

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 05/12/2025
NAME OF PROVIDER OR SUPPLIER Elderwood at Burlington		STREET ADDRESS, CITY, STATE, ZIP CODE 98 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for 1 resident [Resident #1] of 3 sampled residents.</p> <p>Findings include:</p> <p>Per interview with the State Surveyor on 5/12/25 at 10:30 AM and per review of the State Surveyor's written report, Resident #1 reported to the Surveyor allegations of employee misconduct and possible abuse involving Resident #1's roommate and a Licensed Nursing Assistant on 2/18/25. The Surveyor reported the allegations of abuse and misconduct to both the facility's former Administrator [FADM] and Assistant Director of Nursing [ADON] on the same date, 2/18/25. Additionally, the Surveyor reported the allegations of abuse and misconduct to Adult Protective Services.</p> <p>An interview was conducted on 5/12/25 at 11:47 AM with the facility's current Administrator [ADM] and Director of Nursing [DON]. The ADM and DON confirmed that Adult Protective Services arrived at the facility 7 days after the incident on 2/26/25 to investigate the allegations, and it was on 2/26/25 that the facility then initially reported the allegations to the required State Survey Agency.</p> <p>An interview was conducted via phone with the Assistant Director of Nursing [ADON] on 5/12/25 at 12:40 PM. The ADON stated that an investigation into Resident #1's allegations was done by the former ADM who was no longer at facility. The current ADM, DON, and ADON confirmed there was no documentation of an investigation being conducted or allegations reported as required to the State Survey Agency, prior to the arrival of Adult Protective Services 7 days after the incident. The ADON was offered the opportunity to forward any new evidence if any was uncovered by the facility, but none was received as of 5/22/25.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to immediately put measures in place to ensure that further potential abuse, neglect, exploitation, or mistreatment did not occur after allegations of abuse were reported to the facility for 1 resident [Resident #1] of 3 sampled residents.</p> <p>Findings include:</p> <p>Per interview with the State Surveyor on 5/12/25 at 10:30 AM, and per review of the State Surveyor's written report, Resident #1 reported to the Surveyor allegations of employee misconduct and possible abuse involving Resident #1's roommate and a Licensed Nurse's Aide on 2/18/25. The Surveyor reported the allegations of abuse and misconduct to both the facility's former Administrator [FADM] and Assistant Director of Nursing [ADON] on the same date, 2/18/25. Additionally, the Surveyor reported the allegations of abuse and misconduct to Adult Protective Services.</p> <p>An interview was conducted via phone with the Assistant Director of Nursing [ADON] on 5/12/25 at 12:40 PM. The ADON stated that an investigation into Resident #1's allegations was done by the former ADM who was no longer at facility. The current ADM, DON, and ADON confirmed there was no documentation of an investigation being conducted prior to the arrival of Adult Protective Services 7 days after the incident.</p> <p>The current ADM, DON, and ADON further confirmed that despite the facility being notified of the allegations on 2/18/25, no measures were implemented to ensure the alleged abuse would not happen again. Per record review, the ADM and DON confirmed that staff allegedly involved in the incident were allowed to work and have contact with Resident #1 and the alleged victim in the days following the notification on 2/18/25 and the start of the investigation 7 days later on 2/26/25.</p>		