VERMONT

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

December 3, 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 **November 5, 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

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 11/05/2019

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 The Division of Licensing and Protection conducted an unannounced onsite investigation of 2 facility self-reports and 2 complaints on 11/4 & 11/5/19. The following regulatory deficiencies were identified as a result.	F 000	This plan of correction is the facility's allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission and/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 689 SS=G	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 medical record review, staff and resident interview, review of the facility internal investigation of the incident, and review of facility policies, the facility failed to ensure that 2 of 2 residents reviewed received adequate supervision and assistance to prevent accidents. Finding include: Per record review, Resident #1 was being transported to a medical appointment by a private transportation company on 10/18/19. The facility made the arrangements with the transportation company to get the resident to the medical appointment. Per the resident, during interview on 11/4/19 at 10:30 AM, the driver picked him/her up inside the building, took them out to the van, secured his/her wheelchair to the floor of the van and placed a seat belt across his/her body. S/he reported s/he did not know if it was secured	F 689	1. Resident #1 and #2 remain at the facility; use of the private transportation company noted during survey has been discontinued; the Elderwood wheelchair van will be primary mode of transportation to medical appointments for resident #1 and #2; facility has an agreement with a preferred provider, Garnet Transport Medicine LLC, to support transportation of resident #1 and #2 to medical appointments when facility van is unavailable/in use.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Administrator (X6) DATE 11-26-19

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.

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

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F 689 Continued From page 1

properly. About 15 minutes into the transport the resident reported hearing a "clicking noise" and felt the wheelchair lurch forward and s/he placed her/his hand on the back of the driver's seat to prevent themselves from falling out of the wheelchair. The driver stopped the vehicle and pushed the resident back and then continued driving. A few minutes later the resident again heard the "clicking noise" and yelled to the driver, who then stopped abruptly, and the resident slid out of the wheelchair with one leg being wedged under the driver's seat and was not sure where their other leg was wedged. The resident did report extreme pain. Emergency Medical Services (EMS) were called and the resident was transferred to the hospital and subsequently diagnosed with a left tibia and fibula and a right tibia fracture requiring additional medical follow up with orthopedics. Per the facility incident report, staff and resident interviews, the resident was taken from the facility by the driver of the van. The Director of Nursing Services confirmed on 11/4/19 at 4:15PM that the driver is responsible for taking the resident from the facility and securing them inside the van.

Additionally, during the facility's internal investigation, it was discovered that a 2nd resident, Resident #2, was injured on 10/16/19 while being transported to a medical appointment by the same transportation company. The resident reported to the facility that their wheelchair fell backward, causing back and neck pain. The resident did not report the incident to the facility at the time it happened.

Although the facility does have their own van to use for appointments, the Administrator reports being unable to hire enough qualified staff to

F 689

2. All residents have the potential to be affected by the same deficient practice; facility wheelchair van will be primary mode of transportation for residents; facility has discontinued use of the private transportation company noted during survey and signed a preferred provider agreement with Garnet Transport Medicine, LLC., to support external transports when facility van is unavailable/in use.
3. Facility will utilize the Elderwood wheelchair van as the primary mode of transportation for residents - facility will recruit for a full time drive and maintenance team will be backup when driver is absent; training and education will be provided to the backup maintenance team and the full time driver [once hired] prior to being allowed to transport a resident; equipment to secure a wheelchair in the van will be checked to ensure in good operating condition to maintain resident safety on a weekly basis; facility has signed a preferred provider agreement with Garnet Transport Medicine LLC as a backup for transportation needs when facility van is unavailable/in use; facility will develop and implement a process to ensure resident safety while on transport with Garnet Transport Medicine, LLC.

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F 689 Continued From page 2

operate it on a regular basis. Per review of facility documents, there is a 1-page form titled "New Vendor Information Form" that was completed by the transportation company, with basic contact information and signed by the owner of the company. The form does not address protocols, in writing, for assuring safety requirements for residents. The facility transportation policy and procedure guide is very generic and geared to facilities in New York State. The facility was unable to provide an actual contract with the transportation company, and they have nothing that would indicate the training and education that a driver would or should have received prior to being allowed to transport a resident. The facility has no knowledge about vehicle maintenance, and whether the equipment to secure a wheelchair in the van was in good operating condition to maintain resident safety.

During interview on 11/4/19 at 1:33 PM the Administrator confirmed that the facility does not have a written contract with the transportation company. There is nothing in a written policy that delineates how residents get to the van from the facility or who is responsible to make sure that the resident is secured in place before transport.

F 689 (Provider's plan of correction)

4. Random audits of residents being transported to/from medical appointments by the Elderwood wheelchair van and Garnet Transport Medicine, LLC., by the Administrator, DON or designee weekly X4 weeks then monthly X3 months. The results of the audits will be reported to the QA committee until satisfied that compliance is achieved.

Corrective action will be complete by December 11, 2019.

F689 POC accepted 12/2/19 Pmcotarn

F 840 Use of Outside Resources
SS=G CFR(s): 483.70(g)(1)(2)

F 840

§483.70(g) Use of outside resources.
§483.70(g)(1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (g)

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F 840	Continued From page 3 (2) of this section. §483.70(g)(2) Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for- (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and (ii) The timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on staff interviews, medical record reviews and review of policies and procedures, the facility failed to have a contract with the transportation company that specified, in writing, the responsibilities of the transportation services company versus the facility responsibility in maintaining resident safety. Per record review, Resident #1 was being transported to a medical appointment by a private transportation company on 10/18/19. Per the incident report, staff and resident interviews, the resident was taken from the facility by the driver of the van. Per the resident, during interview on 11/4/19 at 10:30 AM, the driver secured his/her wheelchair to the floor of the van and placed a seat belt across his/her body, s/he reported s/he did not know if it was secured properly. About 15 minutes into the transport the resident reported hearing a "clicking noise" and felt the wheelchair lurch forward and s/he placed her/his hand on the back of the driver's seat to prevent themselves from falling out of the wheelchair. The driver stopped the vehicle and pushed the	F 840	1. Resident #1 remains at the facility; use of the private transportation company noted during the survey has been discontinued; facility will utilize the Elderwood wheelchair van as primary mode of transportation for resident #1 to medical appointments; facility has an agreement with a preferred provider, Garnett Transport Medicine, LLC., to support transportation of resident #1 to medical appointments when facility van is unavailable/in use. 2. All residents have the potential to be affected by the same deficient practice; facility wheelchair van will be primary mode of transportation for residents; facility has discontinued the use of the private transportation company noted during survey and signed a preferred provider agreement with Garnett Transport Medicine, LLC., to support external transports when facility van is unavailable/in use.	

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F 840	Continued From page 4	F 840		

resident back and then continued driving. A few minutes later the resident again heard the "clicking noise" and yelled to the driver, who then stopped abruptly, and the resident slid out of the wheelchair with one leg being wedged under the driver's seat and was not sure where their other leg was wedged. Emergency Medical Services (EMS) were called and the resident was transferred to the hospital and subsequently diagnosed with a left tibia and fibula and a right tibia fracture requiring additional medical follow up with orthopedics.

Although the facility does have their own van to use for appointments, the Administrator reports being unable to hire enough qualified staff to operate it on a regular basis. Per review of facility documents, there is a 1-page form titled "New Vendor Information Form" that was completed by the transportation company, with basic contact information and signed by the owner of the company. The form does not address protocols, in writing, for assuring safety requirements for residents. The facility transportation policy and procedure guide is very generic and geared to facilities in New York State. The facility was unable to provide an actual contract with the transportation company, and they have nothing that would indicate the training and education that a driver would or should have received prior to being allowed to transport a resident. The facility has no knowledge about vehicle maintenance, and whether the equipment to secure a wheelchair in the van was in good operating condition to maintain resident safety.

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3. Facility will utilize the Elderwood wheelchair van as the primary mode of transportation for residents; facility has signed a preferred provider agreement with Garnet Transport Medicine, LLC., as a backup for transportation needs when facility van is unavailable; facility will develop and implement a process to ensure resident safety while on transport with Garnet Medicine, LLC.

4. Random audits of residents being transported to/from medical appointments by Garnet Transport Medicine LLC by the Administrator, DON or designee weekly X4 weeks then monthly X3 months. The results of the audits will be reported to the QA committee until satisfied that compliance is achieved.

Corrective action will be complete by December 11, 2019.

F840 POC accepted 12/2/19 PMcCoteRN

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