

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Berlin Health & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  98 Hospitality Drive Barre, VT 05641	

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 0836</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>48017</p> <p>Based on interview and record review, the facility failed to hold a current license from the State Agency to operate as a nursing home. This has the potential to negatively impact all residents. Findings include:</p> <p>Per interview on 1/22/25 at approximately 11:00 AM with the Chief Nursing Officer (CNO), s/he explained that the Interim Administrator left their role on 1/5/25 and a new Administrator resumed the position on 1/6/25 through 1/9/25. S/he revealed that the facility had been operating without a Licensed Administrator since the Administrator resigned on 1/9/2025. S/he explained that on 1/13/25 a new Director of Nursing was hired.</p> <p>Per Vermont's Licensing and Operating Rules for Nursing Homes, last revised 6/1/18, section 2.5a reads, Each license shall be issued only for the licensee and premises names in the application and is not transferable or assignable. Section 17.2d reads, The facility must provide written notice to the state agency responsible for licensing the facility, at the time of any change, if a change occurs in . the facility's administrator or director of nursing.</p> <p>Review of the facility's most current License to Operate, issued 12/18/24, discloses the name of the Administrator who left the role on 1/5/25 and the DON who left their role on 1/12/25. The facility did not provide the State Agency notification of the change of the Administrator on 1/6/25, the absence of an Administrator starting 1/10/25, or the change of Director of Nursing on 1/13/25.</p> <p>Per a phone interview on 1/22/25 at 12:37 PM, the Facility Owner confirmed the above timeline for changes in the Administrator on 1/6/25, the absence of an Administrator after 1/9/25, and the change in the Director of Nursing. S/he was unaware that the State Agency was not notified of the change in Administrator.</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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48017</p> <p>Based on interviews and record review, the facility failed to appoint an administrator licensed by the state to be responsible for managing the facility. This has the potential to negatively impact all residents. Findings include:</p> <p>Per facility policy titled Governing Body, implemented on 5/2022, states</p> <p>The governing body will appoint an administrator who is:</p> <ul style="list-style-type: none"> <li>a. Licensed by the state where required</li> <li>b. Responsible for the management of the facility.</li> <li>c. Reports to and is accountable to the governing body.</li> </ul> <p>Per interview on 1/22/25 at approximately 11:00 AM with the Chief Nursing Officer (CNO), s/he explained that the Interim Administrator left their role on 1/5/25 and a new Administrator resumed the position on 1/6/25 through 1/9/25. S/he revealed that the facility had been operating without a licensed administrator since the Administrator resigned on 1/9/2025. S/he explained that on 1/13/25, a new Director of Nursing was hired and they were had been designated to act as the interim administrator.</p> <p>Per the [NAME] Office of Professional Regulation database, the above Director of Nursing does not hold a Nursing Home Administrator License.</p> <p>Per interview on 1/22/25 at approximately 11:15 AM, the Director of Nursing (DON) revealed that s/he assumed the role of DON on 1/13/2025. S/he explained that the CNO informed him/her that there was no administrator and that s/he would assume the role of acting administrator.</p> <p>Per a phone interview on 1/22/25 at 12:37 PM, the Facility Owner confirmed the absence of an administrator after 1/9/25. S/he stated s/he understood that the Director of Nursing hired on 1/13/25 would act as the interim administrator.</p>		