

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 <u>http://www.dail.vermont.gov</u> 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,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

	AND HUMAN SERVICES			FORM	: 09/22/2022 APPROVED .0938-0391	
T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		B WING		09	C 09/13/2022	
PROVIDER OR SUPPLIER		S ⁻	TREET ADDRESS, CITY, STATE, ZIP COD	E		
ELDERWOOD AT BURLINGTON					(X5)	
(FACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	IOULD BE	COMPLETION DATE	
INITIAL COMMENTS		F 000				
of three complaints on 09/13/2022. The following regulatory deficiency was identified: Free of Accident Hazards/Supervision/Devices		F 689				
The facility must el §483.25(d)(1) The	nsure that - resident environment remains					
supervision and as accidents. This REQUIREME by: Based on observa record review, the necessary care pla wandering device to prevent elopement	sistance devices to prevent NT is not met as evidenced tion, staff interviews, and facility failed to provide in interventions, orders, and functionality monitoring to to one of three sampled					
#3 was seen sitting	in his/her wheelchair with a					
revised on 6/27/22 unsafe wandering/ or without a device attempts to leave, Cognition/Memory when home prior.	states: "I am at high risk for elopement r/t Ambulates with es, Desire to go home/Hx of Hx of wandering, Impaired , H/o going outside at night Recently states 'I waiting for it					
	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER VOOD AT BURLINGTO SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT The Division of Lic conducted an onsit of three complaints following regulatory Free of Accident H CFR(s): 483.25(d)(1) §483.25(d)(2)Each supervision and as accidents. This REQUIREME by: Based on observation or #3 was seen sitting Wandering device of prevent elopement residents (Residen Per observation or #3 was seen sitting Wanderguard (war right ankle. Per record review, revised on 6/27/22 unsafe wandering/ or without a device attempts to leave, Cognition/Memory when home prior.	RS FOR MEDICARE & MEDICAID SERVICES TOF DEFICIENCIES PROVIDER OR SUPPLIER VOOD AT BURLINGTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced investigation of three complaints on 09/13/2022. The following regulatory deficiency was identified: Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §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: 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. Per record review, Resident #3's care plan, revised on 6/27/22 states: "I am at high risk for unsafe wandering/elopement r/I 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	RS FOR MEDICARE & MEDICAID SERVICES COP DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPL A. BUILDING 475030 B. WING PROVIDER OR SUPPLIER 475030 VOOD AT BURLINGTON B. WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG INITIAL COMMENTS F 000 The Division of Licensing and Protection conducted an onsite, unannounced investigation of three complaints on 09/13/2022. The following regulatory deficiency was identified: Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) F 689 §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 \$483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. 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Recervity states''' was the prior it waiting for it	INITENT OF TIGENTIAND FIGURATION SCIENTICES OMB NO SEF FOR MEDICARTE & MEDICAID SERVICES (X2)MULTPLE CONSTRUCTION (X3) DATA PE CORRECTION (X1) PROVIDERSUPPLIENCLIA IDENTIFICATION NUMBER: (X2)MULTPLE CONSTRUCTION (X3) DATA PROVIDER OR SUPPLIER 475030 R WING (D3) PROVIDER OR SUPPLIER 475030 R WING (D3) SUMMARY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: (D4) (D4) SUMMARY STATEMENT OF DEFICIENCIES IDENTIFICATION PROVIDER'S PLAN OF CORRECTION SURMARY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: (D4) INITIAL COMMENTS F000 FEER FCOOS HEETER CONTRECTION SHOULD BE IEACH CONTRECTION SHOUL	

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 provide. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are rade available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

9 29/22 Leal Mman FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:9Q6411

Facility ID: 475030

		AND HUMAN SERVICES			FORMA	09/22/2022 APPROVED 0938-0391			
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 475030		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C				
		B. WING		09/13/2022					
NAME OF F	PROVIDER OR SUPPLIER	Annie - Solo		EET 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRC DEFICIENCY)	JLD BE COMPLETION				
F 689	see me." Progress #3 has attempted f times over the pas nursing note states the facility and bro where [s/he] was g Resident had a set when [s/he] was g surveyor could not a Wanderguard, a Wanderguard, or o the Wanderguard, or o the Wanderguard i functioning. Per interview on 9 Manager stated the or a care plan inter Resident #3. Per interview on 9 Director of Nursing should be an order checks for placem Wanderguard, At 4 there was no order evidence that Resi	age 1 a notes indicate that Resident to leave the facility multiple t few months. A 6/15/2022 a: "Resident was seen outside ught back inside. When asked toing, replied 'I do not know'. cure care but did not alarm bing through the doors." The find evidence of an order for care plan intervention for a locumentation ensuring that s properly placed and (13/22 at 3:45 pm, the Unit at s/he could not find an order rvention for a Wanderguard for (13/22 at 4:02, the Interim 6 (IDON) stated that there r, a care plan intervention, and ent for Resident #3's 1:27 the IDON confirmed that r, care plan intervention, or ident #3's Wanderguard was placement or function.	F 689						
FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:9Q6411 Facility ID: 475030 If continuation sheet Page 2 of 2									

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.

Tog F689 Poc accepted on 9/30/22 L.Lovell/ P.Cota