/15/2022	
NAME OF PF	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
BURLING	ON 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 842	Continued From page (iv) For public health a neglect, or domestic v activities, judicial and law enforcement purp purposes, research p medical examiners, fu a serious threat to hea by and in compliance §483.70(i)(3) The fact record information ag unauthorized use. §483.70(i)(4) Medical for- (i) The period of time (ii) Five years from th there is no requireme (iii) For a minor, 3 yea legal age under State §483.70(i)(5) The me (i) Sufficient informati (ii) A record of the res (iii) The comprehensi provided; (iv) The results of any and resident review e determinations condu (v) Physician's, nurse professional's progres (vi) Laboratory, radiol services reports as re This REQUIREMENT by:	e 1 activities, reporting of abuse, violence, health oversight administrative proceedings, ooses, organ donation urposes, or to coroners, ineral directors, and to avert alth or safety as permitted with 45 CFR 164.512. lity must safeguard medical ainst loss, destruction, or records must be retained required by State law; or e date of discharge when nt in State law; or ars after a resident reaches law. dical record must contain- on to identify the resident; ident's assessments; ve plan of care and services v preadmission screening valuations and icted by the State; 's, and other licensed as notes; and ogy and other diagnostic equired under §483.50. is not met as evidenced	F 8		on 12/13/20	22 ***	
	facility failed to maint applicable resident (F	iew and record review, the ain medical records on one Resident # 1) that are tely documented. Findings				~	

FORM CMS-2567(02-99) Previous Versions Obsolete

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Facility ID: 475014

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CENTERS FOR MEDICARE & MEDICARE SEMEVICES OMB INO. 0938-031 APM-RLAY OF CORRECTION (M1) PROVIDER/OR PURPICE/CLA (20) MULTIPLE CONSTRUCTION APM-RLAY OF CORRECTION 475914 BUILING INALE OF PROVIDER OR SUPPLIER 300 PEARL STREET BUILING BURLINGTON HEALTH & REHAB STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB DEFORM TO STRUCTION NUMBER PROFILE Constrements PAID STREET ADDRESA, GITY, STATE, ZP CODE 300 PEARL STREET BURLINGTON HEALTH & REHAB DEFORM TO STRUCTION NUMBER PROFILE DEFORM TO STRUCTION NUMBER PROFILE PAID State of Thighty STREMAPY STREMA	DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR						D: 12/01/2022 MAPPROVED		
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Event ID: GYKM11

Facility ID: 475014

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