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

April 8, 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 investigation completed on **March 8, 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

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 03/08/2022

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 1 FRI (Facility Reported Incident) and 3 complaints on 3/7-3/8/2022. The following regulatory deficiencies were identified as a result of the investigations.	F 000		
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 staff interviews and record review, the facility failed to ensure 1 of 3 applicable residents (Residents #1) were free from verbal abuse. Findings include: Per record review and confirmed via interview, a facility Licensed Practical Nurse (LPN) verbally abused Resident #1 on 1/17/22. Per review of the facility's investigation from 1/24/22, an LPN called the resident "stupid and	F 600	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Megan McNamara — TITLE: NHA — (X6) DATE: 3/29/22

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 600	Continued From page 1 dumb" for repeatedly falling and then proceeded to keep the resident in the nurse's station all night to provide "1:1 care" and then said, "that's what happens when you do stupid stuff". On 1/24/22 the facility investigative summary report substantiated the allegation of abuse and per interview on 3/7/22, this was confirmed by the Nursing Home Administrator (NHA). Based on corrective actions completed prior to the onsite, this citation is designated as past non-compliance. The following actions were completed by the facility: 1. On 1/24/22 the NHA met with the Interdisciplinary Team Members (IDT) to discuss the incident and plans to re-educate all staff. 2. The Licensed Practical Nurse (LPN) involved, was immediately suspended, and then terminated 1/28/22. 3. Education regarding abuse prohibition and abuse reporting was provided to all staff on 1/25 & 1/26/22. 4. An analysis of the incident will be discussed again by the quality team (QAPI) on 3/24/22.	F 600	**SEE ATTACHED PLAN OF CORRECTION**	
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility	F 760		

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F 760	Continued From page 2	F 760	**SEE ATTACHED PLAN OF CORRECTION**	

failed to ensure 1 of 3 applicable residents (Resident #3) are free of significant medication errors. Findings include:

Resident #3 was transferred from the facility to the hospital on 10/8/21 with complaints of left sided weakness and a headache, s/he originally was admitted to the hospital as a stroke code but was later found to have had three focal left-sided seizures and was admitted to neurology for vEEG monitoring. S/he remained in the hospital until 10/20/21 at which time s/he was transferred back to the facility.

When s/he returned to the facility, per the Transition of Care Report (TOC), s/he was to continue two new medications that were started in the hospital along with the continuation of other medications that the resident had previously been taking. The two new medications were (1) Clobazam commonly known as ONFI 10mg tablets take 1 tablet daily by mouth and (2) Lacosamide commonly known VIMPAT 50mg tablets, take 5 tablets by mouth every 12 hours for a total of 250mg twice daily or a total of 500mg every day. Both of these medications are used to control seizures.

At the facility the physician order was transcribed incorrectly for Lacosamide or VIMPAT 100mg tablets, give 2 tablets every 12 hours for seizures, for a total of 200mg twice a day or 400mg a day, compared to 250mg twice a day or 500mg daily. This lower dose continued from 10/20/21 until the resident once again was transferred to the hospital on 12/19/21 where s/he eventually expired on 12/27/21. The resident received the incorrect dose of Lacosamide (VIMPAT) 50mg twice a day or 100 mg a day less than the

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F 760	Continued From page 3 prescribed dose for 11 days in October 2021, 30 days in November 2021 and 19 days in December 2021. During an interview on 3/8/22 at 11:08 AM with the Director of Nursing (DNS), it was confirmed that the resident had been receiving the lower dose of the prescribed medication from 10/21/21 until he was readmitted to the hospital on 12/19/21.	F 760	**SEE ATTACHED PLAN OF CORRECTION** **Attached POC was accepted on 04/07/22 by L. Lovell/P. Cota**	

Elderwood at Burlington

Plan of Correction for Complaint Survey on 03/07/2022

The facility wishes to have this plan of correction stand as its written plan of compliance. Our date of compliance is 04/02/2022. 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.

F760 Residents Are Free of Significant Med Errors

The one resident identified in the sample has expired.

All residents who can be affected by this deficient practice have been reviewed, and nursing staff and residents were re-educated on 03/31/22 on appropriate new admission medication transcription process.

The following measures will be put in place to ensure that the deficient practice does not reoccur. The IDT team will discuss any new admissions in morning meeting to ensure systemic changes are in place. Additional monitoring will occur with random admission order 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 April 2nd, 2022

TAG F 760 POC Accepted on 04/07/22 by L. Lovell/P. Cota

Education/reeducation regarding F760- admission/readmission medication transcription process.

Two nurses are to go over admission/readmission orders; one to transcribe, clarify with MD and attach any nurses notes regarding clarification and the second to double check orders and clarifications once completed by first nurse. DON/ADON or designee to perform triple check of orders and clarifications the following business day.

TAG F 760 POC Accepted on 04/07/22 by L. Lovell/P. Cota