

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Terrace Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 43 Starr Farm Rd Burlington, VT 05408	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>46135</p> <p>Based on interviews and record review, the facility failed to notify the resident in writing of a transfer/discharge for one applicable resident (Resident #1). Findings include:</p> <p>Record review reveals that Resident #1 was admitted to the facility for rehabilitation on 3/8/24 following a hospital stay related to a fall. S/He has diagnoses that include Down syndrome, anxiety, mild intellectual disabilities, and obsessive-compulsive behavior. While Resident #1's medical record profile lists Resident #1 as having a financial guardian, Resident #1 is listed as his/her own self, indicating that s/he is his own guardian. On 6/14/24 at 11:25 AM, a Social Service Specialist confirmed that while Resident #1 was at the facility, s/he was his own person. On 3/13/24, Resident #1 has a BIMS of 13 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness).</p> <p>Per a 5 day investigation summary of a facility reported resident to resident incident sent to the State Agency on 5/10/24, the facility implemented an involuntary discharge for Resident #1 on 5/2/23. The summary reveals that Resident #1's family member was informed of the involuntary discharge by phone that day and by email on 5/3/2024 but does not indicate that the facility ever informed Resident #1 of a notice of discharge or their right to appeal.</p> <p>Per review of Resident #1's electronic medical record and paper chart, there is no evidence that Resident #1 was given a notice of discharge. There is a transfer discharge notice that reveals it was provided to Resident #1's family member by phone on 5/2/24 and by email on 5/3/24.</p> <p>Per interview on 6/10/24 at 4:51 PM, the Administrator confirmed that the only notice of discharge was given to Resident #1's family member by phone on 5/2/24 and by email on 5/3/24.</p> <p>Per interview on 6/19/24 at 10:09 AM, Resident #1 indicated that s/he was not notified of the facility's decision to discharge him/her on 5/2/24. S/He stated that s/he was confused as to why he was going to the hospital. S/He did not receive a discharge notice in writing and was not informed of his/her right to appeal the discharge. Resident #1 stated that s/he would have done anything to go back to the facility. S/He explained that while s/he has a financial guardian, s/he makes all other decisions because s/he is his/her own self. Resident #1 stated that s/he is still residing at the hospital while they find a long term placement.</p>

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.

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