



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

September 28, 2023

Mr. Robert Straznitskas, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Mr. Straznitskas:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **September 13, 2023**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 09/25/2023
FORM APPROVED
OMB NO. 0938-0391

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 09/13/2023
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	
E 000	Initial Comments The Division of Licensing and Protection conducted an emergency preparedness review during the annual recertification survey on 9/12/2023. There were no regulatory violations identified.	E 000	This plan of correction was written to follow state and federal guidelines. IT is not an admission of noncompliance. However, it is the facility's commitment to demonstrate and maintain compliance.		
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey from 9/11/23 through 9/13/23 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following deficiency was cited as a result of this survey.	F 000	F679 Specific Corrective Action		
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to provide activities that support the physical, mental, and psychosocial well-being of each resident for 1 of 20 sampled residents (Resident #63). Findings include: Per record review, Resident #63 has diagnoses that include hemiplegia (paralysis on one side of	F 679	1. Resident #63 is currently participating in the activities of his choosing. 2. An audit of resident records was completed to validate residents are attending activities of their choosing and the participation in these activities is documented. 3. The facility provides activities that support the physical, mental and psychosocial well-being of each resident based on the comprehensive assessment, care plan, and preference. Recreation staff will be educated on this process. 4. The Administrator/Designee will conduct audits of resident's activity participation logs to ensure residents are participating in activities of their choosing, these audits will be completed weekly x3, monthly x3. The results of these audits will be brought to the QAPI committee for further review and recommendations. Compliance date 9/29/23.		

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

TITLE

(X6) DATE

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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NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401
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F 679	<p>Continued From page 1</p> <p>the body) and a history of stroke. Resident #63's care plan reveals that s/he communicates nonverbally and requires assistances or is dependent of staff for all activities of daily living.</p> <p>Per interview on 9/12/23 at approximately 12:30 PM, Resident #63 indicated that s/he does not get out of bed to participate in activities or go outside often and would like to participate in those activities more. In addition, s/he revealed that they would like to listen to music more often. Per observation of Resident #63 during this interview, it would be impossible for him/her to utilize the stereo on their own as they are only able to minimally move one side of their body. Resident #63 was not observed out of bed at any point during the day on 9/11/23 through 9/13/23.</p> <p>Resident #63's care plan states that s/he "has need for socialization secondary to: impaired cognition" created on 10/27/2021," with a goal to "accept 1:1 [one on one] room visit 2-3 [times a] week for socialization and stimulation thru next review," revised on 7/3/23, and an intervention to "Inform of weekly activity calendar, programs and services as tolerated, patio location, Loves Reggae music, worked with [his/her] hands, sports, time outdoors, animals, travel. May be interested in attending Catholic services. music programs or specialty programs and opportunities to observe activities going on. Placed on weekly communion list, blessing only. Assist outdoors as the weather gets nice. 6/2/22 Provided with a radio for [his/her] room, staff to assist with set up," revised on 7/5/23.</p> <p>Review of the Participation Record for activities from June 2023 through August 2023 reveal that the only activities Resident #63 participated in for</p>	F 679	Tag F 679 POC accepted on 9/28/23 by S. Stem/P. Cota	
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F 679	<p>Continued From page 2</p> <p>the past three months were: watching TV daily, participating in religious service weekly, engaging in two social visits, attending two special events, and going outside once. Listening to music was not documented as occurring at any point during these three months. Documentation reveals that Resident #63 only refused participating in activities once during this period.</p> <p>On 9/12/23 at approximately 1:30 PM, the Unit Manager explained that Resident #63 has a pattern of refusing activities.</p> <p>Per interview on 9/12/23 at 1:44 PM, the Activities Assistant said that s/he checks in with Resident #63 frequently to inform him/her of upcoming activities. S/he confirmed that these visits were not substantial enough to be considered one on one visits for socialization. S/he was unable to confirm that music is set up for Resident #63 by staff.</p> <p>Per interview on 9/12/23 at approximately 3:00 PM, the Director of Nursing confirmed that Resident #63's care plan did not include interventions to address refusal of participating in activities.</p> <p>On 9/13/23 at 12:02 PM, the Market Clinical Advisor confirmed that interventions are not being implemented to meet Resident #63's activity needs.</p>	F 679			