



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

September 30, 2022

Mr. Isaac Spilman, Administrator  
Elderwood At Burlington  
98 Starr Farm Rd  
Burlington, VT 05408-1396

Dear Mr. Spilman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on September 13, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

PRINTED: 09/22/2022  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 09/13/2022
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 689 SS=D	<p>The Division of Licensing and Protection conducted an onsite, unannounced investigation of three complaints on 09/13/2022. The following regulatory deficiency was identified:</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§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</p> <p>§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 observation, staff interviews, and record review, the facility failed to provide necessary care plan interventions, orders, and wandering device functionality monitoring to prevent elopement for one of three sampled residents (Resident #3). Findings include:</p> <p>Per observation on 9/13/22 at 3:15 PM Resident #3 was seen sitting in his/her wheelchair with a Wanderguard (wander alarm device) on his/her right ankle.</p> <p>Per record review, Resident #3's care plan, revised on 6/27/22 states: "I am at high risk for unsafe wandering/elopement r/t Ambulates with or without a devices, Desire to go home/Hx of attempts to leave, Hx of wandering, Impaired Cognition/Memory. H/o going outside at night when home prior. Recently states 'I waiting for it to get dark before I try to go outside so they can't</p>	F 689			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

*Chae Spilman* 9/29/22

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F 689	Continued From page 1 see me." Progress notes indicate that Resident #3 has attempted to leave the facility multiple times over the past few months. A 6/15/2022 nursing note states: "Resident was seen outside the facility and brought back inside. When asked where [s/he] was going, replied 'I do not know'. Resident had a secure care but did not alarm when [s/he] was going through the doors." The surveyor could not find evidence of an order for a Wanderguard, a care plan intervention for a Wanderguard, or documentation ensuring that the Wanderguard is properly placed and functioning.  Per interview on 9/13/22 at 3:45 pm, the Unit Manager stated that s/he could not find an order or a care plan intervention for a Wanderguard for Resident #3.  Per interview on 9/13/22 at 4:02, the Interim Director of Nursing (IDON) stated that there should be an order, a care plan intervention, and checks for placement for Resident #3's Wanderguard. At 4:27 the IDON confirmed that there was no order, care plan intervention, or evidence that Resident #3's Wanderguard was being checked for placement or function.	F 689			

Elderwood at Burlington

Plan of Correction for complaint survey from 9/13/22.

The facility wishes to have this plan of correction stand as its written plan of compliance. Our date of compliance is 10/24/22. Preparation and/or execution of this does not constitute an admission or agreement with the existence of or scope and severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.

**F-689 Free of Accident Hazards/Supervision/Devices**

**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**

*On 9/13/22 the elopement risk assessment for Resident #3 was immediately reviewed and appropriateness for wanderguard verified. An order for wanderguard placement was immediately obtained from the provider. Resident #3's wanderguard was checked for functionality and placement. Resident #3's care plan was updated, and audits entered Resident #3's TAR to ensure ongoing functioning and placement of wanderguard.*

**How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

*A full house visual inspection of all residents was completed to identify residents with a wanderguard currently applied. A full house audit of all elopement assessments was completed to identify all residents at risk of elopement. An audit was completed to verify providers orders were in place for those residents found to have a wanderguard in place and/or found to be at high risk for elopement. An audit of all potentially affected residents care plans was completed to verify care plans were in place listing a wanderguard on the care plan. An audit of the TAR for those potentially affected residents was completed to ensure audits in place for wanderguard placement and function.*

**What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?**

*Continuous quality improvement audits of residents at risk for elopement will be completed upon admission, quarterly and with any significant change of status. Education will be provided to all nursing staff and the interdisciplinary team regarding the process for application of wander guards including completing the elopement risk assessment, obtaining a provider's order, updating the care plan, entering quality audits on the TAR and proper notification.*

**How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?**

*The quality improvement audits will be added to the daily morning meeting agenda to be reviewed for completion and reviewed at QAPI meeting x 3 months with remedial action taken as necessary.*

**The dates corrective action will be completed?**

*The corrective action will be completed by October 24, 2022.*

*Tag F689 Poc  
Accepted on 9/30/22  
L.Lovell / P.Cota*