

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

February 28, 2022


Ms. Megan Marama, Administrator
Elderwood At Burlington
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Ms. Marama:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **February 7, 2022**. 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

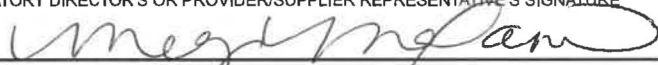
PRINTED: 02/14/2022
FORM APPROVED
OMB NO. 0938-0391

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 02/07/2022
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 559 SS=B	<p>Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6)</p> <p>§483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.</p> <p>§483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.</p> <p>§483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to ensure that 12 applicable residents (Residents # 5, 14, 15, 16, 10, 3, 17, 18, 19, 6, 20, 21) received written notice, including the reason for the change, before the resident's room or roommate in the facility is changed. Findings include: Per record review, 12 residents residing on the Chittenden Unit were relocated to other rooms in the facility on 1/17/22 without proper notification. On 2/7/22 at 3: 36 PM, the Director of Social Work (DSW) stated that h/she was instructed by the facility Director Of Nurses (DON) on 1/17/22</p>	F 559	See attached Plan of Correction		

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

TITLE

(X6) DATE



NHA

2/25/22

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 690	Continued From page 2 comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to ensure that 1 applicable resident (Resident # 3) who is incontinent of bladder, receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. Findings include: During an interview on 2/7/22, Resident # 3 stated that staff did not flush his/her catheter as required. Review of the Treatment record for January 2022 shows that the catheter was not flushed on 11 occasions in January. There is an MD order dated 9/29/21 to flush the Foley catheter with 50 cc at bedtime for patency. On 2/7/22 at 3:43 PM, the ADON confirmed that there is no evidence that the catheter was flushed as per MD order on 11 occasions in January 2022.	F 690	See attached Plan of Correction	
F9999	FINAL OBSERVATIONS Based on staff interview and record review, the facility failed to maintain adequate staffing levels as required by Vermont State licensing regulations. Findings include: Per review of facility staffing levels, Licensed Nursing Assistant (LNA) hours did not meet regulatory requirements for January 2022. Regulation requires 2.0 LNA hours per resident per day (PPD). The following averages were	F9999		

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F 559	Continued From page 1 to move all resident out of the Chittenden Unit immediately. This DON no longer holds this position at the facility. On 2/7/22 at 3:45 PM, the Assistant Director Of Nurses (ADON) confirmed that the 12 resident's rooms had been changed without proper notice as required by regulation.	F 559	See attached Plan of Correction		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's	F 690			

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F9999	<p>Continued From page 3</p> <p>calculated based on documents provided by the facility:</p> <p>1/1/22 - 1/7/22 = LNA PPD = 1.62 1/8/21 - 1/14/22 = LNA PPD = 1.74 1/15/22 - 1/21/22 = LNA PPD = 1.71 1/22/22 - 1/28/22 = LNA PPD = 1.94</p> <p>Total LNA PPD 1/1/22 - 1/28/22 = 1.75</p> <p>On 2/7/22 at 3:45 PM, the Director of Nurses confirmed that the facility did not meet the regulatory requirement for LNA staffing .</p>	F9999	See attached Plan of Correction	

Elderwood at Burlington

Plan of Correction for Complaint Survey on 02/07/2022

The facility wishes to have this plan of correction stand as its written plan of compliance. Our date of compliance is 03/07/2022. Preparation and/or execution of this does not constitute an admission or agreement with the existence of the scope and severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.

F556 Choose/Be Notified of Room/Roommate Change

The twelve residents who were relocated to other rooms when Chittenden Unit was closed, have been assessed by social services for appropriate room placement and resident preferences. When appropriate, grievances forms have been filed out and addressed timely.

All residents have the ability to be affected by this deficient practice. Regulation education was completed for all staff that take part in resident room changes on 2/25/2022 and room change policy and procedure will be followed for all future room changes for all residents.

Random audits of room changes will be done weekly for 4 weeks and monthly for 3 months. Audit findings will be presented at the monthly QAPI meeting for 3 months.

The Social Services Director or designee will be responsible for this plan of correction.

Substantial compliance will be achieved by March 7th, 2022

F690 Bowel/Bladder Incontinence, Catheter, UTI

The one resident identified in the sample has been reviewed, doctor's orders have been updated to meet CDC guidelines for appropriate catheter care, nursing staff and identified resident were re-educated 2/24/2022 on CDC guidelines on catheter maintenance.

All residents with catheter orders were audited, with 3 total residents with catheter flush orders, all resident orders were updated to meet CDC guidelines and staff and residents were re-educated 2/24/2022 on appropriate catheter maintenance.

The following measures will be put in place to ensure that the deficient practice does not reoccur. The IDT team will discuss any new or changed catheter orders in morning meeting to ensure systemic changes are in place. Additional monitoring will occur with random catheter audits weekly for 4 weeks and monthly for 3 months.

Audit findings will be presented at the monthly QAPI meeting for 3 months.

The Director of Nursing or designee will be responsible for this plan of correction.

Substantial compliance will be achieved by March 7th, 2022

**TAG F 556 and TAG F 690 POC Accepted on
2/28/22 by R. Tremblay/D. Wideawake**

F9999 Vermont State Adequate Staffing Levels

No residents were specifically identified by this deficient practice.

All residents have the ability to be affected by this deficient practice. Education on Vermont adequate staffing levels was completed on 2/25/2022 to staff that are connected to scheduling and hiring licensed nursing professionals for current resident census.

The following measures will be put in place to ensure that the deficient practice does not reoccur. The facility will discuss staffing levels at morning meeting and review levels from the days before. The facility will increase contracts with additional agency staffing companies and reach out to any State staffing resources to help attain and sustain adequate staffing levels. PPD levels will be audited to weekly for 4 weeks and monthly for 3 months.

Audit findings will be presented at the monthly QAPI meeting for 3 months.

The Director of Nursing or designee will be responsible for this plan of correction.

Substantial compliance will be achieved by March 7th, 2022

**TAG F 9999 POC Accepted on 2/28/22 by R.
Tremblay/D. Wideawake**