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

October 22, 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 **September 24, 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

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475030	A. BUILDING _____ B. WING _____	C 09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELDERWOOD AT BURLINGTON	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	F 000		
F 584 SS=D	An unannounced on site investigation of two self reports and three complaints was conducted by the Division of Licensing and Protection on 9/23-9/24/19. The findings include the following: Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting	F 584	**This Plan of Correction is the Facility's allegation of compliance.** **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.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Cathy Lee | Administrator | 10.18.19

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 584	Continued From page 1 levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that 1 of 7 residents' environment was maintained to be clean, comfortable and homelike, (Resident #2). The findings include the following: Per observation on 09/24/19 at approximately 11:00 AM, Resident #2 is visiting with a counselor in his/her room. On entrance into the room a foul smell of urine is detected. At approximately 11:15 AM the Director of Nursing (DNS) along with the outgoing DNS, enter Resident #2's room, strip the urine-soaked bed and direct an Licensed Nurse Aide (LNA) to wash the mattress and make the bed. The DNS confirms to the surveyor, at this time, that the bed is wet and acknowledges that the room smells of urine as s/he exits the room. Per observation by the surveyor at 11:50 AM, in the presence of the DNS, confirmation is made that on entrance to the room noticeable still smells of a urine, there are small flies (such as fruit flies) in the room around Resident #2's bed. The window drapes have a dirty dried red spot that is easily seen, the wall has missing sheet rock approximately the size of a golf ball by the window, and the resident's dresser has dried spills along the front with accumulated crumbs	F 584	**F584 Safe/Clean/Comfortable/ Homelike Environment** 1. Resident #2 room was deep cleaned on October 16, 2019; all furniture was removed and the floors were stripped and waxed; the walls were repaired and wiped clean; curtains were replaced; furniture was cleaned; wheelchair was cleaned; cushion was cleaned; splint has been replaced. 2. A plan is in place to ensure a safe/clean/homelike environment will be maintained for all residents. 3. Vendors have been contracted to support the cleaning of floors and painting of rooms	

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F 584 Continued From page 2

resting on the top. The wall to the right of the resident's bed is scuffed and in need of repair. To the left of Resident #2's bed, along the edge of the floor, there is an accumulation of dark brown crumb like material. Resident #2's wheel chair has dried spills and accumulated dust/grime. The cushion the resident sits on has dried spills, is foul smelling and when removed, an accumulation of dried crumbs rests on the sling of the wheel chair. The resident is wearing a splint to his/her right hand/forearm that is stained and dirty.

Per discussion with the Administrator on 09/24/19 at approximately 10:30 AM, s/he confirms that resident rooms are cluttered, and they have not been managed as they should have been.

F 600 SS=D Free from Abuse and Neglect
CFR(s): 483.12(a)(1)

§483.12 Freedom from Abuse, Neglect, and Exploitation
The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must-

§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility

F 584

throughout the facility; additional housekeeping support from other Elderwood facilities has been deployed to the facility to support housekeeping; audits/checklists and work flows have been initiated to support internal housekeeping department; recruitment for an experienced Director of Environmental Services has been initiated along with housekeepers.

4. The Administrator, DNS or designee will perform weekly audits of 2 random rooms on each unit; the audits will be reported to QA committee monthly until 100% compliance is achieved.

Corrective action completed on October 18, 2019.

F584 POC accepted 10/21/19 LLovell RN/ PMC

Past noncompliance: no plan of

F 600

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F 600	Continued From page 3	F 600		

failed to ensure that one applicable residents reviewed was free from verbal abuse, (Resident #1). The findings include the following:

1. Per record review Resident #1, has a diagnoses to include, but not limited to, Cerebral Palsy, Quadriplegia, bilateral Carpal Tunnel Syndrome of the hands, Depressive Disorder, Chronic Pain Syndrome, Pressure Ulcers and physical disabilities. The Minimum Data Set (MDS), a mandated assessment, identifies that the resident requires extensive assistance of 1-2 staff for all care. The resident is mechanically lifted out of bed. The resident is alert and oriented to time, place and person.

Per review of the internal investigation, on 07/18/19 at approximately 9:45 AM, LNA #6 swore at Resident #1. The resident reported to the Licensed Practical Nurse (LPN) that s/he had made a request to the LNA to assist with washing his/her face. LNA #6 responded "That's f****** bull****, I'm not helping you, you can do it yourself". Resident #1 became upset and told the LNA to take her attitude and to leave the room. Resident #1's room mate was present during the verbal abuse, however when interviewed, as noted through the internal investigation, s/he stated "I heard the black girl say something bad". When the room mate was questioned what s/he heard s/he stated "I can't tell you that". The internal investigation identifies that LNA #6 is the only African American LNA working on the unit that Resident #1 resides on.

The internal investigation identifies that through interview, LNA #6 confirms that s/he attempted to care for Resident #1. The LNA identified that the resident wouldn't let him/her provide care. The

correction required.

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F 600	Continued From page 4	F 600		

resident hit the LNA twice with his/her hands (as if to get away). The LNA responded to Resident #1, saying that if s/he didn't want to wash up that was fine. The LNA left the room. S/He was asked if s/he swore at the resident to which the LNA denied.

Per witness statement by the LPN who was assigned to Resident #1, identifies that the resident reported the incident as stated in internal investigation. The statement by LNA #6, who is accused of verbal abuse dated 07/22/19 identifies information that is not consistent with the report made by the resident, the resident's room mate or the LPN who reported the incident.

The Administrator checked in on the resident on 07/18/19 and s/he stated s/he was "Ok". The Social Service Director (SS) checked in with the resident on 07/19/19 and documented that the resident stated "I wasn't expecting it" but had no ill effects from the incident dated 07/18/19. SS continued to follow up weekly until 08/01/19.

Per discussion with the current Administrator on 09/23/19 at approximately 1:30 PM, confirms that the facility substantiated that LNA #6 said something inappropriate to Resident #1, and terminated the employee. The Social Service Director has conducted educational programs on 5 different times on 07/19/19 that 80 staff attended, titled Notification of Abuse Allegations. The policy was distributed and discussed to all that attended.

Per interview with Resident #1 (by the surveyor) on 09/23/19, who has full recollection of the incident, is aware of the employee's termination and has no concerns regarding his/her safety in

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F 600	Continued From page 5 the facility. During the onsite investigation on 09/23/19, it was confirmed that the facility made notification to all pertinent agencies, completed multiple corrective actions in response to Abuse allegation as follows: 1. All facility staff were re-educated during in-service programs that were conducted on 5 different times on 07/19/19 titled "Notification of Abuse Allegations". The policy was distributed and discussed to all attendees. 2. The LNA who was involved in the verbal altercations with Resident #1 was terminated. 3. All employee files reviewed, have all required criminal/adult/child abuse registries checked with no records found. 3. The current facility administrator has an ongoing process of reviewing daily, any possible allegations of Abuse/Neglect/Exploitation with leadership and reporting any allegations of noncompliance. 4. Internal QA/QAPI (Quality Assurance/Quality Assurance Project Improvement) studies will be ongoing to determine any trends or noncompliance. Based on corrective actions completed prior to the onsite review by surveyors, the citation related to F 600 is designated as past noncompliance.	F 600		