

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 12/31/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>50431</p> <p>Based on interview and record review, the facility failed to protect one out of two sampled residents' [Resident #2] right to be free from physical abuse from a resident to resident altercation. Findings include:</p> <p>Per record review, Resident #1 was admitted to the facility to the Memory Care Unit with diagnoses of Alzheimer's disease, and dementia with behavioral disturbances. Resident #2 was admitted to the facility for nursing and rehabilitative services with current diagnoses of Alzheimer's Disease, and bipolar disorder.</p> <p>Per a facility incident report dated 6/12/24 reads, The staff observed [Resident #1] throw a clipboard at [Resident #2], hitting [him/her] in the elbow. Resident #2 then grabbed the clipboard and threw it back at [other resident named not in report]. [Resident #1] then threw it a second time, but it did not come in contact with [Resident #2]. Staff assessed [Resident #2] for injury with a small 0.5 cm [centimeter] skin tear noted. Although [Resident #2] was the victim in this incident [s/he] has been consistently targeting [Resident #1] as of late, approaching [him/her] and making verbally aggressive comments and statements. It is difficult to know if there was an interaction that was not missed prior to this event.</p> <p>Per initial report sent from the facility to the State Agency on 6/12/24, the facility investigated the alleged physical abuse between Resident #1 and Resident #2 on 6/12/24. Their investigation verified the physical abuse between Resident #1 and Resident #2.</p> <p>Per record review of physician note dated 6/13/23 reads, [Resident #2] has had several documented verbal and physical aggressions lately directed towards one or two specific residents, one of which was a resident-to-resident physical altercation. [Resident #2] has apparently voiced negative statements toward another resident even after being asked by the resident to stop. [S/he] has visited activities as a form of redirection and engagement for [him/her] . [Resident #2] has shown some improvement on [his/her] SSRI [Selective Serotonin Reuptake Inhibitor used for depression] increase, however [s/he] still has behaviors that pose a safety risk to [his/herself] and others. This indicates that Resident #2 would be at increased risk to be a victim of abuse due to aggressive behaviors with others.</p> <p>(continued on next page)</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Per review of the facility's Abuse, Neglect, and Exploitation policy [last revised 1/4/24] states, Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting with resulting physical harm, pain, or mental anguish, which can include staff to resident abuse and certain resident to resident altercations .1. The facility will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of property.</p>		