

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 6, 2021

Ms. Lisa Peacock, Administrator
Elderwood At Burlington
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Ms. Peacock:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 24, 2021**. 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: 04/29/2021
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 03/24/2021
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)
F 000	INITIAL COMMENTS	F 000	
F 656 SS=D	<p>The Division of Licensing and Protection conducted an unannounced onsite investigation of 5 complaints from 3/22 through 3/24/2021, the following regulatory violations were identified.</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§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 -</p> <p>(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</p> <p>(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).</p> <p>(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.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p>	F 656 <p>The facility wishes to have this submitted plan of correction stand as its written allegation plan of compliance. Our date of compliance is 04/18/2021. Preparation and/or execution of does not constitute admission to nor agreement with existence of or scope and severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.</p>	

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

TITLE

(X6) DATE

Rosa Pascoch

Administrator

04/16/2021

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 (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 interviews and record review, the facility failed to develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for 1 of 7 residents who experienced falls (Resident #7). Findings include: Per record review, Resident #7 was admitted in 2021 for respite care and was followed by hospice services. Review of medical records shows that Resident #7 has a history of Alzheimer's Disease. On 3/19/21, Resident #7 had an unwitnessed fall requiring hospital evaluation, and was subsequently diagnosed with a subdural hematoma. On 3/20/21, Resident #7 had a second fall which resulted in a "lump on the back of [his/her] right side of head." Review of medical records shows that Resident #7 did not have an initial care plan addressing his/her safety as a falls risk on admission. After both falls on 03/19/21 and 03/20/21, safety relating to falls was not initiated or incorporated into Resident #7's care plan.	F 656	F656 Resident #7 discharged Review all admissions/readmissions in last 90 days for Morse Fall Scale Assessment. Any resident triggering for moderate/high risk will have a Safety Fall Care Plan implemented if not already completed. Continue to assess admission/readmission Morse Fall Scale Assessment scores for moderate/high risk and implementation of Safety Fall Care Plan. Weekly Morse Fall Scale/Care Plan auditing of residents admitted/readmitted in previous week x 1 month. Monthly Morse Fall Scale/Care Plan auditing of residents admitted/readmitted in previous month x 3 monthType text here Results of audits to QAPI Responsibility of DNS or designee <i>F656 POC accepted 4/19/21 Llovel Rn/PMC</i>	04/18/2021	

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F 656	Continued From page 2 On 03/24/21 at 01:16 PM, Director of Nursing Services confirmed s/he was aware of Resident #7's falls on 03/19/21 and 03/20/21 and confirmed that Resident #7 did not have a falls care plan during his/her admission.	F 656		
F 657 SS=D	Care Plan Timing and Revision 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 interviews and record review, the	F 657		

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F 657	Continued From page 3 facility failed to review and revise a care plan for 1 of 7 residents who experienced falls (Resident #6). Findings include: Per record review, on 02/25/21 Resident #6 had an unwitnessed fall out of his/her wheelchair requiring hospital evaluation and was subsequently diagnosed with a nondisplaced fracture of lateral end of right clavicle. On 03/12/21, Resident #6 had a second fall which required hospital evaluation and resulted in left knee and left elbow lacerations. Review of medical records shows that Resident #6 has a history of repeated falls and had an initial care plan addressing his/her safety as a falls risk on admission. After both falls on 02/25/21 and 03/12/21, Resident #6's care plan was not revised to incorporate further interventions for safety and fall prevention. The interventions listed did not prevent falls or injuries, so a revision would be indicated. On 03/24/21 at 01:16 PM, Director of Nursing Services confirmed that s/he was aware of Resident #6's falls on 02/25/21 and 03/12/21 and confirmed that Resident #6's care plan was not revised after either.	F 657 F657	Resident #6 discharged All falls in last 90 days will be identified. Care plans will be reviewed and revised as needed. In conjunction with the licensed nursing staff and nursing administration, care plans will be reviewed for revision with each fall. Weekly careplan auditing of residents with falls in previous week x 1 month Monthly careplan auditing of residents with falls in previous month x 3 month Results of audits to QAPI for review Responsibility of DNS or designee <i>F657 POC accepted 4/19/21 Loyal RN/PMU</i>	04/18/2021	
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record	F 677			

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F 677	Continued From page 4 review, the facility failed to provide the necessary services to maintain grooming and oral hygiene for residents who are unable to carry out activities of daily living for 1 of 8 residents (Resident #4). Findings include: On 3/22/21 at 09:53 AM, Resident #4 stated that s/he has issues with getting his/her teeth brushed, and the last time they were cleaned were 3 days ago. Resident #4 has a history of Multiple Sclerosis and requires total dependence for Activities of Daily Living (ADL). Review of Resident #4's medical records shows that his/her care plan includes encouraging and assisting the resident to have his/her teeth brushed every morning and evening. Resident #4 has a Brief Interview of Mental Status (BIMS) of 15 and is cognitively intact. On 3/23/21 at 09:25 AM, Resident #4 stated that s/he did not get his/her teeth brushed again last evening and it has now been 4 days since his/her oral care was completed. On 3/23/21 at 09:40 AM, the Unit Nurse Manager confirmed that each resident's teeth should be brushed daily and confirmed that Resident #4 had not gotten his/her teeth brushed on both 3/22/21 and 03/23/21. On 3/23/21 at 01:31 PM, Licensed Nursing Assistant (LNA) confirmed that Resident #4's oral care was not being completed as frequently as stated in care plan and confirmed that Resident #4's teeth were not cleaned on 03/22/21 and 03/23/21.	F 677	F677 Resident #4's mouth care completed on 03/23/2021. Review ADL tasks for all Residents for the past seven days for performance of mouthcare. Re-educate LNA staff on the importance of mouthcare. Audit ADL tasks for random selection of Residents weekly x 1 month. Audit ADL tasks for random selection of Residents monthly x 3 months. Audit results to QAPI Responsibility of DNS or designee <i>F677 POC accepted 4/19/21 Llovell RN/PMC</i>	04/18/2021 04/18/2021
F 687 SS=E	Foot Care CFR(s): 483.25(b)(2)(i)(ii)	F 687		

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F 687	<p>Continued From page 5</p> <p>§483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:</p> <p>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and</p> <p>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews and confirmed by staff interview the facility failed to ensure that 6 applicable residents received proper treatment to maintain good foot health (Residents #1, 2, 3, 4, 5, and 8). Findings include:</p> <p>1. On 3/23/21 at 08:46, per observation Resident #1's toenails are long, the 2nd toenail on the right foot is curved under and extends beyond the toe by at least ½ inch. All the toenails are thick, long, broken, discolored and they have dead skin cells, dirt and other debris collecting under the nails. The nails are growing at an angle. The cuticle surrounding the nails is rough and unkept. The skin on both feet are dry and scaly.</p> <p>2. On 3/23/21 at 09:17, per observation Resident #2's toenails are long and are growing at an angle, rather than straight out from the nailbed. The 1st toe on the right foot extends beyond the toe by at least ½ inch. All the toenails are thick, long, discolored and have dead skin and other debris collecting under the nails. The resident</p>	F 687		

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F 687	Continued From page 6 reported they did not remember the last time that they received any type of toenail care. Skin on both feet are dry and scaly. 3. On 3/23/21 at 09:20 Resident #3 reported they had been in the facility for almost 3 weeks, and no one had provided any type of foot care during this time. Per observation Resident #3's toenails are thick, long and discolored and some of the nails are chipped and broken. They have dead skin cells and other debris collecting under the nails. The skin on both feet are dry and peeling. 4. On 3/23/21 at 09:25, Resident #4 stated that s/he has not has his/her toenails clipped in two weeks. Per observation, Resident #4's right foot toenails appear long and thick. Resident #4 has a history of Multiple Sclerosis and requires total dependence and assistance to complete Activities of Daily Living (ADL). 5. On 3/23/21 at 09:35 Resident #5's right foot is in a cast, per observation Resident #5's nails are long, discolored, and several are broken, there is dirt visible under the nails. The 1st toenail on the left foot extends at least 1/2 inch beyond the toe. The cuticle surrounding the nails is rough and unkept. The skin on both feet are dry and scaly. 6. On 3/24/21 at 14:07, Per observation Resident #8's nails are long, broken and discolored and there is dead skin cells, dirt and other debris under the nail. On 3/23/21 at 9:37 am the Registered Nurse (RN) who is a unit manager reported they do not have a process in place to monitor how often nails are being trimmed. The Director of Nursing confirmed on 3/24/21 at 2:15 PM that they do not	F 687	F687 Residents #1, 2, 3, 4, 5, and 8 have had their toenails trimmed. All Residents to have foot check with nails trimmed as needed. Residents' Treatment Administration Records to include a once monthly foot inspection and as needed nail trimming. Podiatrist referral as indicated. Random audits of TARs and Resident feet weekly x 1 month. Random audits of TARs and Resident feet monthly x 3 months. Audit results to QAPI Responsibility of DNS or Designee <i>F687 POC accepted 4/19/21 Llovell RN/pme</i>	04/18/2021	

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F 687	Continued From page 7 have a policy or process to provide foot care and treatment that would be in accordance with professional standards of practice.	F 687		
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 observations, interviews, and record review, the facility failed to prevent accidents by providing an environment that is free from hazards over which the facility has control for 2 of 7 residents (Resident #6 and Resident #7) with falls. Findings include: 1. Per record review, on 02/25/21 Resident #6 had an unwitnessed fall out of his/her wheelchair requiring hospital evaluation and was subsequently diagnosed with a nondisplaced fracture of lateral end of right clavicle. Review of medical records shows that Resident #6 has a history of repeated falls and had an initial care plan addressing his/her safety as a risk to falls on admission. After the fall on 02/25/21, Resident #6's care plan was not updated or revised to include additional fall interventions despite the resident experiencing a fall with a resulting fracture. On 03/12/21, Resident #6 had a second fall which required hospital evaluation and resulted in left knee and left elbow lacerations.	F 689		

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F 689	Continued From page 8 On 03/24/21 at 01:16 PM, the Director of Nursing Services (DNS) confirmed s/he was aware of Resident #6's fall on 02/25/21 and confirmed that Resident #6's care plan was not revised to include further accident prevention practices. The interventions listed did not prevent falls or injuries, so a revision would be indicated. 2. Per record review, Resident #7 was admitted in 2021 for respite care and was followed by hospice services. Review of medical records shows that Resident #7 has a history of Alzheimer's Disease. On 3/19/21, Resident #7 had an unwitnessed fall requiring hospital evaluation, and was subsequently diagnosed with a subdural hematoma. Review of medical records shows that Resident #7 did not have an initial care plan addressing his/her safety as a falls risk on admission and did not have a safety relating to falls care plan initiated after his/her fall on 3/19/21 resulting in injury. On 3/20/21, Resident #7 had a second fall which resulted in a "lump on the back of [his/her] right side of head." On 03/24/21 at 01:16 PM, DNS confirmed s/he was aware of Resident #7's fall on 03/19/21 and confirmed that Resident #7 did not have safety care plan on admission nor after his/her fall with injury to identify fall prevention interventions.	F 689	F689 Residents #6 and #7 discharged All falls in last 90 days will be identified. Care plans will be reviewed and revised as needed. Review all admissions/readmissions in last 90 days for Morse Fall Scale Assessment. Any resident triggering for moderate/high risk will have a Safety Fall Care Plan implemented if not already completed. In conjunction with the licensed nursing staff and nursing administration, care plans will be reviewed for revision with each fall. Continue to assess admission/readmission Morse Fall Scale Assessment scores for moderate/high risk and implementation of Safety Fall Care Plan. Weekly careplan auditing of residents with falls in previous week x 1 month. Weekly Morse Fall Scale/Care Plan auditing of residents admitted/readmitted in previous week x 1 month. Monthly careplan auditing of residents with falls in previous month x 3 month. Monthly Morse Fall Scale/Care Plan auditing of residents admitted/readmitted in previous month x 3 month. Results of audits to QAPI for review Responsibility of DNS or designee <i>F689 POC accepted 4/19/21 Llovel RN pmc</i>	04/18/2021	