

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 14, 2019

Mr. Casey Keefe, Administrator
Elderwood At Burlington
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Mr. Keefe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 17, 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,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 07/26/2019
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 07/17/2019
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NAME OF PROVIDER OR SUPPLIER ELDERWOOD AT BURLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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(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
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F 000 INITIAL COMMENTS

F 000

This Plan of Correction is the Facility's allegation of compliance

An unannounced onsite investigation into a self-reported incident was conducted by the Division of Licensing and Protection on 7/17/18. The following regulatory deficiencies were identified.

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 609 Reporting of Alleged Violations
SS=D

F 609

CFR(s): 483.12(c)(1)(4)

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

F 609: Reporting of Alleged Violations

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

- 1) After being notified on Monday 6/24, Administrator and DON immediately started an investigation.
- 2) To ensure Resident safety and prevent occurrences of this behavior, by this L.N.A. The L.N.A. in question was taken off the schedule and put on Administrative leave.
- 3) Resident #1 was monitored and did not display or communicate any negative side effects that can be contributed to this incident.
- 4) The Dietary aide who observed the incident was re-educated on how to report allegations of abuse to the facility leadership immediately.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced

8/26/19

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

TITLE

(X6) DATE

[Signature]

Administrator

8/8/2019

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 609 Continued From page 1

by:

Based on record review and staff interview, the facility failed to ensure that an allegation of abuse was reported to the Administrator of the facility and the state agency within the required timeframe. Findings include:

Per record review, a dietary aide was in the dining room on Saturday 6/22/19 assisting with breakfast. The aide reported that Resident #1 was having difficulty reaching their food due to a large wheelchair they use. The dietary aide asked one of the LNAs (Licensed Nursing Assistants) to help situate the resident's wheelchair so they could reach the table. The dietary aide stated that the LNA yelled at Resident #1 twice to "pick up your feet" in an angry tone, and was visibly impatient with the resident. The dietary aide told their supervisor by telephone shortly after the incident that they had witnessed this, and felt it was abusive to the resident. Per telephone interview on 7/17/19 at 1:25 PM, the Dietary Manager stated that the dietary aide had called on 6/22/19 to report the incident. The Dietary Manager stated that they did not call the Administrator or Director of Nursing to report the incident on 6/22/19, and waited until Monday morning 6/24/19 to tell them. The Director of Nursing began an investigation at that time. Per the information available with Adult Protective Services and Survey and Certification, the first report that was received by the state agencies was on Monday 7/1/19 per an online report. Per interview on 7/17/19 at 2:55 PM, the Director of Nursing confirmed that they first became aware of the abuse allegation on Monday morning 6/24/19, that there was no evidence to show that they had reported this to the state agencies before Monday 7/1/19, and that the Dietary

F 609

- 5) The Dietary Manager was re-educated to report allegations of abuse, immediately to the Administrator and/or DON.
- 6) A facility-wide education was completed by the Administrator & Nurse Educator with all staff to review; F-tags 609 & 610, the definitions of abuse, allegation and immediately, the Facility's abuse reporting policy and how to contact the Administrator and DON 24-hours a day.
to contact the Administrator and DON 24-hours a day.
- 7) The Administrator and DON reviewed regulation F-609 and F610 and will report **ANY** allegation of abuse to DLP and then follow-up within 5-days of the incident with the outcome of our completed investigation.

Responsible Party: Administrator

F609 POC accepted 8/14/19 LLOVELL/RN/pmc

8/26/19

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F 609	Continued From page 2 Manager had not followed the protocol for reporting an abuse allegation immediately to the Administration. S/he also confirmed that the internal investigation summary was not submitted to the state agency within 5 days of the incident as required.	F 609		
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F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record rview and staff interview, the facility failed to prevent further potential abuse to a resident for one resident sampled (Resident #1). Findings include: Per record review, a dietary aide was in the dining room on Saturday 6/22/19 assisting with breakfast. The aide reported that Resident #1 was having difficulty reaching their food due to a	F 610		
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F 610	Continued From page 3 large wheelchair they use. The dietary aide asked one of the LNAs (Licensed Nursing Assistants) to help situate the resident's wheelchair so they could reach the table. The dietary aide stated that the LNA yelled at Resident #1 twice to "pick up your feet" in an angry tone, and was visibly impatient with the resident. The dietary aide told their supervisor by telephone shortly after the incident that they had witnessed this, and felt it was abusive to the resident. Per telephone interview on 7/17/19 at 1:25 PM, the Dietary Manager stated that the dietary aide had called on 6/22/19 to report the incident. The Dietary Manager stated that they did not call the Administrator or Director of Nursing Services (DNS) to report the incident on 6/22/19, and waited until Monday morning 6/24/19 to tell them. The DNS began an investigation on 6/24/19, and suspended the LNA while the investigation was conducted. Due to the late reporting of the incident by the Dietary Manager, the DNS did not know about the incident, and the LNA worked another shift on Sunday 6/23/19. Per interview on 7/17/19, the Director of Nursing confirmed that the Dietary Manager did not adhere to the policy of calling administrative staff at the time of the incident, and that allowed the LNA who was alleged of abusing Resident #1 to work another shift before being suspended. The DNS also confirmed that the initial reporting to the state agency was not completed in the required timeframe, and the investigative summary was not submitted to the state agency until 7/1/19.	F 610	F 610: Investigate/Prevent/Correct Alleged Violation 1) The Dietary aide who observed the incident was re-educated on how to report allegations of abuse to the facility leadership immediately. 2) The Dietary Manager received a written discipline and was also re-educated to report allegations of abuse, immediately to the Administrator and/or DON. 3) A facility-wide education was completed by the Administrator & Nurse Educator with all staff to review; F-tags 609 & 610, the definitions of abuse, allegation and immediately, the Facility's abuse reporting policy and how to contact the Administrator and DON 24-hours a day. 4) The Administrator and DON reviewed regulation F-609 and F610 and will report <u>ANY</u> allegation of abuse to DLP and then follow-up within 5-days of the incident with the outcome of our completed investigation.	8/26/19	
			Responsible Party: Administrator F610 POC accepted 8/14/19 Llovern/pmc		