



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

April 17, 2023

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 investigation survey conducted on **March 21, 2023**. 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: 04/04/2023
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 03/21/2023
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NAME OF PROVIDER OR SUPPLIER ELDERWOOD AT BURLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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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
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced investigation of two complaints on 3/15/2023 through 3/21/23. The following regulatory deficiencies were identified:	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in statements of deficiencies. Elderwood at Burlington has prepared and executed a plan of correction as evidence of the facilities continued compliance with the applicable federal and state laws.	Date of Compliance for F622, F623 and F842 will be April 14, 2023
F 622 SS=C	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or	F 622	Resident's 1 and 2 continue to reside at the center and had no ill effects from this alleged deficient practice. Resident's 3 and 4 no longer reside at the center. All residents who require transferring to the emergency department are at risk for this alleged deficient practice. A house wide audit was conducted on April 3 for a 30 day look back period of all transfers to the emergency department. All residents have transfer documentation in the record per the regulation. All providers have been educated on this new CMS required procedure. The DNS or designee will conduct random weekly audits to confirm the provider has completed the required transfer note. The results of these audits will be brought to QAPI for review and to determine if any further interventions need to be implemented. Tag F 622 POC accepted on 4/17/23 by S. Stem/P. Cota	

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



TITLE

administrator

(X6) DATE

4/16/23

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 622	<p>Continued From page 1</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1) (i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c) (2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p>	F 622		
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F 622	<p>Continued From page 2</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that when a transfer and/or discharge of a resident was necessary, the physician's documentation in the medical record specified the needs of the resident that could not be met, attempts to meet the needs, and the service available at the receiving facility for 4 applicable residents (Resident #1, #2, #3, and #4). Findings include:</p> <p>Record review reveals that Resident #1 was acutely transferred from the facility to the hospital on 2/16/23, Resident #2 acutely transferred from the facility to the hospital on 12/27/22, Resident #3 was acutely transferred from the facility to the hospital on 2/21/2023, and Resident #4 was acutely transferred from an appointment to the hospital on 1/9/2023. There was no evidence in the above residents' medical records that their physician documented the specific needs that the facility could not meet, the facility efforts to meet those needs, and the specific services the</p>	F 622			

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F 622	Continued From page 3 receiving facility would provide to meet the needs of the residents' which could not be met at the current facility. On 3/17/2023 at 2:41 PM, the Director of Nursing confirmed that Resident #1, #2, #3, and #4's physician did not document the required information about their transfer in their medical record.	F 622		
F 623 SS=C	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would	F 623	Resident's 1 and 2 continue to reside at the center and had no ill effects from this alleged deficient practice. Resident's 3 and 4 no longer reside at the center. All residents who require transferring to the emergency department are at risk for this alleged deficient practice. A house wide audit was conducted on April 3 for a 30 day look back period of all transfers to the emergency department. All residents have transfer documentation in the record per the regulation. Social Services, Unit Managers, Nurse Supervisors, ADON and Medical Records have been educated on the transfer form that is now located in the discharge packets to be completed by Social Services and Nursing per the policy. The DNS or designee will conduct random weekly audits X 4 and monthly X2 to confirm the Transfer Form has been completed, uploaded into the medical record and filed in the social services binder per the Discharge Planning and Notice of Discharge/Transfer Policy. The results of these audits will be brought to QAPI for review and to determine if any further interventions need to be implemented.	

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F 623	Continued From page 4 be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance	F 623	Tag F 623 POC accepted on 4/17/23 by S. Stem/P. Cota		

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F 623	<p>Continued From page 5</p> <p>and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review the facility failed to notify the resident and/or resident's representative in writing of a transfer/discharge; and send a copy of the notice to the Ombudsman (public official appointed to investigate complaints people make against government and/or public organizations) for 4 applicable residents (Resident #1, #2, #3, and #4). Findings include:</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>Record review reveals that Resident #1 was acutely transferred from the facility to the hospital on 2/16/23, Resident #2 acutely transferred from the facility to the hospital on 12/27/22, Resident #3 was acutely transferred from the facility to the hospital on 2/21/2023, and Resident #4 was acutely transferred from an appointment to the hospital on 1/9/2023. Residents #1, #2, #3, and #4 do not have social service progress notes about the emergency transfers to the hospital in their medical record and there is no evidence that these residents and/or representatives were provided a notice of transfer.</p> <p>Facility policy titled "Discharge Planning and Notice of Discharge/Transfer Policy," last revised on 2/13/2019 states: "Following notification of an emergency discharge or planned transfer/discharge, the director of social services/designee sends to the responsible party a notice of transfer/discharge. A copy is kept on file in the social services department. In the event the social worker is unavailable to complete the Notice of Transfer/Discharge form, a licensed nurse will prepare the form and provide a copy for the responsible party. The original is given to the director of social services/unit social worker. The facility will send a copy of the notice to a representative of the Office of the State Long Term Ombudsman with every transfer or discharge. The unit social worker enters a summary note in the Social Services Progress Notes in the resident's medical record that includes the name of the hospital, reason for hospitalization, and whether the bed is on reserve at this facility."</p> <p>On 3/17/2023 at approximately 2:45 PM, the Director of Nursing stated that the facility policy</p>	F 623			

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F 623	Continued From page 7 did not address emergency transfers requirement clearly and transfer notices were not being sent to residents, their representatives, or the state Long Term Ombudsman when residents were sent out on emergency transfer to the hospital. S/He confirmed that Residents #1, #2, #3, and #4 did not receive written transfer notices when being sent to the hospital.	F 623			
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Per interview and record review, the facility failed to provide treatment to an existing pressure injury for 3 applicable residents [Residents #1, #2 and #4] consistent with facility policy and professional standards of practice. Facility policy titled "Skin Conditions, Wounds and Pressure Ulcers (Assessment and Monitoring Program), last modified on 2/3/2023 states "Identified skin conditions and/or wounds will be reassessed weekly by a registered nurse until the	F 686	Past noncompliance: no plan of correction required.		

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F 686	<p>Continued From page 8</p> <p>presence of the condition is resolved," and "The medical provider will review and assess the progress of skin conditions and/or wounds during required visits, or when necessary, and document in the medical record."</p> <p>1. Record review reveals Resident #4 was readmitted to the facility with diagnoses that include congestive heart failure, end stage renal disease (ESRD), type 2 diabetes, history of spinal fusion, emphysema, and need for assistance with personal care on 9/14/22 following a hospital stay related to septic shock and pneumonia.</p> <p>Resident #4's care plan includes the following care plan focus: "Skin integrity: I [Resident #4] am at risk for impaired skin integrity related to Activity Intolerance, Deconditioning, Immobility, actual skin breakdown r/t [related to] decline in status/refusal of repositioning 9/6/22," initiated on 6/13/2022. Interventions include "conduct systemic skin inspections weekly and as needed. Document findings," initiated on 07/26/2022, and "monitor skin condition daily and report any signs of skin breakdown," initiated on 06/13/2022.</p> <p>Review of Resident #4's wound evaluations on 11/23/2022 reveal a stage 2 pressure ulcer [partial-thickness skin loss with exposed dermis] on the right ischial tuberosity [sit bone located in the buttock] measuring 1.1 cm x 0.5 cm and an abscess on the spine [surface intact] measuring 1.9 cm x 0.6 cm.</p> <p>Resident #4's Minimum Data Set (MDS; a comprehensive assessment used as a care-planning tool), dated 12/3/2022, reveals that Resident #4 is at risk for developing pressure ulcers/injuries and has one stage 2 pressure</p>	F 686			

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F 686	<p>Continued From page 9 ulcer.</p> <p>Review of Resident #4's wound evaluations on 12/6/2022 reveal a stage 2 pressure ulcer on the right ischial tuberosity measuring 2.5 cm x 1.3 cm. There are no additional wounds identified during this evaluation.</p> <p>There are no wound evaluations for Resident #4 from 12/7/2022 through 1/5/2023.</p> <p>Review of Resident #4's wound evaluations on 1/6/2023 reveal a stage 2 pressure ulcer on the right buttock measuring 2.5 cm x 1.3 cm, a stage 2 pressure ulcer on the left buttock measuring 5.1 cm x 2.6 cm, and a stage 2 pressure ulcer on the left buttock measuring 3.9 cm x 3.3 cm.</p> <p>Resident #4's discharge MDS, dated 1/9/2023, reveals that Resident #4 has one stage 2 pressure ulcer, one stage 3 pressure ulcer [full thickness skin loss], and one stage 4 pressure ulcer [full thickness skin and tissue loss].</p> <p>There is no evidence in Resident #4's medical record that the provider was notified of the worsening and/or developing of Resident #4's pressure ulcers and no documentation that the medical provider reviewed and assessed Resident #4's skin condition and/or wounds.</p> <p>Review of Resident #4's physician's orders reveal the following: "Cleanse right ischial tuberosity wound with NSS [normal saline solution], pat dry, cover with Allevyn foam [foam dressing] every shift for skin condition start date 11/26/22." There are no treatment orders for the other two identified pressure ulcers from readmission on 11/23/2022 through hospital transfer on 1/9/2023,</p>	F 686		
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F 686	<p>Continued From page 10 or evidence that wound care was completed.</p> <p>A hospital note dated 1/10/2023 states that Resident #4 is "found to be in likely septic shock from acute [and] chronic SSTI [skin and soft tissue infections] of [his/her] back/buttocks in setting of baseline chronic hypotension." The provider note reveals the following about Resident #4's clinical condition: "Over the past 24 hours, there has been a high probability of sudden, clinically significant or life threatening deterioration in the patient's condition, which include the following diagnoses which I have managed: Active problems: ESRD, septic shock, decubitus skin ulcer [bedsore], wound infection complicating hardware, sequela, delirium."</p> <p>2. Record review reveals Resident #2 was admitted to the facility on 4/11/2022 with diagnosis that include end stage renal disease, chronic pressure ulcers, type 2 diabetes, osteomyelitis [bone infection], history of MRSA [Methicillin-resistant Staphylococcus aureus; antibiotic resistant infection] infection, paraplegia, and need for assistance with personal care.</p> <p>A 12/14/2023 provider note reveals that Resident #2 is complaining of heel wounds. The provider exam reveals a "left heel PU [pressure ulcer] and left lateral distal foot PU noted and significant." These notes also reveal additional known pressure ulcers and a recent wound infection.</p> <p>Review of Resident #2's wound evaluations show the last wound evaluations for December 2022 were completed on 12/14/2022. There are multiple entries in the SWIFT system [wound photograph evaluation documentation system] prior to 12/14/2022. These entries are not</p>	F 686			

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F 686	<p>Continued From page 11</p> <p>labeled, and some wounds are tracked on multiple wound assessment entries. There is no way to accurately determine a comprehensive report of Resident #2's skin based on review of the SWIFT evaluations and there is no comprehensive skin evaluation documentation in Resident #2's medical record.</p> <p>Physician orders reveal that Resident #2 was being treated for skin injuries of the left heel, coccyx, left thigh, and right shin in December 2022. The treatment administration record reveals the following order: "skin examination report to RN and document in Medical Record if new skin condition is identified every day shift every Tuesday start date 10/25/2022." The treatment record reveals that Resident #2's skin assessment was not completed between 12/14/2022 and 12/27/2022 as ordered.</p> <p>A 12/27/2023 progress note reveals that Resident #2 was transferred to the hospital due to showing signs of sepsis. There is no documentation of the condition of his/her skin at this time.</p> <p>A 1/26/2023 transfer of care note from the hospital reveals that Resident #2 was admitted to the hospital on 12/27/2022 related to heel ulcers and ultimately septic shock. The provider writes that Resident #2 presented from the facility with "AMS [altered mental status] and fever. In the ED [s/he] was found to have worse LE [left extremity] ulcers and a known sacral ulcer. Orthopedics evaluated the patient with concerns for osteomyelitis due to bedside debridement with probing to bone of his L [left] calcaneus [heel bone] ... was started on cefepime and vancomycin for osteomyelitis causing septic shock and was admitted to the MICU."</p>	F 686			

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F 686	<p>Continued From page 12</p> <p>3. Record review reveals Resident #1 was admitted to the facility on 4/27/2021 with diagnoses that included complete paraplegia [paralysis of the legs and lower body], type 2 diabetes, morbid obesity, and a bed confinement status.</p> <p>Resident #1's care plan includes the following care plan focus: "Skin integrity: I [Resident #1] am at risk for impaired skin integrity related to 5 (or more) medications, DM [diabetes], cardiac disease, paralysis, Immobility and an ostomy [surgical opening in the abdomen to allow stool to exit the body]," initiated on 4/27/2021 with an intervention to "monitor skin condition weekly and report any signs of skin breakdown," initiated on 4/27/2021. Resident #1's care plan does not address an actual wound until 1/25/2023.</p> <p>Review of Resident #1's wound evaluations on 12/14/2022 reveal a stage 2 pressure ulcer on the right calf measuring 1.0 cm x 0.6 cm. Resident #1's 1/27/2023 wound evaluations on reveal a stage 2 pressure ulcer on the right calf measuring 1.4 cm x 0.7 cm. There are no wound evaluations for this wound from 12/15/2022 through 1/26/2023.</p> <p>Review of Resident #1's physician's orders reveal the following: "cleanse right calf lateral wound with NSS, pat dry, apply bacitracin and cover with Allevyn border foam every evening shift," with a start date of 11/25/2022. Resident #1's treatment administration record reveals that wound care was not documented as complete or refused for 12 days between 12/14/2022 through 1/19/2023.</p>	F 686			

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F 686	Continued From page 13 4. On 3/21/2023 at approximately 3:00 PM, the Director of Nursing stated that there is no way to find comprehensive documentation of a Residents' skin injuries and/or wounds after a weekly skin assessment. Nursing staff check that it has been completed on the treatment record and any new wounds will be documented in a wound assessment. S/He stated s/he became aware of these problems in January 2023 and confirmed that the skin assessment and monitoring policy had not been followed for Residents #1, #2, and #4. Record review and interview with the Director of Nursing on 3/21/2023 at 3:30 PM reveal that the facility implemented corrective action for the above deficiencies. The facility completed a house wide audit of skin to ensure all wounds were identified and all wounds had treatment orders, hired new staff including a Registered Nurse to review wound evaluations weekly, implemented a new admission check list to ensure wound assessments were documented, and completed education with direct care staff. The facility continues to review skin and wound conditions for all residents with wounds weekly at a "customer at risk" meeting. Based on corrective actions completed by 2/17/2023, prior to the onsite investigation, this citation is designated as past non-compliance.	F 686			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in	F 842			

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F 842	<p>Continued From page 14</p> <p>accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p>	F 842	<p>Resident #3 and #5 no longer reside at the center.</p> <p>All residents who request a copy of their medical record are at risk of the alleged deficient practice.</p> <p>All unit secretaries have been educated on the procedure and will forward all requests to the medical records coordinator.</p> <p>All requests for medical records will go through the medical records coordinator who will follow the Medical Records Release process. This will include a second check by another staff member to confirm accurate name.</p> <p>A log was initiated to identify the request, who completed the printing, and who second checked the accuracy of the name of the resident.</p> <p>The DNS or designee will conduct random weekly audits X 4 and monthly X 2 to ensure continued compliance.</p> <p>The results of these audits will be brought to QAPI for review and to determine if any further interventions need to be implemented.</p> <p>Tag F 842 POC accepted on 4/17/23 by S. Stem/P. Cota</p>		

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F 842	<p>Continued From page 15</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to keep all information in the resident's records confidential for 1 applicable resident (Resident #5). Findings include:</p> <p>Per interview on 3/17/23 at 3:35 PM, Resident #3's spouse reported that at the time Resident #3 was being transferred to the hospital by ambulance, s/he requested a list of medications and later discovered that s/he received Resident #5's orders instead. These records were sent to the Division of Licensing and Protection, confirming that Resident #3's spouse was given the order summary report for Resident #5 by facility staff.</p> <p>On 3/17/23 at approximately 2:30 PM, a Licensed</p>	F 842			

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F 842	Continued From page 16 Nurse confirmed that s/he handed Resident #3's spouse a list of medications, which s/he thought to be for Resident #3. On 3/17/23 at 2:42 PM the Director of Nursing stated that the unit secretary, who is responsible for giving medical records to emergency medical technicians during acute transfers, would require a request for medical records form be filled out to anyone else requesting medical information. S/He confirmed that Resident #5's medical records were not kept confidential.	F 842			