

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 25, 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 conducted on **March 29, 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: 04/12/2022
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 03/29/2022
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)
F 000 F 658 SS=E	<p>INITIAL COMMENTS</p> <p>The Division of Licensing and Protection conducted an unannounced onsite investigation of 2 complaints on 03/28 & 3/29/2022. The following regulatory violation was cited as a result of these investigations.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based upon interviews and record reviews, the facility failed to ensure services provided by the facility met professional standards of quality regarding administering medications without Physician's Orders for 2 of 2 applicable residents (Res #1 & #2). Findings include:</p> <p>Resident #1 was admitted to the facility on 6/24/2009 with diagnoses that include Type 2 Diabetes for which Metformin 500mg 1 tablet by mouth every day at 1700 hours was prescribed. The pharmacist did a full pharmacy review of medications for this resident and sent an email to the physician on 2/11/2022, with a request to change to Metformin 500mg ER 1 tablet in the morning beginning on 2/17/2022 when the next pharmacy cycle started. During this pharmacy review the pharmacist also recommended changing Vitamin D 1000 units, 2 tablets in the morning to Vitamin D 50,000 units 1 capsule in the morning every 28 days with the same start date of 2/17/2022. The physician never</p>	F 000 F 658	<p>SEE ATTACHED PLAN OF CORRECTION</p> <p>TAG F 658 POC Accepted on 4/25/22 by L. Lovell/ P. Cota</p>

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

TITLE

(X6) DATE

Megan Mopane

NHA

4/21/22

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 658	<p>Continued From page 1</p> <p>responded to the email, and the facility implemented the new orders recommended by the pharmacist, without a valid signed physician order.</p> <p>Resident #2 was admitted to the facility on 10/11/19 with diagnoses that include Type 2 Diabetes for which Metformin 500mg 1 tablet in the morning with breakfast and 1 tablet in the evening with dinner was prescribed. The pharmacist did a full pharmacy review of medications for this resident and sent an email to the physician on 2/11/2022 with a request to change to Metformin 500mg ER, 1 tablet in the morning and 1 tablet in the evening beginning on 2/17/2022 when the next pharmacy cycle started. During this pharmacy review the pharmacist also recommended changing Vitamin D 1000 units, 3 tablets in the morning to Vitamin D 50,000 units 1 capsule in the morning every 14 days with same start date of 2/17/2022. The physician never responded to the email, and the facility implemented the new orders recommended by the pharmacist, without a valid signed physician order.</p> <p>The Director of Nursing (DNS) confirmed in a phone interview on 3/28/22 at approximately 1:30pm that s/he was not aware that the physician did not sign the orders before they were implemented.</p>	F 658	SEE ATTACHED PLAN OF CORRECTION		

Elderwood at Burlington

Plan of Correction for Complaint Survey on 03/29/2022

The facility wishes to have this plan of correction stand as its written plan of compliance. Our date of compliance is 04/22/2022. 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.

F658 Services Provided Meet Professional Standards

The two residents, who were identified to be affected by the deficient practice, have had their orders reviewed for missing physician signatures and all orders have been signed.

All residents have the ability to be affected by this deficient practice. Regulation education was completed on 4/18/2022 for all staff that take part in checking the status of signed physician orders. Audits are being completed throughout the week to check for missing signatures and sent to our Medical Director for signature if unsigned within 24-48 hours. Providers have been notified that if they do not respond to a change in orders within 24 hours, they will be sent to our Medical Director for signature.

Audits will be completed 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 22, 2022

TAG F 658 POC accepted on 4/25/22 by L. Lovell/ P. Cota