



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

August 21, 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 **July 17, 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

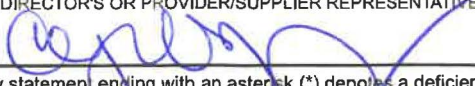
Enclosure

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 07/17/2024
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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 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced investigation of a facility reported incident (ACTS #22664) and four complaints (ACTS #22680, #23048, #22955, and #22977) on 7/1/24 with additional offsite record review and interviews that ensued through 7/17/24, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiencies were 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 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)	F 607	F607 Specific Corrective Action 1. Employee #1 contract ended on Jan 24, 2024 2. An audit of current employees was completed to validate those who have been convicted of a crime have been reviewed by the Center Designee and Market HR Manager in regards to the relevance of the position. 3. The facility ensures that any applicant who indicates that they have been convicted of a crime is interviewed by Center Human Resources/ Designee to obtain information about the conviction. The hiring manager will consult with their Market HR Manager or the HR Compliance Department to determine if the applicant is eligible for employment (i.e., the crime does not bar employment in the specific state). All convictions are considered in terms of relevance to the position and decisions will be made to offer employment or dismiss the candidate from the position. Facility hiring manager, HR designee, and Market HR will be dedicated to this process.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE LWHA / Market Operations Advisor	(X6) DATE 8/2/24
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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 607	<p>Continued From page 1 (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the screening for abuse was completed according to their policy for 1 of 3 Licensed Nursing Assistants reviewed (LNA #1). Findings include:</p> <p>Facility policy titled "HR205 Background Investigations," last revised 7/1/22 reads, "Any applicants who indicate that they have been convicted of a crime should be interviewed by Center Human Resources (HR) to obtain information about the conviction. 4.1 The hiring manager will consult with their Market HR Manager or the HR Compliance Department to determine if the applicant is eligible for employment (i.e., the crime does not bar employment in the specific state). 4.2 All convictions will be considered in terms of relevance to the position."</p> <p>Review of LNA #1's human resource file reveals that s/he is a contracted employee. His/her background check reveals that s/he had a misdemeanor charge for disturbing the peace with fighting prior to his/her facility hire on 12/19/23. There is no evidence in his/her records that this charge was reviewed by the facility or cooperate HR team to determine if this employee is eligible for employment.</p> <p>Per interview on 7/2/24 at 4:06 PM, the Marker Operations Advisor confirmed that neither the</p>	F 607	<p>F607 Continued...</p> <p>4. NHA/Designee will complete audits of new candidates to validate the process for review of past convictions have been completed by the center HR manager/designee and market HR director. 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.</p> <p>Date of Compliance 9/3/2024</p> <p>Tag F 607 POC accepted on 8/21/24 by S. Stem/P. Cota</p>		

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F 607	Continued From page 2 facility nor the cooperate HR team reviewed the background check information for LNA #1 and should have.	F 607	F760 Specific Corrective Action		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure each resident is free from significant medication errors for one of three residents (Resident #12). Findings include: Per record review, a hospital transition of care report (TOC) dated 02/01/2024 revealed that Resident #12 was transferred to the facility for sub-acute rehabilitation on 02/01/2024. S/he had the following diagnosis on admission: cerebrovascular accident with petechiae hemorrhaging (bleeding in the brain). There were several discrepancies related to the start date for his/her anticoagulation medication. The discharge medication list on page 7 of the TOC report identified the following Physician order: "Apixaban [anticoagulation] 5 mg tablet Refills: 2 Commonly known as: ELIQUIS Take 1 Tablet by mouth 2 times daily. **Price check send results via EPICchat to ...[hospital employee] Quantity: 60." There were multiple notes in the TOC that the anticoagulation medication was not to be started until after a follow up CT scan [imaging of the brain to identify bleeding] was performed. Page 3 of the TOC reads "Currently holding	F 760	1. Resident #12 discharged on 05/06/2024. 2. An audit of residents admitted in the last 30 days was completed to validate that the medication reconciliation process was followed and medications ordered are transcribed accurately as indicated in the POS, TOC, and discharge summary. 3. The facility ensures that the patient's medication orders will be reconciled at each transition of care. Medication reconciliation is the process of comparing a patient's existing medication orders to all the previous medications the patient has been taking. For patients admitted from the hospital: obtain and review copies of Medication Administration Records (MARs), Treatment Administration (TARs), transfer forms (TOC and discharge summary), and Physician's Order Sheets (POS). Verify MAR/TAR information with transfer forms and POS. Any conflicting information will be reconciled with the provider. Licensed staff will be re-educated to this process. 4. DON/Designee will audit new admissions to validate the reconciliation process was followed and medications ordered are accurate per the reconciled TOC, Discharge Summary, and Physician Order Summary. 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 9/3/2024		

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F 760	<p>Continued From page 3</p> <p>anti-coagulation due to stroke burden and noted petechial hemorrhages on recent head CT Will have repeat head CT in 1 week to assess if patient can start AC [anticoagulation] along with daily aspirin. Follow up imaging: Head CT wo contrast (order in EPIC) [hospital electronic medical record] Do not start anti-coagulation until [Neurologist] evaluates the completed CT scan ...On 1/30 spoke with his Cardiologist ... regarding reduction of one of [his/her] anti-thrombotic's due to noted petechial hemorrhages on [his/her] Head CT. [Cardiologist] ... Once cleared to start AC, [anticoagulation] [s/he] will be started on daily 81 mg Aspirin and most likely Apixaban. Next Head CT planned for 7 days post discharge." Page 4 reads "Anticoagulation for A-fib/A-flutter: Currently holding anti-coagulation due to stroke burden and noted petechial hemorrhages on recent head CT. Will have repeat head CT in 1 week to assess if patient can start AC along with daily aspirin. Follow up imaging: Head CT wo contrast (order in EPIC). Do not start anti-coagulation until [Neurologist] evaluates the completed CT scan."</p> <p>Review of the Admitting Physician orders written on 02/01/2024 revealed an order for "Apixaban [anti-coagulant] 5 mg twice a day, with a start date of 02/01/2024. Per review of facility MAR (medication administration record) Resident #12 received Apixaban on 02/01/2024 and 02/02/2024. Per record review there is no evidence that this order was clarified with the admitting physician.</p> <p>Per the Manufacturers Guidelines related to use of Apixaban (Eliquis), "Bleeding Risk: ELIQUIS increases the risk of bleeding and can cause serious, potentially fatal, bleeding ...Discontinue ELIQUIS in patients with active pathological</p>	F 760	Tag F 760 POC accepted on 8/21/24 by S. Stem/P. Cota		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/13/2024
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OMB NO. 0938-0391

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F 760	<p>Continued From page 4 hemorrhage [bleeding inside the body].</p> <p>Facility policy "Medication Errors," last revised 07/01/2024, reads " Medication Error means the observed or identified preparation or administration of medications or biologicals which is not in accordance with the prescriber's order; manufacturer 's specifications (not recommendations) regarding the preparation and administration of the medication or biological ... Significant Medication Error means one which causes the patient discomfort or jeopardizes their health and safety ... The Center shall ensure medications will be administered as follows: 1.1 According to prescriber's orders ... 2.1 Medication administered not in accordance with the prescriber's order. Examples include, but are not limited to: 2.1.1 Incorrect dose, route of administration, dosage form, time of administration."</p> <p>Per interview on 07/03/2024 at 12:00 PM, the Director of Nursing (DON) stated that the information on the transfer of care report had conflicting information regarding the start date for Resident #12's Apixaban. The DON also stated that medication reconciliation is done by the Admitting Nurse, reviewed by a second nurse and by the Physician prior to administration of any medication. The Director of Nursing further stated the expectation of Admitting Nurse is to review the entire transition of care report, including the discharge summary for orders that may be embedded in the information. S/he also stated that the information regarding discharge and admission orders to the facility from the hospital frequently have discrepancies. The DON stated nursing is expected to review all the discharge information and transition of care to reconcile</p>	F 760			

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F 760	<p>Continued From page 5</p> <p>medications and to clarify any discrepancies with the provider. The Physician gives nursing orders for admission, either in person, or over the phone. The nurse will enter the orders into the EHR (electronic health record). DON confirmed that there was no evidence that the orders were clarified with the Admitting Physician or the sending facility.</p> <p>Facility policy "Medication Reconciliation" effective 9/1/2022, states, "The patient's medication orders will be reconciled at each transition of care. Medication reconciliation is the process of comparing a patient's existing medication orders to all the previous medications the patient has been taking. The process involves obtaining and maintaining a complete and accurate list of current medication use across all healthcare settings. Medication reconciliation involves collaboration with the patient representative and multiple disciplines including admission liaisons, physicians/advanced practice providers (APP), licensed nurses, and pharmacy. Medication reconciliation will be performed when patients are admitted/readmitted from hospital. For patients admitted from the hospital: obtain and review copies of Medication Administration Records (MARs), Treatment Administration (TARs), transfer forms, and Physician's Order Sheets (POS). Verify MAR/TAR information with transfer forms and POS, if available. A reconciliation of the patient's admission medication orders to the hospital and/or home care discharge orders will be made. Information to be reconciled includes but is not limited to: prescription medications; PRN [as needed] medications; herbals; vitamins; nutritional supplements; parental nutrition; infusion solutions; over the counter medications; vaccines</p>	F 760			

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F 760	Continued From page 6 and date of administration, if known; medication start and discontinue dates. Clarify medication orders with clinical staff from transferring hospital, when necessary. Any discrepancies discovered during reconciliation will be reported to the physician/APP before finalizing the current list of medications. A repeat reconciliation will be performed to compare hospital/home care discharge medication listing to current center medication listing to MAR. Any discrepancy discovered during repeat reconciliation will be reported to the physician/APP." Per interview on 7/17/2024 at 10:40 AM Resident #12's Admitting Physician who is also the Medical Director stated s/he are not always able to review the transfer of care or discharge summary prior to placing new orders. The Physician stated the "expectation of nursing staff at time of admission is to accurately read and announce the medications over the phone." The physician stated he/she does not have access to transition of care report outside the facility. Admitting Physician stated s/he was not aware of orders to not prescribe the Apixaban for Resident #12 until after the CT scan review and would not have ordered if aware information in the transition of care. The Physician/Medical Director stated it is the "responsibility of the admitting provider to clarify all discrepancies related to medication orders with sending facility."	F 760			
F 776 SS=D	Radiology/Other Diagnostic Services CFR(s): 483.50(b)(1)(i)(ii) §483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain	F 776			

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F 776	<p>Continued From page 7</p> <p>radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>(i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter.</p> <p>(ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide radiology services to meet the needs of its residents for one applicable resident (Resident #1) related to not obtaining an x-ray. Findings include:</p> <p>Per interview on 7/1/24 at 4:44 PM, Resident #1 explained that s/he has numbness and pain on the left side of his/her body and is having a difficult time with rehabilitation because of it. S/He explained that a provider was aware and had ordered an x-ray a couple weeks prior but the x-ray has not been taken and s/he is not sure why.</p> <p>A Physician note dated 6/18/24 reads, "left ankle pain/ numbness is problematic for rehab by exam there is not much to see but certainly painful will order left ankle film." Review of Resident #1's medical record does not indicate that an x-ray was ever obtained for Resident #1 after his/her provider visit on 6/18/24.</p> <p>Per interview on 7/1/24 at 5:12 PM, the Market</p>	F 776	<p>F776 Specific Corrective Action</p> <ol style="list-style-type: none"> 1. Resident #1 discharged to home on 07/15/2024 2. An audit of resident's electronic record and paper chart was completed to validate orders written by the provider, including diagnostics orders, were followed as written. 3. The facility ensures that provider orders both electronic and written are reviewed and followed timely, including timeliness of diagnostic services. Providers will be educated to the process for order entry and notification of new orders to facility staff. Licensed staff will be re-educated to the process of carrying out new MD orders timely. 4. DON/Designee will complete audit of resident records (electronic and physical charts) to validate providers are following the process for new orders and Licensed staff are noting and carrying out orders timely, including diagnostics. 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. <p>Date of Compliance 9/3/2024</p> <p>Tag F 776 POC accepted on 8/21/24 by S. Stem/P. Cota</p>		

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F 776	Continued From page 8 Clinical Lead confirmed that an x-ray was never obtained for Resident #1 and should have been. S/He explained that the Physician did not follow the process to "flag" (alert nursing staff to enter the order) the order to obtain an x-ray.	F 776			
F 802 SS=F	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. §483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b) (2)(ii). This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that there is sufficient support personnel to safely and effectively carry out the functions of the food and nutrition services. This has the potential to affect all residents of the facility. Findings include: Per observation and interview with multiple residents on multiple units on 7/1/24, residents	F 802	F802 Specific Corrective Action 1. All residents have the potential to be affected 2. Pay rates have been increased to encourage applicants to work in dietary at the center. Interviews are being done weekly and regional support staff are assigned to fill in shifts when needed. Plate warmers were purchased and meals are being served timely and at the correct temperature, 3. Dietary staff have been reeducated on timely meal service and utilizing the plate warmers for all meals. 4. The NHA/designee will monitor food delivery and temps Monday -Friday for weeks, weekly x4 and bi monthly x4 Results of the monitoring will be reviewed in monthly QAPI for further review and recommendations. Date of Compliance 9/3/2024 Tag F 802 POC accepted on 8/21/24 by S. Stem/P. Cota		

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F 802	<p>Continued From page 9</p> <p>complained of food being unsatisfactory, cold when it should be hot, and served later than posted mealtimes. See F804 for more information.</p> <p>Per observation of dinner service on 7/1/24 on multiple units, dinner was being served by tray services (plated in the kitchen and delivered to the units on trays). A majority of the trays on each unit contained fish fillets, peas, and potatoes. While these plates were covered with clear domes or plastic wrap, there was no insulation plate to keep the plate warm. A meal delivery schedule posted on the 3rd floor revealed that dinner would be served at 5:15 PM that day. Per observation of dinner services on 7/1/24, residents were still being served dinner at 6:16 PM.</p> <p>The facility provided documentation of 13 days of dinner delivery times between 5/21/24 through 6/26/24. The logs show the time the dinner cart is scheduled to arrive at each floor and the time that it actually arrived. Of the 52 opportunities to deliver dinner within 10 minutes of the scheduled time, dinner was served within 10 minutes of the scheduled time only 12 times. Dinner was served late 40 of the 52 times (76 % of the time).</p> <p>Per interview on 7/1/24 at approximately 1:10 PM, the Unit Manager explained that food does become cold faster when it is provided by tray service and it is not unusual for it to be served late.</p> <p>Per interview on 7/1/24 at 2:44 PM, the Director of Nursing revealed that multiple complaints had been brought to the attention of the facility regarding food quality, temperature, and timeliness. The DON and the Administrator</p>	F 802			

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F 802	Continued From page 10 confirmed that they are aware that the contracted kitchen service company is short staffed and has been for a few months. Per an interview on 7/1/24 at 4:30 PM, the Kitchen Account Manager explained that meals are served strictly by tray service due to there not being enough staff to serve meals from each unit's meal service line. When they serve meals by tray service, it is typical for meals to become cold faster because they do not have insulated plate tops and bottoms. The delay in meal service is also because of the lack of staff, which will also contribute to the food being cold. Per a follow up phone interview on 7/5/24 at 2:45 PM, the Kitchen Account Manager explained that the kitchen has been short staffed every day since s/he started his/her role in April. S/He explained that the barriers to serving the food on time and warm is related to the lack of staff. S/He said that meal service requires 3-4 dietary staff and s/he currently has one.	F 802	F766		
F 804 SS=F	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 804	F 804 Specific Corrective Action 1. All residents have the potential to be affected 2. The food that is being served is palatable, attractive and at an appetizing temperature. 3. The Dietary Manager/Designee wil review meals with the cooks prior to service to ensure food quaality and temperature.		

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F 804	<p>Continued From page 11</p> <p>review, the facility failed to ensure that food served to residents is palatable, attractive, and at an appetizing temperature. Findings include:</p> <p>1. Resident and resident representative interview and observations reveal complaints about the palatability, the timeliness, and temperature of meals served.</p> <p>Per interview on 7/1/24 at 12:24 PM, Resident #3 explained that meals are often served late and that the "food is gross."</p> <p>Per observation of lunch service on 7/1/24 on the fourth floor at 12:53 PM, staff were passing lunch trays and drinks to the residents on the unit. In the center of the dining room, three residents sat at a table in the center of the dining room. One resident was served their meal while the other two residents sat at the table. The second resident at the table was served their lunch at 1:00 PM. At 1:08 PM, the third resident at this table still did not have their lunch.</p> <p>Per observation and interview on 7/1/24 at 1:24 PM, Resident #4 explained that most meals are served late and that they are not hot when they arrive. Resident #4 stated that the food has gone downhill over the past few months.</p> <p>Per interview on 7/1/24 at 1:39 PM, Resident #5, stated that the food was not appetizing, was not served warm when it should be, and is always served late.</p> <p>Per interview on 7/1/24 at 1:43 PM, Resident #6 stated that the food was terrible at the facility. S/He explained that breakfast is okay but lunch and dinner are really bad. S/He is not offered a choice on what s/he has for meals and the food</p>	F 804	<p>4. The NHA/designee will ensure resident satisfaction via observation and resident interview of 10 random residents per week for 4 weeks and monthly x3.</p> <p>The center will invite residents to monthly food committee to ensure satisfaction and results of this monitoring will be discussed in monthly QAPI for recommendations and further review.</p> <p>Date of Compliance 9/3/2024</p> <p>Tag F 804 POC accepted on 8/21/24 by S. Stem/P. Cota</p>		

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F 804	<p>Continued From page 12</p> <p>that s/he does get is served late and cold. S/He often has his/her spouse bring in meals because the food is not good enough to eat most of the time.</p> <p>Per observation and interview on 7/1/24 at 5:33 PM, Resident #7 and his/her representative were sitting at a table waiting for dinner to be served to Resident #7. Resident #7's Representative explained that Resident #7 is not eating because she does not like the food that is served. S/He explained that the food is always cold and typically late. S/He stated that sometimes when s/he requests an alternative main dish, what Resident #7 ends up getting is a meal with just the side dishes and no alternative for the main course. Resident #7's Representative revealed a copy of tonight's menu choices that s/he has gone over with facility staff. Tonight's meal, fish, peas, potatoes, and a roll, is crossed off and replaced with chicken salad sandwich. At 6:09 PM, Resident #7's dinner was delivered, a plate of peas, potatoes, and a roll. Resident #7's Representative said it is cold and Resident #7 won't eat it. S/He did not receive a chicken salad sandwich as requested.</p> <p>Per interview on 7/1/24 at 4:44 PM, Resident #1 stated that the food is not good at all and the staff do not give him/her options for an alternative meal.</p> <p>Per observation and interview on 7/1/24 at 5:51 PM, Resident #8 was moving food around on his/her plate with a fork. When asked how her dinner was, s/he said s/he it was cold and dry but s/he had no choice but to eat it.</p> <p>Per interview on 7/1/24 at 5:55 PM, Resident #10</p>	F 804			

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F 804	<p>Continued From page 13</p> <p>explained how the food is not appetizing, cold, and does not come on time. Resident #10 explained that s/he can never get the chicken because it is so well done that you cannot cut through it and burgers are rock hard. S/He explained that sometimes breakfast is served at 10:00 AM, lunch can be served at 1:00 PM or later and dinner usually comes between 6 -7 but it is always late and is always cold by the time s/he gets it.</p> <p>Per observation and interview on 7/1/24 at 6:05 PM, Resident #3 is sitting in the dining room with two other residents who have both started to eat dinner. Resident #3 has not been served his/her meal yet. S/He stated that this happens all the time.</p> <p>Per observation and interview on 7/1/24 at 6:15 PM, Resident #4 and Resident #9 are sitting together. Resident #4 does not have a meal. S/He explained that s/he was served fish when he asked to have a grilled cheese sandwich for dinner. Resident #9 said the staff gave him fish for dinner but it is very cold and no one has come back to check on him/her or offer him/her a drink to go with dinner.</p> <p>Per interview on 7/1/24 at 6:32 PM, Resident #2 stated that s/he is "sick to death" of being served such awful food and not being offered choices for meals. S/He explained that his/her family has to supplement the food because it is so bad.</p> <p>Per interview and observation on 07/01/2024 at 6:30 PM, Resident #13 stated that s/he does not like most of the food served at the facility. S/He stated that the food often arrives cold and meals are frequently late. During the interview, dinner</p>	F 804			

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F 804	<p>Continued From page 14</p> <p>arrived at 6:40 PM. Resident #13 stated s/he often does not eat the meal served and relies on the snacks in his/her room from family. Resident #13 stated that "the food used to be good at the facility and now I don't look forward to any meals."</p> <p>Per interview and observation on 07/01/2024 at 6:30 PM, Resident #13 stated that s/he does not like most of the food served at the facility. S/He stated that the food often arrives cold and meals are frequently late. During the interview, dinner arrived at 6:40 PM. Resident #13 stated s/he often does not eat the meal served and relies on the snacks in his/her room from family. Resident #13 stated that "the food used to be good at the facility and now I don't look forward to any meals."</p> <p>2. Observation, interview, and kitchen log reviews reveal that food is being regularly served late and is generally cold.</p> <p>Per observation of dinner service on 7/1/24 on multiple units, dinner was being served by tray services (plated in the kitchen and delivered to the units on trays). A majority of the trays on each unit contained fish fillets, peas, and potatoes. While these plates were covered with clear domes or plastic wrap, there was no insulation plate to keep the plate warm. A meal delivery schedule posted on the 3rd floor revealed that dinner would be served at 5:15 PM that day. Per observation of dinner services on 7/1/24, residents were still being served dinner at 6:16 PM.</p> <p>Per review of facility food temperature logs for June 2024, food temperatures were not documented for 20 of the 90 meals served.</p>	F 804			

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F 804	<p>Continued From page 15</p> <p>Per interview on 7/1/24 at approximately 1:10 PM, the Unit Manager explained that food does become cold faster when it is provided by tray service (plated in the kitchen and delivered to the units on trays) and the kitchen staff have not been serving the food off the line for a while.</p> <p>Per interview on 7/1/24 at 2:44 PM, the Director of Nursing (DON) revealed that multiple complaints had been brought to the attention of the facility regarding food quality, temperature, and timeliness. The DON and the Administrator confirmed that they are aware that the contracted kitchen service company is short staffed and has been for a few months. See F 802 for more information.</p> <p>Per an interview on 7/1/24 at 4:30 PM, the Kitchen Account Manager explained that meals are served strictly by tray service due to there not being enough staff to serve meals from each unit's meal service line. When they serve meals by tray service, it is typical for meals to become cold faster because they do not have insulated plate tops and bottoms. The delay in meal service is also because of the lack of staff, which will also contribute to the food being cold.</p> <p>Per a follow up phone interview on 7/5/24 at 2:45 PM, the Kitchen Account Manager explained that the kitchen has been short staffed every day since s/he started his/her role in April. S/He explained that the barriers to serving the food on time and warm is related to the lack of staff. S/He said that meal service requires 3-4 dietary staff and s/he currently has one.</p>	F 804			
F 806 SS=F	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)	F 806			

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F 806	<p>Continued From page 16</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, the facility failed to provide all residents appealing options of similar nutritive value when the menu options did not meet his/her expressed preferences. Findings include:</p> <p>1. Multiple residents and resident representatives complained about not being offered a choice of meals.</p> <p>Per observation of the daily lunch menu posted on each unit for 7/1/24, the main course was listed as "Ham and Cheese Sandwich on Wheat with Lettuce & Tomato OR Molasses BBQ chicken."</p> <p>Per observation on 7/1/24 at 12:44 PM, a plate with a ham and cheese sandwich was placed on a table where Resident #11 sits for lunch, along with a meal ticket that listed BBQ chicken, marinated vegetables, dinner roll, mixed fruit, and assorted beverages. The ticket stated that s/he had an allergy to pork. Resident #11 approached the table, looked at the plate in his/her spot, and stated "what is this? What do I do with this?" A Licensed Nursing Assistant (LNA) approached</p>	F 806	<p>F806 Specific Corrective Action</p> <ol style="list-style-type: none"> All residents have the potential to be affected Residents are being provided with appealing food options of similar nutritive value when the menu options does not meet his/her preferences by way of an alternative meal or the always available menu. Residents are provided with menu options where they can choose the main meal, alternative or order from the always available menu. <p>Dietary staff have been reeducated on serving resident's preferences noted on the meal ticket and the resident's order.</p> <p>4. The NHA/designee will ensure resident's are offered an alternative via observation and resident interview of 10 random residents per week for 4 weeks and monthly x3. The center will invite residents to monthly food committee to ensure satisfaction and results of this monitoring will be discussed in monthly QAPI for recommendations and further review.</p> <p>Date of Compliance 9/3/2024</p> <p>Tag F 806 POC accepted on 8/21/24 by S. Stem/P. Cota</p>		

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F 806	<p>Continued From page 17</p> <p>the table and looked at Resident #11's ticket and said s/he was not sure why Resident #11 got a sandwich instead of BBQ chicken and took away the plate. This LNA explained that s/he does not and has not seen other staff ask residents what they want for meals.</p> <p>Per observation and interview on 7/1/24 at 1:24 PM, Resident #4 had a ham sandwich on the table. When asked if s/he chose the ham sandwich over the BBQ chicken for lunch, s/he stated that s/he was never given a choice and if s/he was, s/he would have ordered the BBQ chicken. Resident #4 stated that the food has gone downhill over the past few months.</p> <p>Per interview on 7/1/24 at 1:43 PM, Resident #6 stated that the food was terrible at the facility. S/He explained that breakfast is okay but lunch and dinner are really bad. S/He is not offered a choice on what s/he has for meals and the food that s/he does get is served late and cold. S/He often has his/her spouse bring in meals because the food is not good enough to eat most of the time.</p> <p>Per observation and interview on 7/1/24 at 5:33 PM, Resident #7 and his/her representative were sitting at a table waiting for dinner to be served to Resident #7. Resident #7's Representative explained that Resident #7 is not eating because she does not like the food that is served and does not regularly get alternative choices to meet his/her preferences. S/He explained that the food is always cold and typically late. S/He explained that even though s/he has worked with the facility to be aware of the foods that Resident #7 prefers, using the menus provided by the facility, the food delivered is rarely what has been requested. S/He</p>	F 806			

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F 806	<p>Continued From page 18</p> <p>stated that sometimes when s/he requests an alternative main dish, what Resident #7 ends up getting is a meal with just the side dishes and no alternative for the main course. Resident #7's Representative revealed a copy of tonight's menu choices that s/he has gone over with facility staff. Tonight's meal, fish, peas, potatoes, and a roll, is crossed off and replaced with chicken salad sandwich. At 6:09 PM, Resident #7's dinner was delivered, a plate of peas, potatoes, and a roll. Resident #7's Representative said it is cold and Resident #7 won't eat it. S/He did not receive a chicken salad sandwich as requested.</p> <p>Per interview on 7/1/24 at 4:44 PM, Resident #1 stated that the food is not good at all and the staff do not give him/her options for an alternative meal.</p> <p>Per observation and interview on 7/1/24 at 5:51 PM, Resident #8 was moving food around on his/her plate with a fork. When asked how her dinner was, s/he said s/he it was cold and dry but s/he had no choice but to eat it.</p> <p>Per observation and interview on 7/1/24 at 6:15 PM, Resident #4 and Resident #9 are sitting together. Resident #4 does not have a meal. S/He explained that s/he was served fish when he asked to have a grilled cheese sandwich for dinner. Resident #9 said the staff gave him/her fish for dinner but it is very cold and no one has come back to check on him/her.</p> <p>Per interview on 7/1/24 at 6:32 PM, Resident #2 stated that s/he is "sick to death" of being served such awful food and not being offered choices for meals. S/He explained that his/her family has to supplement the food because it is so bad. S/He</p>	F 806			

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F 806	<p>Continued From page 19</p> <p>indicated that if s/he knew there was an alternative meal for dinner, s/he most likely would have ordered it because s/he hates fish.</p> <p>Per interview and observation on 07/01/2024 at 6:30 PM, Resident #13 stated that s/he does not like most of the food served at the facility. S/He stated that the food often arrives cold and meals are frequently late. During the interview, dinner arrived at 6:40 PM. Resident #13 stated s/he often does not eat the meal served and relies on the snacks in his/her room from family. Resident #13 stated that "the food used to be good at the facility and now I don't look forward to any meals."</p> <p>Per interview and observation on 07/01/2024 at 6:40 PM, Resident #13 picked up a piece of fish and stated that s/he was unable to cut through or chew the meat. Resident # 13 held up the piece of fish and stated, "it's like cardboard," and explained that s/he is unable to eat the fish. Resident #13 stated if his/her family did not bring in snacks, s/he would feel hungry because s/he doesn't like the food. Resident # 13 states his/her only alternative to what they serve at facility is soup his/her family brings him/her which the staff will not heat up.</p> <p>2. Facility staff did not have a process in place to ensure residents were offered alternative, appealing options for meals</p> <p>Facility policy titled "FNS 304 Person-entered Choice," effective 5/1/23 reads, "[Residents] are offered a choice of nourishing, palatable, well balanced food and beverage options that meet their daily nutritional needs, taking into consideration the preferences of each resident. . . Residents who do not pre-select meals with</p>	F 806			

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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 806	<p>Continued From page 20</p> <p>Personal Choice Menus are offered point of service selections, including two choices of meals, as well as other always available items."</p> <p>Per observation of the daily lunch menu posted on each unit for 7/1/24, the main course was listed as "Ham and Cheese Sandwich on Wheat with Lettuce & Tomato OR Molasses BBQ chicken." On 7/1/24 at 12:31 PM, a hot lunch test tray for the BBQ chicken was requested by this surveyor to the kitchen staff. A Kitchen Cook stated that the main lunch course that day was a ham and cheese sandwich and no one in the facility is getting the alternative BBQ chicken for lunch today.</p> <p>Per interview on 7/1/24 at 12:50 PM, a Licensed Practical Nurse explained that s/he was not aware of a process for residents to be asked their preferences of meals and had not seen it being done since s/he started working at the facility a couple weeks ago.</p> <p>Per interview on 7/1/24 at 1:34 PM, the Dietitian explained that residents are not offered the second choice on the menu (alternative daily menu item) prior to the meal and they would only be offered an always available alternative menu item after they were served something that they didn't want. The Dietitian explained that no one was asked if they wanted the BBQ chicken for lunch prior to it being served today.</p> <p>Per interview on 7/1/24 at 2:44 PM, the Director of Nursing (DON) stated that staff should be asking residents every day what they would like as a meal options.</p>	F 806			