

Division of Licensing and Protection
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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 20, 2022

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

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Haupt:

On **December 13, 2022**, the Division of Licensing and Protection, completed a complaint investigation at Burlington Health & Rehab. As a result of that survey, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the survey. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. As the cited one deficiency was corrected at the time of our visit, no plan of correction is required. Please **sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies to Suzanne Leavitt RN, MS, Assistant Division Director, Division of Licensing and Protection. **This written request must be received by this office by January 1, 2023.**

Sincerely,



Pamela M. Cota, RN
Licensing Chief
Enclosure

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

PRINTED: 12/20/2022
FORM APPROVED
OMB NO. 0938-0391

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|--|---|---|---|----------------------|---|
| 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 12/13/2022 |
| NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB | | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | F 000 | | | |
| F 684 SS=D | <p>The Division of Licensing and Protection conducted an unannounced onsite investigation of a facility self-report on 12/13/22. The following regulatory violation was cited as past non-compliance as a result.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident #1) received treatment and care in accordance with professional standards of practice.</p> <p>Per record review and confirmed by staff interview, a staff nurse failed to assess Resident # 1 in accordance with professional standards and facility policy after a fall. Resident # 1 had a witnessed fall in his/her bathroom on 11/21/22. The resident struck his/her head on the bathtub. Facility post fall management protocol states to evaluate the patient for injury, notify the physician and patient representative. Unwitnessed or falls with head injury will be observed for NVS (Neuro Vital Signs). Review of the NVS sheet for Resident # 1</p> | F 684 | Past noncompliance: no plan of correction required. | | |

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

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 684 | <p>Continued From page 1</p> <p>showed that h/she was assessed q (every) 15 minutes x 2 hours, then q 30 minutes x 1 hour beginning at 7:00 AM on 11/21/22. Resident # 1 was noted on the NVS sheet to be napping at the next 2 scheduled checks at 10:30 and 11:00 AM. There were no additional entries on the NVS sheet. Record review indicates that Resident # 1 projectile vomited and was unresponsive at 12:30 PM on 11/21/22 and was sent to the hospital where he/she expired approximately 3 hours later that day. On 12/13/22 at 10:45 AM, the Licensed Practical Nurse (LPN) that completed the NVS sheet for Resident # 1 confirmed that h/she did not do NVS on Resident # 1 between 10:00 and 12 PM on 11/21/22. The LPN stated that h/she should have woken up Resident # 1 to complete the NVS per facility protocol. The LPN stated that h/she had been educated regarding this protocol after the incident. On 12/13/22 at 12:05 PM, the facility Executive Director confirmed that staff had not done NVS per protocol and stated that all staff had been re-educated re. NVS and that audits have been completed.</p> <p>The facility provided evidence of the following corrective measures taken by the facility prior to the start of the investigation:</p> <ul style="list-style-type: none"> - All nursing staff have been re-educated regarding facility protocol for neuro vital signs. - Audits regarding neuro vital signs and falls have been completed. - Related Quality Assurance and Performance Improvement (QAPI) initiatives have begun. <p>As a result of these actions taken, this finding is considered past noncompliance.</p> | F 684 | | | |