

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

June 10, 2021

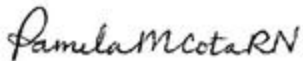
Ms. Lisa Peacock, Administrator
Elderwood At Burlington
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Ms. Peacock:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 25, 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: 06/03/2021
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 05/25/2021
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)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 804 SS=B	<p>The Division of Licensing and Protection conducted unannounced onsite investigations of 5 complaints and 1 facility reported incident on 5/24/21 - 5/25/21. The following regulatory violation was cited as a result:</p> <p>Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that food and drink that is palatable, attractive, and at a safe and appetizing temperature. Findings include:</p> <p>Per review of facility food temperature logs, food temperatures were not documented for Chittenden unit. There are 40 of 60 meals that have no documented food temperatures for the Chittenden unit. Facility documentation shows that the unit maintained a census between 9 - 21 residents between 3/31/21 and 4/18/21. Per interview with the facility Administrator, food temperatures are to be taken in the kitchen and again on arrival on each unit. Temperatures were recorded for the Champlain and Mansfield units. On 5/24/21 at 11:38 AM, the Administrator confirmed that 40 of 60 meals on the Chittenden</p>	F 804	<p>This plan of correction is the facility's allegation of compliance. Preparation and/or execution of this plan does not constitute admission and/or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state laws.</p> <p>Food temperatures will continue to be recorded while food is in the steam table and before it is plated and sent to the units for delivery to the residents.</p> <p>The facility will do random test tray audits to ensure that the food is at the appropriate temperature and is palatable. Remedial action will be taken as needed.</p> <p>These audits will be done once per week</p>		

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

Rene Peacock

TITLE

Administrator

(X6) DATE

6/9/21

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 804	Continued From page 1 unit had no recorded food temperatures. This is a repeat citation, cited previously on 11/17/20.	F 804	per meal. Results of these audits will be brought to the QAPI committee for review monthly for three months. The Food Service Director and the Administrator will be responsible for this plan of correction. Substantial compliance will be achieved by 6/25/21. <i>F804 POC accepted 6/10/21 KCampos Rwl/pmc</i>		