



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

June 26, 2024

Mr. Chris Groves, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Dear Mr. Groves:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **June 12, 2024**. 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

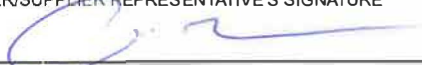
Enclosure

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 06/12/2024
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 The Division of Licensing and Protection conducted an onsite, unannounced investigation of 1 facility reported incident (ACTS #22953) and 2 complaints (ACTS #22959 and #22891) on 6/12/2024, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F 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 655 SS=E	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.	F 655	F655 Specific Corrective Action 1. Resident #1 was discharged on 04/20/2024. Resident #2 was discharged on 04/25/2024. Resident #3 was discharged on 06/13/2024. 2. An audit of records for residents admitted in the last 30 days was completed to validate the resident and/or representative had been invited to the post admission care plan meeting, involved with the development of the baseline care plan, and offered a copy of the baseline care plan. 3. The facility ensures that the resident and/or representative has been invited to the post admission care plan meeting, involved with the development of the baseline care plan, and offered a copy of the baseline care plan. IDT staff will be re-educated to this process. 4. NHA/Designee will complete audits of new admissions to validate that the resident and/or representative has been invited to the post admission care plan meeting, involved with the development of the baseline care plan, and offered a copy of the baseline care plan. These audits will be weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3 months. Results of these audits will be brought to the Monthly QAPI Committee for further review and recommendations. Date of Compliance 7/7/2024		

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

TITLE

(X6) DATE



NHA

6/26/24

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 655	<p>Continued From page 1</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§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:</p> <ul style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Per interview and record review, the facility failed to include the resident and their representative in developing a baseline care plan and failed to provide the resident and the representative a baseline care plan summary for 3 of 3 residents sampled (Residents #1, #2, and #3). Findings include:</p> <p>1. Record review reveals that Resident #1 was admitted to the facility on 3/27/24 for rehabilitation following a hospital stay related to a craniotomy (opening of the skull) for a subdural hematoma (brain bleed) post fall. Per a 3/30/24 nursing note, Resident #1 was transferred to the hospital on 3/30/24 after suffering an unwitnessed fall in which s/he suffered facial injuries. S/He was readmitted to the facility on 4/4/24.</p> <p>Per Post Admission Patient/Family Conference forms dated 3/27/24 and 4/5/24, there is no evidence that Resident #1 or their</p>	F 655	<p>Tag F 655 POC accepted on 6/26/24 by S. Stem/P. Cota</p>	
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F 655	<p>Continued From page 2</p> <p>Representatives were in attendance to help develop Resident #1's base line care plan or that a baseline care plan summary was given to Resident #1 and their Representative after their admission or readmission to the facility.</p> <p>Per interview on 6/12/24 at 10:08 AM, Resident #1's Representative explained that s/he was concerned with the plan of care for Resident #1. S/He explained that Resident #1 had suffered a couple days after s/he was admitted which resulted in a 6-day hospital stay. S/He believes that the fall could have been avoided if proper care interventions were put into place, and s/he. The Representative explained that s/he was never invited to either of Resident #1's baseline care plan conferences, nor did s/he ever receive a copy of Resident #1's care plan at any point during Resident #1's stay.</p> <p>2. Record review shows that Resident #2 was admitted from the hospital to facility on 4/11/24 for post-acute care following a lumbar (lower back) fracture.</p> <p>Per a Post Admission Patient/Family Conference form dated 4/11/24, there is no evidence that Resident #2 or their Representatives were in attendance to help develop Resident #2 's baseline care plan or that a baseline care plan summary was given to Resident #2 and their Representative.</p> <p>Per telephone interview on 6/12/24 at 12:45 PM with Resident #2's Representative and confirmed that s/he was not given a copy of Resident #2's baseline care plan.</p> <p>3. Record review reveals that Resident #3 was admitted to the facility on 4/16/24 for rehabilitation following a hospital stay related to a subdural</p>	F 655		

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F 655	<p>Continued From page 3</p> <p>hematoma post fall. Per nursing note dated 5/31/24, Resident #3 was transferred to the hospital on 5/31/24 for seizure-like activity. S/He was readmitted to the facility on 6/7/24. Per Post Admission Patient/Family Conference forms dated 4/17/24 and 6/7/24, there is no evidence that Resident #3 or their Representatives were in attendance to help develop Resident #3's baseline care plan or that a baseline care plan summary was given to Resident #3 and their Representative after their admission or readmission to the facility. Per interview on 6/12/24 at 1:08 PM, Resident 3's Representative stated that s/he was never invited to a post admission conference after Resident #3's admission or readmission. S/He stated that s/he was not given Resident #3's baseline care plan.</p> <p>Facility policy "Person-Centered Care Plan" last reviewed 10/24/22 states, "The center must provide the patient and his/her representative with a summary of the baseline care plan ...The medical record must contain evidence that the summary was given to the patient and resident representative ...The Post Admission Patient/Family Conference will be held with the patient, resident representative, care team, and community providers as available. The center will provide the patient and patient representative, if applicable, with advanced notice of care planning conferences to enable patient/representative participation."</p> <p>Per interview on 6/12/24 at 12:10 PM, a Social Service Specialist explained that if a family member was invited to a post admission care conference, it would be documented in the record or there would be an email to the family member</p>	F 655		

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F 655	<p>Continued From page 4</p> <p>with a link to a meeting. S/He explained that it is not part of the process to give the resident or their family member a copy of the resident's baseline care plan.</p> <p>Per interview on 6/12/24 at approximately 1:30 PM, the Social Service Director revealed that it is not a part of the process to give a resident or their family member and/or representative a copy of the resident's baseline care plan unless they ask for it. S/He confirmed that there was no evidence that the resident's family member and/or representative were invited to the post admission conference or that the resident and family member and/or representative were provided a copy of the resident's baseline care plan for Residents #1, #2, and #3.</p>	F 655		
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