



**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  
<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

December 1, 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 November 9, 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

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

PRINTED: 11/21/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELDERWOOD AT BURLINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>98 STARR FARM RD BURLINGTON, VT 05408</b>
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(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 607 SS=C	<p>Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on facility policy review and staff interview, the facility failed to develop written policies and procedures that include all the required topics for the investigation of allegations of abuse, neglect and exploitation of residents and misappropriation of resident property; staff identification of abuse, neglect, exploitation, and misappropriation of resident property; protection of residents during investigations; and staff training of abuse, neglect and exploitation of</p>	F 607	Tag F607 POC Accepted on 12/1/2022 by S.Stem/P.Cota	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Shane Spelman* TITLE *administrator* (X6) DATE *12/1/22*

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 607	<p>Continued From page 1 residents and misappropriation of resident property. Findings include:</p> <p>Facility policy titled "Abuse Prevention, Identification, Investigation, Protection and Reporting," last modified on 4/17/2019, reveals the following under abuse prevention procedures:</p> <ol style="list-style-type: none"> <li>"Training: All staff members/volunteers will be required to attend the General Orientation program and complete an Annual Mandatory in-service program about abuse reporting." Review of the policy does not reveal the required training topics of prohibiting and preventing all forms of abuse, neglect, misappropriation of resident property, and exploitation; identifying what constitutes abuse, neglect, exploitation, and misappropriation of resident property; or recognizing signs of abuse, neglect, exploitation and misappropriation of resident property, such as physical or psychosocial indicators.</li> <li>"Identification: Events such as suspicious bruising of residents, occurrences, patterns and trends that might constitute abuse are identified and monitored through the reporting/documentation of accidents/incidents." Review of the policy does not reveal the required procedures to assist staff in identifying abuse, neglect, and exploitation of residents, and misappropriation of resident property by identifying the different types of abuse-mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services.</li> <li>The section titled "Investigation" does not reveal the following required topics: identifying</li> </ol>	F 607			

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F 607	Continued From page 2 staff responsible for the investigation, or the need to exercise caution in handling evidence that could be used in a criminal investigation.  4. The section titled "Protection" does not reveal the following required topics: examining the alleged victim for any sign of injury, including a physical examination or psychosocial assessment if needed; increased supervision of the alleged victim and residents; or providing emotional support and counseling to the resident during and after the investigation, as needed.  Per interview on 11/8/2022 at approximately 1:45 PM, the Director of Nursing was unable to produce policies and procedures that addressed the required topics above and confirmed that the facility's abuse policies and procedures did not include the required topics above.	F 607			

Elderwood at Burlington

Plan of Correction for complaint survey from 11/9/22.

The facility wishes to have this plan of correction stand as its written plan of compliance. Our date of compliance is 12/30/22. 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-607 Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)**

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

*On 11/30/22 the facility Abuse Prevention, Identification, Investigation, Protection and Reporting policy/procedure was updated to include all required topics for the investigation of allegations of abuse, neglect, exploitation, and misappropriation of resident property; protection of residents during investigations; and staff training of abuse, neglect and exploitation of residents and misappropriation of resident property.*

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

*All residents have the potential to be affected. All current staff will be trained on the updated policy and procedure and all future employees will be trained during orientation on the updated policy and procedure.*

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

*All current staff will be trained immediately and annually on the new policy and procedure and any new employees will be trained during orientation and annually on the updated policy and procedure.*

**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 training will be audited for completion for all current staff weekly x 4 weeks until all staff have been trained and then annually thereafter. An audit of all new employees' training will be completed weekly and then annually thereafter. Findings will be reviewed at QAPI meeting x 3 months with remedial action taken as necessary.*

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

*The Director of Nursing will be responsible for this plan of correction. Substantial compliance will be achieved by December 30, 2022.*