



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

May 8, 2019

Mr. Bradley Heller, Administrator
Elderwood At Burlington
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Mr. Heller:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 16, 2019**. 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 black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 04/24/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/16/2019
NAME OF PROVIDER OR SUPPLIER ELDERWOOD AT BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408	
(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 investigations of 3 facility reported incidents and 2 complaints on 4/15/19 and 4/16/19. The following regulatory violations were cited as a result:	F 000	This Plan of Correction is the Facility's allegation of compliance	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6) (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and	F 656	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F 656: Develop/Implement Comprehensive Care Plan 1) Resident #3 had Hydroxyzine liquid medication discontinued on 4/18/19 by the medical provider. The LPN who failed to disclose the medication in the beverage was educated 1:1 by the DON on 04/16/2019. The education included honoring a resident's right to refuse medication, disclosing to residents what they are administering and adhering to individualized resident care plans. Resident #1 was removed from 15 minute checks on 5/1/19 by the Interdisciplinary care plan team as her behaviors have improved.	05/20/19

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

TITLE

(X6) DATE

Bradley Keller Administrator May 4, 2019

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 656 Continued From page 1
desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review the facility failed to implement the person-centered care plan for 2 applicable residents in a sample of 4 (Resident #'s 1, 3). The findings are as follows:

1. Per medical record review, Resident #3 has a physician order dated 3/27/19 for Hydroxyzine 10 milligrams (mg.) (may use liquid) by mouth (po) every 8 hours in cranberry juice for itching. Hydroxyzine is a medication used as an antihistamine.

Per observation on 4/15/19 at 1 PM, the Licensed Practical Nurse (LPN) prepared the liquid medication by placing 5 cc of Hydroxyzine (10 mg) in approximately 4 ounces of cranberry juice and delivered the drink to Resident #3. The resident refused the juice, the nurse exited the room and placed the drink on ice at the medication cart. Approximately 45 minutes later the LPN returned to Resident #3's room and encouraged the resident to drink the juice. The nurse comments that s/he needs to be sure that Resident #3 drinks the cranberry juice. The resident questions the nurse "Why, is there

F 656

- 2) A resident council meeting was held on 04/22/2019 to allow residents the opportunity to express concern over their rights to refuse medications and having their care plan preferences honored by staff. Any voiced concerns will be addressed through the facility internal grievance process. No other current residents were identified to be on 15 minute checks.
- 3) Education was done by the DON and Nurse Manager on 04/16/2019 to nursing staff. The education to RN and LPNs included allowing residents to refuse medications, disclosing when medications are mixed in food or beverages, and adhering to care plan interventions. RN, LPN and LNAs received training on utilizing the electronic medical record to document 15 minute checks.
- 4) The Nurse Educator will perform two observed medication pass audits weekly with licensed nurses to monitor ongoing compliance. The DON will audit 15 minute check documentation weekly. The results of both audits will be reported every month to the QA committee for three

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F 656 Continued From page 2

F 656

medicine in the juice?". The nurse responds "No". The resident declines the juice and instructed the nurse to leave the juice at the bedside. The nurse left the juice containing the medication at the bedside.

months or until substantial compliance is maintained.

Responsible Party: Director of Nursing

05/20/19

Per review of the person-centered care plan there is a problem listed as impaired health maintenance related to continued refusals of medications and treatments dated 8/14/18. Initiatives direct staff to honor Resident#3's wishes to not take medications/treatments, revised 12/17/18.

F-656 POC accepted 5/7/19
R. Tremblay, RN / S. Leung, RN

Confirmation was made by the LPN on 4/15 and 4/16/19 that the cranberry juice that s/he left at the resident's bedside on 4/15/19, should have been disclosed to Resident #3, as containing prescribed medication when asked.

Confirmation was made by the Interim Director of Nurses (DNS) on 4/15/19 at 2:45 PM that the medication placed in the cranberry juice should have been disclosed to Resident #3.

2. Per staff interview and record review, staff failed to implement the care plan for Resident # 1. Resident # 1 entered Resident # 2's room unwitnessed on 2/18/19 and threw a cup of coffee on him/her. Both residents have dementia diagnoses and Resident # 1 has a history of physical altercations with others. The care plan for Resident # 1 stated the h/she was to be on 15 minute checks at the time of the incident. Per staff interviews and record review, there is no indication that these 15 minute checks were being conducted. On 4/15/19 at 1:50 PM, the Director Of Nurses stated that that Resident # 1

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F 656 Continued From page 3
should have been on 15 minute checks at the time of the incident and confirmed that there was no evidence that the checks were being conducted as per the care plan.

F 657 Care Plan Timing and Revision
SS=D CFR(s): 483.21(b)(2)(i)-(iii)

§483.21(b) Comprehensive Care Plans
§483.21(b)(2) A comprehensive care plan must be-

- (i) Developed within 7 days after completion of the comprehensive assessment.
- (ii) Prepared by an interdisciplinary team, that includes but is not limited to--
 - (A) The attending physician.
 - (B) A registered nurse with responsibility for the resident.
 - (C) A nurse aide with responsibility for the resident.
 - (D) A member of food and nutrition services staff
 - (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
 - (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
- (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to revise a

F 656
F 657

F 657: Care Plan Timing and Revision

- 1) The plan of care for resident #3 was revised on 4/16/19 by the DON to remove the use of antidepressant medication.
- 2) All current residents had care plans reviewed by the DON/Designee to ensure those with antidepressant medications listed on their plans of care are actually on the medication. Corrections were made as appropriate to reflect current medication regimen.
- 3) Education was provided to the licensed nurses on timely care plan revision with order changes. The Unit Managers/Designee will print order changes from the electronic medical record daily to ensure care plans are revised as appropriate.
- 4) DON/Designee will audit 5 resident records per week to determine if order additions/revisions were addressed on the care plan. The results of the ongoing audits will be reported monthly to the QA committee for three months or until substantial compliance is maintained.

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F 657	Continued From page 4 person-centered care plan for 1 of 4 sampled residents, (Resident #3). The findings include the following: Per review of the physician orders for Resident #3 for the month of April 2019, the physician has prescribed various medications for management of pain, pruritus, anxiety and constipation. There is no order for medications used in the treatment of depression. Per review of Resident #3's person-centered care plan, identifies the use of antidepressant medication for the treatment of depression. Confirmation was made by the interim Director of Nurses at approximately 2:45 PM on 4/15/19, that the resident does not receive antidepressant medications and the care plan has not be revised since initiated on 8/14/18.	F 657	<p><i>F-657 POC accepted 5/1/19 R. Tremblay, R/J.S. Leung, RD</i></p> <p>Responsible Party: Director of Nursing</p> <p>F 658: Services Provided Meet Professional Standards</p> <ol style="list-style-type: none"> 1) The LPN involved in leaving the medication at bedside was provided 1:1 education by the DON about not leaving medications bedside. 2) The DON and Unit Managers rounded on 4/16/19 in all resident rooms to observe for any medications left at bedside. No other medications were identified left at bedside. 3) The Unit Manager, Nurse Educator, and DON will educate licensed nurses on not leaving medications at the bedside. 4) The DON/NHA will round on nursing units twice weekly to monitor for medications left at bedside. They will gather audit results monthly to review with QA committee for at least 3 months or until substantial Compliance is maintained. 	<p><i>5/1/19</i></p>
F 658 SS=D	<p>CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility staff failed ensure that the services provided and/or arranged by the facility, as outlined by the comprehensive person-centered care plan, meets professional standards of practice for 1 of 4 sampled residents (Resident #3). The findings include the following: Per medical record review, Resident #3 has a</p>	F 658	<p>Responsible Party: Director of Nursing</p> <p><i>F 658 POC accepted 5/1/19 R. Tremblay, R/J.S. Leung, RD</i></p>	

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F 658	<p>Continued From page 5</p> <p>physician order dated 3/27/19 for Hydroxyzine 10 milligrams (mg.) (may use liquid) by mouth every 8 hours in cranberry juice for itching. Hydroxyzine is a medication used as an antihistamine.</p> <p>Per observation on 4/15/19 at 1 PM, the Licensed Practical Nurse (LPN) prepared the liquid medication by placing 5 cc of Hydroxyzine (10 mg.) in approximately 4 ounces of cranberry juice and delivered the drink to Resident #3. The resident refused the juice, the nurse exited the room and placed the drink on ice at the medication cart. Approximately 45 minutes later the LPN returned to Resident #3's room and encouraged the resident to drink the juice. The nurse comments that s/he needs to be sure that Resident #3 drinks the cranberry juice. The resident questions the nurse "Why, is there medicine in the juice?" The nurse responds "No". The resident declines the juice and instructed the nurse to leave the juice at the bedside. The nurse left the juice containing the medication at the bedside.</p> <p>Per review of the person-centered care plan there is a problem listed as impaired health maintenance related to continued refusals of medications and treatments dated 8/14/18. Initiatives direct staff to honor Resident #3's wishes to not take medications/treatments, revised 12/17/18.</p> <p>Confirmation was made by the LPN on 4/15 and 4/16/19 that the cranberry juice s/he left at the resident's bedside on 4/15/19, should have been disclosed to Resident #3, as containing prescribed medication when asked.</p>	F 658		

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F 658	Continued From page 6 Confirmation was made by the Interim Director of Nurses (DNS) on 4/15/19 at 2:45 PM that the medication in juice should have been disclosed to Resident #3 and should not have been left unattended at the resident's bedside. Per facility policy titled Oral Medications dated 7/24/18, #18 identifies that trained/licensed staff are to ensure that the resident swallows the medication: "MEDICATION MUST NEVER BE LEFT WITH RESIDENT." Ref.: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins. pg. 17.	F 658		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 2 of 3 residents (Resident # 1) received adequate supervision to prevent accidents. Findings include: 1. Per staff interview and record review, Resident # 1 entered Resident # 2's room unwitnessed on 2/18/19 and threw a cup of coffee on him/her. Both residents have dementia diagnoses and Resident # 1 has a history of physical altercations	F 689	<p>F689: Free of Accident Hazards/Supervision</p> <p>1) The LPN involved in leaving the medication at bedside was provided 1:1 education by the</p> <p>DON about not leaving medications bedside. Resident #1 was removed from 15 minute checks on 5/1/19 by the Interdisciplinary care plan team as her behaviors have improved.</p> <p>2) The DON and Unit Managers rounded on 4/16/19 in all resident rooms to observe for any medications left at bedside. No other medications were identified left at bedside. No other current residents were identified on 15 minute checks.</p>	

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F 689	<p>Continued From page 7</p> <p>with others. The care plan for Resident # 1 stated the h/she was to be on 15 minute checks at the time of the incident. Per staff interviews and record review, there is no indication that these 15 minute checks were being conducted. On 4/15/19 at 1:50 PM, the Director Of Nurses stated that Resident # 1 should have been on 15 minute checks at the time of the incident and confirmed that there was no evidence that the checks were being conducted as per the care plan.</p> <p>2. Per medical record review, Resident #3 has a physician order dated 3/27/19 for Hydroxyzine 10 milligrams (mg.) (may use liquid) by mouth (PO) every 8 hours in cranberry juice for itching. Hydroxyzine is a medication used as an antihistamine.</p> <p>Per observation on 4/15/19 at 1 PM, the Licensed Practical Nurse (LPN) prepared the liquid medication by placing 5 cc of Hydroxyzine (10 mg) in approximately 4 ounces of cranberry juice and delivered the drink to Resident #3. The resident refused the juice, the nurse exited the room and placed the drink on ice at the medication cart. Approximately 45 minutes later the LPN returned to Resident #3's room and encouraged the resident to drink the juice. The nurse comments that s/he needs to be sure that Resident #3 drinks the cranberry juice. The resident declines the juice and instructed the nurse to leave the juice at the bedside. The nurse left the juice containing the medication at the bedside.</p> <p>Confirmation was made by the LPN on 4/15 and 4/16/19 that the cranberry juice containing prescribed medication should not have been left at the bedside unattended.</p>	F 689	<p>3) Education will be provided to the nursing staff on utilizing the electronic medical record to document 15 minute checks and to licensed nurses on not leaving medications at the bedside.</p> <p>4) The DON/NHA will round on nursing units twice weekly to monitor for medications left at bedside. The DON will audit 15 minute check documentation weekly on all residents with that intervention. The results of both audits will be reported every month to the QA committee for three months or until substantial compliance is maintained.</p> <p>Responsible Party: Director of Nursing</p> <p><i>F-689 POC accepted 5/1/19 R. Tremblay, RN / S. Buey, RN</i></p>	05/20/19

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