



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

September 23, 2024

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 complaint investigation conducted on **August 15, 2024**. 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, BS
Assistant Division Director
State Survey Agency Director

Enclosure

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

PRINTED: 08/06/2024
FORM APPROVED
OMB NO. 0938-0381

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 08/15/2024
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NAME OF PROVIDER OR SUPPLIER ELDERWOOD AT BURLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 88 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 3 complaints (ACTS #23182, #23200, and #23203) on 8/10/24 and 8/13/24, with additional offsite record review and interviews that ensued through 8/15/2024, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiencies were identified:

F 677 ADL Care Provided for Dependent Residents
SS=E CFR(s): 483.24(a)(2)

§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:

Based on observation, resident and resident representative interview, staff interview, and record review, the facility failed to ensure that a resident who is unable to carry out activities of daily living (ADLs) without assistance receives the proper level of assistance for 8 of 11 sampled residents (Residents #1, #4, #5, #6, #7, #8, #9, and an anonymous resident). Findings include:

1. Per record review, Resident #7's care plan states that s/he has "an alteration in bladder/bowel elimination [related to] impaired mobility," initiated on 3/18/19 and that s/he has "a deficit in ADL function/mobility related to cerebral palsy and schizoaffective disorder," revised on 4/28/24. Care plan interventions include total dependence for toileting hygiene, revised on 3/20/24, maximum assistance for transferring, revised on 5/23/24, and for staff to "provide

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F 677 F677 Specific Corrective Action

1. The corrective action for this alleged deficient practice: Education has been provided to all appropriate staff regarding the ADL needs of all affected residents, including how to access the Kardex and Care plan to ensure ADL care is provided per resident preference. Education has been provided regarding the expectation of staff to answer and respond appropriately to resident needs regardless of assignment.

2. To identify other potential deficient practice, all residents requiring assistance with ADL's have the potential to be affected.

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

TITLE

(X6) DATE

James P. ... RN

Don

09/20/24

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 677	<p>Continued From page 1</p> <p>prompt incontinent care," initiated on 8/7/19. On 6/10/24, Resident #7 was assessed to have a BIMS of 15 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness).</p> <p>Per observation and interview on 8/13/24 at 10:42 AM, Resident #7 was lying in bed. S/He stated that s/he had soiled him/herself in bed that morning and had asked staff over a half an hour ago for help getting cleaned up. S/He explained that s/he is still in bed today by choice since s/he does not feel well but would still like help getting cleaned up. S/He explained that it takes staff a long time to get him/her into their wheelchair daily. S/He said s/he would like to get up at 8 or so and staff are late getting him/her into the wheelchair, between 10:00 and 11:00 AM about 3 or 4 times a week. Resident #7's call light was observed on at 11:18 AM. When asked, Resident #7 said that staff had still not helped him/her clean up from the accident this morning and now s/he needs to urinate again, for which s/he had put their call light on a bit ago to get help. Resident #7's call light was not answered until 11:47 AM.</p> <p>2. Per record review, Resident #10's care plan states s/he is "always incontinent of bowel and bladder. [Interventions Include] provide prompt incontinent care," revised on 12/29/2021 and requires one assist for incontinent care, revised on 03/10/2023.</p> <p>Per observation and interview on 08/13/2024 at 10:30 AM, Resident #10 stated s/he does not receive timely incontinent care. S/He stated that s/he requested incontinent care at 8:00 AM on the morning of interview and was still waiting.</p>	F 677	<p>F677 continued.....</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: All nursing staff will be educated on how to access the Kardex and care plan and the expectation to review the Kardex/care plan daily at the beginning of and throughout their shift for updates or changes to resident care needs. All nursing staff will be educated on the expectation to answer, respond appropriately to resident ADL needs and document care provided regardless of assignment.</p> <p>4. To ensure this alleged deficient practice does not recur, audits will be completed to verify that ADL care is being completed per the care plan. These audits will be conducted weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 2 months. The results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. The DON or designee will be responsible for this corrective action.</p> <p>Date of compliance 09/27/24</p> <p>Tag F 677 POC accepted on 9/23/24 by S. Stem/P. Cota</p>

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F 677	<p>Continued From page 2</p> <p>Resident #10 stated that s/he sometimes waits for hours for his/her care. During observation, Resident #10 pressed his/her call light a total of 6 times starting at 10:43 AM and ending at 11:40 AM. During the time of observation, 6 people answered the light and instead of providing her care, they told the resident his/her LNA would return to provide his/her care.</p> <p>Per interview with the Licensed Nursing Assistant #4 (LNA) who answered the call light on 08/13/2024 at 10:45 AM s/he stated that Resident #10 requested to "be changed." LNA #4 further explains that Resident #10 requires assistance for incontinent care and is not on his/her list for the day. Per LNA #4 s/he stated that s/he had not assisted in caring for Resident #10 since the start of his/her shift at 6:00 AM. Per interview with LNA #5 on 08/13/2024 at 10:58 AM, s/he confirmed that s/he is assigned to Resident #10 and s/he had not provided incontinent care to Resident #10 since start of his/her shift at 6:00 AM. Per interview on 08/13/2024 at 11:50 AM, LNA # 6, who was scheduled to work central supply that day, rather than do patient care, stated that s/he provided incontinent care to Resident #10 alone on 08/13/2024 at 11:40 AM. S/he also confirmed that Resident #10 was incontinent of urine and feces.</p> <p>3. Per record review, Resident #1's care plan states that s/he has a "deficit in ADL function/mobility related to cerebral palsy, blindness," revised on 2/24/24. Interventions include total dependence for eating and "I should be out of bed for meals," revised on 4/9/24, and "preferred dining location: common area," initiated on 11/15/21.</p> <p>Per observation and interview on 8/10/24 at 6:05</p>	F 677		

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F 677	<p>Continued From page 3</p> <p>PM, Resident #1 was lying in bed. At 6:43 PM, a Licensed Nursing Assistant (LNA) left Resident #1's room and explained that Resident #1 ate dinner in his/her bed. The LNA stated that Resident #1 always eat dinner in bed. Per interview on 8/13/24 at 1:35 PM, Resident #1's Representative explained that it is his/her wish to have Resident #1 out of bed for all meals every day, including dinner. Per interview on 8/13/24 at 5:06 PM, the Director of Nursing confirmed that Resident #1 should be out of bed for dinner every night.</p> <p>4. Per record review, Resident #8's care plan states that s/he has a "deficit in ADL function/mobility related to secondary to nontraumatic Intracerebral hemorrhage, Parkinsons disease, [weakness] and other abnormalities of gait and mobility," revised on 8/7/24, with an intervention for a one person physical assist and gait belt for transfer, revised on 8/5/24. Per the care plan, s/he is "Independent with decision making related to my BIMS," revised on 8/7/24. On 7/24/24 Resident #8 was assessed to have a BIMS of 11(indicating moderate cognitive impairment). A 8/12/24 fall evaluation note reveals that Resident #8 had an unwitnessed fall and sustained an abrasion to [his/her] back."</p> <p>Per interview on 8/12/24 at 11:09 AM, Resident #8 stated that s/he had a fall the previous night. S/He explained that s/he had waited for about 15 minutes for someone to help answer his/her call light and help him/her to the bathroom but because s/he had to go so bad, s/he went to the bathroom on his/her own even though s/he knew s/he needed staff assistance. Once s/he returned to his/her bed, s/he sat on the bed and then slid</p>	F 677		

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F 677	<p>Continued From page 4</p> <p>off landing on the floor. S/he explained that it was about 15 more minutes before the staff helped him/her back into bed.</p> <p>There was no documentation in the LNAs' POC (point of care; electronic documentation system for LNAs) that Resident #8 had assistance being transferred to the toilet during the evening or night shift on 8/12/24.</p> <p>5. Per record review, Resident #4's care plan states that s/he has a "deficit in ADL function/mobility related to surgical amputation secondary to gangrene," revised on 11/6/23, with interventions that include assistance for bed to wheelchair transfer, needing slide board and wheelchair placement to get out of bed, revised on 12/12/23. On 6/5/24 Resident #4 was assessed to have a BIMS of 15.</p> <p>Per interview on 8/10/24 at 6:14 PM, Resident #4 stated that response time is very long due to lack of staff. S/He explained that s/he likes to get out of bed after lunch and needs staff to help as s/he can't do it on his/her own. S/He explained that s/he has to wait until 4:00 PM to get up or they don't get him/her up at all because they are so busy. S/He revealed that it is about 2-3 times a week that s/he can't get up when s/he wants to because there are not enough staff to help.</p> <p>6. Per record review, Resident #5's care plan states that s/he has a "deficit in ADL function/mobility related to recent amputation surgery," revised on 5/27/24, with an intervention for a 2 person physical assist with mechanical lift for transferring, initiated on 12/22/24. On 5/29/24 Resident #5 was assessed to have a BIMS of 15.</p>	F 677		

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F 677	<p>Continued From page 5</p> <p>Per observation and interview on 8/13/24 at 10:23, Resident #5 was lying in bed and stated that s/he would like to be out of bed "right now." S/He explained that s/he was out of bed earlier, had asked to go back to bed but would like to be up now and was told that there are not enough staff to help him/her since s/he needs a Hoyer (mechanical lift operated by staff) to get out of bed.</p> <p>7. Per a confidential interview on 8/12/24 at 10:26 AM, a resident, stated that s/he does not get showered as often as s/he should because there are not enough aides to help. S/He explained because staffing is short and s/he misses his/her showers, s/he is "grody," and doesn't like that feeling. This resident was able to understand all questions asked of him/her by giving reasonable responses that demonstrated that s/he was alert and orientated to person, place, and time.</p> <p>8. Per interview with Resident's #11 Power of Attorney (POA) on 08/13/2024 at 3:15 PM, s/he stated that s/he goes to the facility every day and frequently has to provide care for Resident #11. S/he stated that Resident #11 has missed two showers in the past two weeks. S/he stated that there is not enough staff to address Resident #11 needs, and less staff on the weekends. S/He stated when s/he is at the facility the Nurse Managers are frequently working the medication cart or working as a Licensed Nursing Assistant. S/He stated that s/he feels if s/he did not go to the facility every day, Resident #11 would not receive the ADL care s/he needed.</p> <p>9. Per a joint interview with 3 LNAs on 8/10/24 at 6:43 PM, LNA #1 stated that the facility is really short staffed and has been since they reopened</p>	F 677		

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F 677	Continued From page 6 the rehab unit. S/He explained that there were only 3 LNAs on Unit B at that moment, and to do a good job, there should be 5. S/He explained that there are so many residents that require 2 staff to assist with care. S/He explained that it is really hard to get their work done and it takes a long time to get residents the help they need. LNA #2 and #3 agreed with the above. A review of resident lists with an LNA from Unit B on the evening of 8/10/24 showed the following: 3 of the 39 residents needed assistance with eating and 15 of the 39 residents required 2 staff members to assist with some or all of their ADLs.	F 677	F711 Specific Corrective Action 1.The corrective action for this alleged deficient practice was review of the resident's total program of care, including medications and treatments 2. To identify other potential deficient practice, all residents in the facility are at risk to be affected by this alleged deficient practice. 3. To ensure this alleged deficient practice does not recur house wide audit will be conducted to ensure physicians and other providers have reviewed the resident's total program of care, including medications and treatment plan at each regulatory visit in the past 60 days. Any resident affected will have an updated regulatory visit to review their total program of care. Education will be provided to the Medical Director and other providers regarding their regulatory requirement to review each resident's total program of care.	
F 711 SS=D	Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that physicians and other providers (as delegated to per regulation) review the residents' total program of care, including	F 711		

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F 711	<p>Continued From page 7</p> <p>medications and treatment plan at each visit as required for 1 of 3 sampled residents (Resident's #9). Findings include:</p> <p>Physician note dated 8/4/2024 under section titled "Assessment and Plans" reads "ALZHEIMER'S DISEASE, UNSPECIFIED - G30.9-With behaviors, [s/he] has episodes of screaming out, restlessness and agitation. [S/he] currently is on Seroquel Haldol and Ativan without behavior changes continue meds for now ..." Per record review Seroquel was discontinued 05/23/2024.</p> <p>Per review of Resident #9's physician orders starting on 4/3/2024 shows that Resident #9 was taking the following medication at the time of regulated visit: Haloperidol oral tablet 2 milligrams (mg) give one tablet by mouth two times a day for agitation, Lorazepam oral tablet 0.5 mg give 1 tablet by mouth at bedtime for anxiety,</p> <p>A Physician note dated 7/20/2024 "Assessment and Plans" "ALZHEIMER'S DISEASE, UNSPECIFIED - G30.9-With behaviors, [s/he] has episodes of screaming out, restlessness and agitation. [S/he] currently is on Seroquel Haldol and Ativan without behavior changes continue meds for now ...</p> <p>A review of Resident #9's physician orders 7/20/2024 shows that s/he is was taking the following medication: Haloperidol oral tablet 2 milligrams (mg) give one tablet by mouth two times a day for agitation, Lorazepam oral tablet 0.5 mg give 1 tablet by mouth at bedtime for anxiety, Zyprexa oral tablet 5 mg give one tablet by mouth in the morning for agitation and one tablet by mouth in the evening for behaviors.</p>	F 711	<p>F711 continued....</p> <p>4.The corrective action will be monitored by the DON/designee by conducting weekly audits X 4 and then monthly X 3 to ensure regulatory visit documentation, including review of all parts of care, is completed and substantial compliance maintained. Audits will be reviewed at QAPI for further review and recommendations</p> <p>Date of compliance 09/27/24</p> <p>Tag F 711 POC accepted on 9/23/24 by S. Stem/P. Cota</p>		

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F 711	Continued From page 8 Per an Advance Practiced registered Nurse (APRN) note dated 8/5/2024 section titled "Assessment and Plans" "ALZHEIMER'S DISEASE, UNSPECIFIED - G30.9 Without change on Aricept and Seroquel still has behaviors. [S/he] also can get Haldol." A review of Resident #9's physician orders on 2024 8/5/2024 shows that s/he was taking the following medication: Haloperidol oral tablet 2 milligrams (mg) give one tablet by mouth two times a day for agitation, Lorazepam oral tablet 0.5 mg give 1 tablet by mouth at bedtime for anxiety, Zyprexa oral tablet 5 mg give one tablet by mouth in the morning for agitation and one tablet by mouth in the evening for behaviors. There is no order for Seroquel Per interview with the Director of Nursing on 8/14/2024 at 9:15 AM s/he confirmed the provider visits above, were regulatory visits, did not reflect the actual medications that Resident #9 had orders for at the time of visit, and did not accurately review the resident total program of care and it should have.	F 711			
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in	F 725			

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F 725	<p>Continued From page 9</p> <p>accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident and staff interviews, and record review, the facility failed to ensure there are a sufficient number of skilled licensed nurses, nurse aides, and other nursing personnel to provide care and respond to each resident's basic needs and individual needs as required by the resident's diagnoses, medical condition, or plan of care, potentially impacting all residents of the facility. Findings include:</p> <p>1. Observations and interviews reveal that ADL care (activities of daily living) was not provided in a timely manner.</p> <p>a. Per record review, Resident #7's care plan states that s/he has "an alteration in bladder/bowel elimination [related to] impaired mobility," initiated on 3/18/19 and that s/he has "a deficit in ADL function/mobility related to cerebral palsy and schizoaffective disorder," revised on</p>	F 725	<p>F725 Specific Corrective Action</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice; The daily PPD for the last 30 days was reviewed to ensure that the PPD was not less than 3.0.</p> <p>2.To identify other potentially alleged deficient practice, a daily audit will be completed for the last 30 days to review the daily PPD. All residents have the potential to be affected.</p> <p>3.To ensure this alleged deficient practice does not continue, a daily PPD call has been started effective, August 19, 2024 to review staffing needs and implement strategies as needed to maintain a minimum PPD of 3.0. An audit of the daily PPD will be completed daily. Supplemented staffing and shifting of responsibilities to areas of need will be implemented when indicated. (i.e. Nurses working as LNAs, therapist providing ADL care). Recruitment of staff will continue with weekly recruitment and retention IDT meetings. The facility will recruit staff as needed to maintain staffing levels of no less than 3.0 daily.</p>

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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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F 726	<p>Continued From page 10</p> <p>4/28/24. Care plan interventions include total dependence for toileting hygiene, revised on 3/20/24, maximum assistance for transferring, revised on 5/23/24, and for staff to "provide prompt incontinent care," initiated on 8/7/19. On 6/10/24, Resident #7 was assessed to have a BIMS of 15 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness).</p> <p>Per observation and interview on 8/13/24 at 10:42 AM, Resident #7 was lying in bed. S/He stated that s/he had soiled him/herself in bed that morning and had asked staff over a half an hour ago for help getting cleaned up. S/He explained that s/he is still in bed today by choice since s/he does not feel well but would still like help getting cleaned up. S/He explained that it takes staff a long time to get him/her into their wheelchair daily. S/He said s/he would like to get up at 8 or so and staff are late getting him/her into the wheelchair, between 10:00 and 11:00 AM about 3 or 4 times a week. Resident #7's call light was observed on at 11:18 AM. When asked, Resident #7 said that staff had still not helped him/her clean up from the accident this morning and now s/he needs to urinate again, for which s/he had put their call light on a bit ago to get help. Resident #7's call light was not answered until 11:47 AM.</p> <p>b. Per record review, Resident #10's care plan states s/he is "always incontinent of bowel and bladder. [Interventions include] provide prompt incontinent care," revised on 12/29/2021 and requires assistance for incontinent care, revised on 03/10/2023.</p> <p>Per observation and interview on 08/13/2024 at</p>	F 725	<p>S320 continued....</p> <p>4. The corrective action will be monitored through continued daily PPD calls to include the facility administration and governing body and auditing of PPD daily x 4 weeks and then weekly x2 months to ensure substantial compliance is maintained. The DON/Designee is responsible for this corrective action. Audits will be reviewed at QAPI for further review and recommendations</p> <p>Date of Compliance 09/27/2024</p> <p>Tag F 725 POC accepted on 9/23/24 by S. Stem/P. Cota</p>		

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F 725	<p>Continued From page 11</p> <p>10:30 AM, Resident #10 stated s/he does not receive timely incontinent care. S/He stated that s/he requested incontinent care at 8:00 AM on the morning of interview and was still waiting. Resident #10 stated that s/he sometimes waits for hours for his/her care. During observation, Resident #10 pressed his/her call light a total of 6 times starting at 10:43 AM and ending at 11:50 AM. During the time of observation, 6 people answered the light and instead of providing her care, they told the resident his/her LNA would return to provide his/her care.</p> <p>Per interview with the Licensed Nursing Assistant #4 (LNA) who answered the call light on 08/13/2024 at 10:45 AM s/he stated that Resident #10 requested to "be changed." The LNA, #4 further explains that the Resident #10 requires assistance for incontinent care and is not on his/her list for the day. Per LNA #4 s/he stated that s/he had not assisted in caring for Resident #10 since the start of his/her shift at 6:00 AM. Per interview with LNA #5 on 08/13/2024 at 10:58 AM, s/he confirmed that s/he had not provided incontinent care to Resident #10 since start of his/her shift at 6:00 AM. Per interview on 08/13/2024 at 11:50 AM, LNA # 6, who was scheduled to work central supply that day, rather than do patient care, stated that s/he provided incontinent care to Resident #10 alone.. S/he confirmed that Resident #10 was incontinent of urine and feces.</p> <p>c. Per record review, Resident #1's care plan states that s/he has a "deficit in ADL function/mobility related to cerebral palsy, blindness," revised on 2/24/24. Interventions include total dependence for eating and "I should be out of bed for meals," revised on 4/9/24, and</p>	F 725		

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F 725	<p>Continued From page 12</p> <p>"preferred dining location: common area," initiated on 11/15/21.</p> <p>Per observation and interview on 8/10/24 at 6:05 PM, Resident #1 was lying in bed. At 6:43 PM, a Licensed Nursing Assistant (LNA) left Resident #1's room and explained that Resident #1 ate dinner in his/her bed. The LNA stated that Resident #1 always eat dinner in bed. Per interview on 8/13/24 at 1:35 PM, Resident #1's Representative explained that it is his/her wish to have Resident #1 out of bed for all meals every day, including dinner. Per interview on 8/13/24 at 5:06 PM, the Director of Nursing confirmed that Resident #1 should be out of bed for dinner every night.</p> <p>d. Per record review, Resident #8's care plan states that s/he has a "deficit in ADL function/mobility related to secondary to nontraumatic intracerebral hemorrhage, Parkinsons disease, [weakness] and other abnormalities of gait and mobility," revised on 8/7/24, with an intervention for a one person physical assist and gait belt for transfer, revised on 8/5/24. Per the care plan, s/he is "Independent with decision making related to my BIMS," revised on 8/7/24. On 7/24/24 Resident #8 was assessed to have a BIMS of 11 (indicating moderate cognitive impairment). A 8/12/24 fall evaluation note reveals that Resident #8 had an unwitnessed fall and sustained an abrasion to [his/her] back."</p> <p>Per interview on 8/12/24 at 11:09 AM, Resident #8 stated that s/he had a fall the previous night. S/He explained that s/he had waited for about 15 minutes for someone to help answer his/her call light and help him/her to the bathroom but</p>	F 725		

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F 725	<p>Continued From page 13</p> <p>because s/he had to go so bad, s/he went to the bathroom on his/her own even though s/he knew s/he needed staff assistance. Once s/he returned to his/her bed, s/he sat on the bed and then slid off landing on the floor. S/he explained that it was about 15 more minutes before the staff helped him/her back into bed.</p> <p>There was no documentation in the LNAs' POC (point of care; electronic documentation system for LNAs) that Resident #8 had assistance being transferred to the toilet during the evening or night shift on 8/12/24.</p> <p>e. Per record review, Resident #4's care plan states that s/he has a "deficit in ADL function/mobility related to surgical amputation secondary to gangrene," revised on 11/8/23, with interventions that include assistance for bed to wheelchair transfer, needing slide board and wheelchair placement to get out of bed, revised on 12/12/23. On 6/5/24 Resident #4 was assessed to have a BIMS of 15.</p> <p>Per interview on 8/10/24 at 6:14 PM, Resident #4 stated that response time is very long due to lack of staff. S/He explained that s/he likes to get out of bed after lunch and needs staff to help as s/he can't do it on his/her own. S/He explained that s/he has to wait until 4:00 PM to get up or they don't get him up at all because they are so busy. S/He revealed that it is about 2-3 times a week that s/he can't get up when s/he wants to because there are not enough staff to help.</p> <p>f. Per record review, Resident #5's care plan states that s/he has a "deficit in ADL function/mobility related to recent amputation surgery," revised on 5/27/24, with an intervention</p>	F 725			

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F 725

Continued From page 14
for a 2 person physical assist with mechanical lift for transferring, initiated on 12/22/24. On 5/29/24 Resident #5 was assessed to have a BIMS of 15.

Per observation and interview on 8/13/24 at 10:23, Resident #5 was lying in bed and stated that s/he would like to be out of bed "right now." S/He explained that s/he was out of bed earlier, had asked to go back to bed but would like to be up now and was told that there are not enough staff to help him/her since s/he needs a Hoyer to get out of bed.

g. Per a confidential interview on 8/12/24 at 10:26 AM, a resident stated that s/he does not get showered as often as s/he should because there are not enough aides to help. S/He explained because staffing is short and s/he misses his/her showers, s/he is "grody," and doesn't like that feeling. This resident was able to understand all questions asked of him/her by giving reasonable responses that demonstrated that s/he was alert and orientated to person, place, and time.

h. Per interview with Resident's #11 Power of Attorney (POA) on 08/13/2024 at 3:15 PM, s/he stated that s/he goes to the facility every day and frequently has to provide care for Resident #11. S/he stated that Resident #11 has missed two showers in the past two weeks. S/he stated that there is not enough staff do address Resident #11 needs, and less staff on the weekends. S/He stated when s/he is at the facility the Nurse Mangers are frequently working the medication cart or as a License Nursing Assistant. S/He stated that s/he feels if s/he did not go to the facility every day, Resident #11, would not receive the ADL care s/he needed.

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F 725	<p>Continued From page 15</p> <p>2. Additional resident and resident representative interviews reveal that LNA tasks are not completed on a regular or timely basis</p> <p>a. Per interview on 8/10/24 at 4:27 PM, Resident #2 explained that the facility is short staffed and s/he has to wait a very long time for call bells to be answered and get help. S/he said it is really bad at night when aides are passing dinner trays.</p> <p>b. Per record review, Resident #3's care plan states that s/he has "limitations or [is] at risk for limitations in my ROM [range of motion] related to progressive weakness neurological," revised on 4/3/21, and has the interventions for "ROM of bilateral lower extremity, please incorporate during care," initiated 3/2/24, "patient performs BUE [bilateral upper extremity] strengthening FMP [functional maintenance program] with 5# [pound] dumbbells independently," revised on 3/5/24.</p> <p>Per interview on 8/10/24 at 6:14 PM, Resident #3 stated that there are not enough aides to help him/her with his/her exercises and s/he does not want to loose anymore function.</p> <p>Per documentation in the LNAs' POC for August 1-12, 2024, lower extremity ROM was completed 4 out of 12 days and dumbbell upper extremity strengthening was performed 1 out of 12 days.</p> <p>3. Additional staff interviews and record review reveal that the facility does not always have enough direct care staff to provide the care needed.</p> <p>Per review of resident lists with LNAs from each unit on the evening of 8/10/24 showed the</p>	F 725		

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F 725	<p>Continued From page 16 following: On Unit A, 4 of the 42 residents needed assistance with eating and 16 of the 42 residents required 2 staff members to assist with some or all of their activities of daily living (ADLs). On Unit B, 3 of the 39 residents needed assistance with eating and 15 of the 39 residents required 2 staff members to assist with some or all of their ADLs. On Unit C, 1 of the 14 residents needed assistance with eating and 3 of the 14 residents required 2 staff members to assist with some or all of their ADLs.</p> <p>Per a joint interview with 3 LNAs on 8/10/24 at 6:43PM, LNA #1 stated that the facility is really short staffed and has been since they reopened the rehab unit. S/He explained that there were only 3 LNAs on Unit B at that moment, and to do a good job, there should be 5. S/He explained that there are so many residents that require 2 staff to assist with care. S/He explained that it is really hard to get their work done and it takes a long time to get residents the help they need. LNA #2 and #3 agreed with the above.</p> <p>Per interview on 8/12/24 at approximately 4:45 PM, a Unit Manger explained that there has been trouble staffing all the shifts and not getting shifts filled. As a result, s/he frequently has to work as a floor nurse and is unable to do his/her role as the Unit Manager.</p> <p>On 8/13/24 at 4:07 PM, the Scheduler explained that there have been a lot of call outs for direct care staff and sometimes it is hard to fill shifts due to vacations. S/He stated that the direct care schedules above reflected all call-outs and shift substitutions. S/He confirmed that they accurately</p>	F 725		

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F 725	Continued From page 17 reflected the actual time worked by staff, which was later confirmed by the DON at 5:06 PM. A review of direct care staff schedules from 8/1/24 through 8/12/24 revealed multiple call outs, unfilled shifts, and reassignments. There were 12 licensed nurse shifts that were scheduled that were not refilled or reassigned and 29 LNA shifts that were scheduled that were not filled or reassigned. 10 licensed nurse shifts that were reassigned were worked by nursing supervisors, unit managers or the Director of Nursing and 9 licensed nurse shifts (one on 8/1/24, two on 8/2/24, three on 8/5/24, two on 8/7/24, one on 8/8/24) that were either short a licensed nurse or the unit manager or supervisor filled in. F 758 Free from Unnec Psychotropic Meds/PRN Use SS=E CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;	F 725	F758 Specific Corrective Action 1. The corrective action for this alleged deficient practice was an audit to ensure an AIMS assessment has been completed for all residents affected by this alleged deficient practice. Side-effect monitoring was put in place for all affected residents and care plans reviewed and updated as needed for all residents affected by this alleged deficient practice. Residents #5, #9, and #25 continue to reside at the facility and had no ill effects from this alleged deficient practices. 2. To identify other potential deficient practice, all residents receiving a psychotropic medication are at risk for this alleged deficient practice.

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F 758	<p>Continued From page 18</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to monitor 3 out of 3 residents sampled for the adverse side effects related to psychotropic medications (Resident's #5, #9, and #10). Findings include:</p> <p>(1.) Per record review Resident #9 was admitted with diagnoses that include Alzheimer's, dementia with behavioral disturbances. S/He has the following medication orders written by the Advance Registered Practice Nurse (APRN):</p>	F 758	<p>F758 continued...</p> <p>3. Providers will be educated on appropriate use of psychotropic medications. Nursing staff will be educated on side effect monitoring of psychotropics</p> <p>4. The corrective action will be monitored through weekly audit x4 weeks and then monthly x2 months to ensure substantial compliance is maintained. The DON/designee will be responsible for this corrective action. Audits will be reviewed at QAPI for further review and recommendations</p> <p>Date of completion: 09/27/24</p> <p>Tag F 758 POC accepted on 9/23/24 by S. Stem/P. Cota</p>		

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NAME OF PROVIDER OR SUPPLIER ELDERWOOD AT BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05406		
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F 758	<p>Continued From page 19</p> <p>Haloperidol oral tablet 2 milligrams (mg) give one tablet by mouth two times a day for agitation, (Antipsychotic used to treat schizophrenia) (Schizophrenia is a serious mental health condition that affects how people think, feel and behave. Mayo Clinic 2024), Lorazepam oral tablet 0.5 mg give 1 tablet by mouth at bedtime for anxiety, Zyprexa oral tablet 5 mg give one tablet by mouth in the morning for agitation and one tablet by mouth in the evening for behaviors. (Zyprexa is an antipsychotic used to treat schizophrenia). Per Manufacturers warning for Haloperidol, Lorazepam, and Zyprexa, all have the significant side effect of drowsiness/sleepiness. (Drugs.com, 2024).</p> <p>There is no documented evidence that Resident #9 was evaluated for adverse effects prior to medication administration. Per review of the facility medication administration record Resident #9 received scheduled doses of his/her medication including antipsychotics for the months of July and August 2024.</p> <p>Per hourly observation of Resident #9 in his/her room starting at 10:00 AM on 08/13/2024, s/he was observed lying on his/her bed in the same position until 4:30 PM. During observation this writer knocked on Resident #9's door several times. Resident #9 did attempt to speak on one occasion but was not able to or stay awake.</p> <p>Per Interview License Nursing Assistant #1 (LNA) at 4:45 PM on 08/13/2024 s/he stated that Resident #9 is always sleepy, often sleeps through meals. LNA stated when Resident #9 is awake she frequently hollers out.</p> <p>Per further record review of Resident #9's</p>	F 758		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 479030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/16/2024
NAME OF PROVIDER OR SUPPLIER ELDERWOOD AT BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 88 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 758	<p>Continued From page 20</p> <p>medical record, on 02/09/2024, 03/08/2024, and 08/02/2024 the psychiatry notes document in their assessment Resident #9 as lethargic and on 08/02/2024 Resident #9 complained to the psychiatric provider of being more tired. However, there is no evidence in the medical record that providers were notified, or that symptoms were monitored or addressed.</p> <p>According to the medical record for Resident #9 s/he was transferred to psychiatric facility for medication management on 05/24/2024 and returned to this facility on 05/25/2024. According to the provider note on 05/26/2024 "Primary Chief Complaint : Psych: Aggressive Behavior History Present Illness : 80 y/o LTC resident of EW at Burlington sent out for a psych evaluation for non-stop screaming.... haloperidol and quetiapine were discontinued for not effectiveness and Abilify was started. Psych is strongly recommending reductions in... hydromorphone. Abilify can be increased by 2.5mg every 4-5 days to a max of 10mg/day per recommendation notes". Per the medical record, there is no documented evidence that recommendations were followed, and Resident #9 was restarted on antipsychotic medications 05/26/2024.</p> <p>2. Resident #5 has the following orders written by the APRN starting on 12/20/2023, "RisperidONE Tablet 1 MG Give 1 tablet by mouth every morning and at bedtime for agitation/behaviors." There is no documented evidence in his/her medical record or documentation that s/he was being monitored for side effects or adverse reactions. There is no documented evidence that Resident #5 was evaluated for adverse effects prior to medication administration of psychotropic medication since starting medication 12/20/2023.</p>	F 758		

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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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F 758	Continued From page 21 3. Per record review Resident #10 has the following orders written by APRN "LORazepam Oral Tablet 0.5 MG (Lorazepam) Give 0.75 mg by mouth four times a day for Anxiety, Zoloft Oral Tablet 100 MG (Sertraline HCl) Give 2 tablet by mouth in the morning for Depression 2 tabs=200mg." There is no documented evidence in the medical record of an assessment in that she/he was monitored for adverse effects prior to medication administration. There is no evidence of an IDT meeting or quarterly AIMS in his/her medical record. Per the Facility policy titled "Psychotropic Drugs" revised 05/16/2023 "It is the policy of this facility that those residents prescribed psychotropic drugs will receive only those medications, in doses and for the duration clinically indicated to treat the resident's assessed condition ... o Monitoring the efficacy and adverse consequences ... o Preventing, identifying, and responding to adverse consequences related to psychotropic drugs." Per interview with the Director of Nursing (DON) on 8/14/2024 at 9:15AM s/he stated it is the expectation that each resident receiving psychotropic medications would have an interdisciplinary team meeting and a comprehensive care plan that includes monitoring for side effects related to use of psychotropic medications and they don't. Follow up interview with the Director of Nursing on 08/15/2024 at 12:45 PM confirmed there was no documented evidence of monitoring for Residents #5, #9, and #10 for adverse effects of psychotropic	F 758			

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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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F 758	Continued From page 22 medications.	F 758		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 478030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2024
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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) COMPLETE DATE
S320 SS=F	<p>7.13 (d)(1) QUALITY OF CARE - STAFFING LEVELS</p> <p>7.13 (d)(1) The facility shall maintain staffing levels adequate to meet resident needs.</p> <p>1. At a minimum, nursing homes must provide:</p> <p>i. no fewer than three (3) hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and</p> <p>ii. of the three hours of direct care, no fewer than two (2) hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to maintain the required minimum staffing levels to allow for 2.0 hours of direct care per resident per day (PPD) on a weekly average by Licensed Nursing Assistants (LNAs) for 1 of 8 sampled weeks. Findings include:</p> <p>Per record review of the daily nursing hours provided by the Scheduler, the hours of direct care per resident per day by LNA staff fell below the required 2 hours per day minimum for the week of 8/3/24- 8/9/24 by averaging 1.89 hours of direct care per resident. On 8/13/24 at 10:08 AM, the Scheduler confirmed that the PPD was below on the above week. On 8/13/24 at 5:06 PM, the</p>	S320	<p>S320 Specific Corrective Action</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice; The daily PPD for the last 30 days was reviewed to ensure that the PPD was not less than 2.0 for LNA hours</p> <p>2.To identify other potentially alleged deficient practice, a daily audit will be completed for the last 30 days to review the daily LNA PPD hours. All residents have the potential to be affected.</p> <p>3.To ensure this alleged deficient practice does not continue, a daily PPD call has been started effective, August 19, 2024 to review staffing needs and implement strategies as needed to maintain a minimum PPD 2.0 for LNA and overall PPD of 3.0. An audit of the daily PPD will be completed daily. Supplemented staffing and shifting of responsibilities to areas of need will be implemented when indicated. (i.e. Nurses working as LNAs, therapist providing ADL care). Recruitment of staff will continue with weekly recruitment and retention IDT meetings. The facility will recruit staff as needed to maintain LNA staffing levels of no less than 2.0 with an overall 3.0 PPD daily.</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David [Signature] RN

Don

Barbara

Division of Licensing and Protection

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 08/15/2024
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S320	Continued From page 1 Director of Nursing confirmed that the schedules and calculated PPD were accurate.	S320	S320 continued.... 4. The corrective action will be monitored through continued daily PPD calls to include the facility administration and governing body and auditing of PPD daily x 4 weeks and then weekly x2 months to ensure substantial compliance is maintained. The DON/Designee is responsible for this corrective action. Audits will be reviewed at QAPI for further review and recommendations Date of Compliance 09/27/2024 Tag S 320 POC accepted on 9/23/24 by S. Stem/P. Cota	