STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475030	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood at Burlington	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)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to complete a performance review of every nurse aide at least once every 12 months or provide regular in-service education based on the outcome of these reviews for 4 of 4 sampled employee files. Findings include: A review of 4 employee files indicated that Licensed Nursing Assistant (LNA) #1 was hired on 10/1/2024, LNA #2 with a hire date of 7/18/2023, LNA # 3 with a hire date of 7/24/2025, and LNA #4 with a hire date of 12/17/2018 did not have evidence of performance reviews for 2025 in their employee files.Per the interview with the Administrator on 3/25/26 at 2:40 PM, she confirmed that the 2025 employee reviews had not been completed.

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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure expired medications were stored or disposed of properly for 3 of 3 units. This is a repeat deficiency for this facility, with violations cited during the previous two recertification surveys dated 4/2/25 and 1/11/24. Findings include:Per review of the facilities policy titled Medications Administration Methods dated 1/25/24, it states that medication expiration dates are checked prior to administration. Per observation and interview on 3/24/26 at 10:30 AM, the [NAME] medication room had seven cases, 69 packs of nystatin oral suspension packs 500,000 units/5ml (a medication used to treat fungal infections), that had expired in 2025. A nurse confirmed this medication was expired.Per observation and interview on 3/24/26 at 11:12 AM of a medication treatment cart on the [NAME] Unit, a medication called Benzonatate 100 mg tablets (a medication used to help alleviate coughing) expired on 10/31/25 along with Aspirin 325mg (a medication used to make the blood thinner) with an expiration date of 1/26. A nurse confirmed these medications were expired.Per observation and interview on 3/24/26 at 11:31 AM in the [NAME] medication room, a medication called Ipratropium bromide and albuterol sulfate inhalation solution .5mg/3mg (a medication to help open the airways) expired on 12/25. A nurse confirmed this medication had expired.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents who require dialysis (A life-sustaining medical treatment that filters waste, toxins, and excess fluids from the blood when the kidneys have failed.) receive services consistent with professional standards of practice for one of two residents (Resident #112). Findings include:Per review of the facility policy and procedure titled Dialysis- Care of Resident Receiving Off Site Dialysis, revised on 7/6/18, it revealed that vital signs, including weights, should be performed as ordered by the provider.Per record review, Resident #112 was admitted to the facility on [DATE] with diagnosis that include end stage renal (kidney) disease, anemia (low red blood cells) in chronic kidney disease, chronic diastolic heart failure (CHF), and pulmonary edema (fluid in lungs). The Resident has a central catheter (a soft plastic tube, tunneled under the skin and placed in a vein in the neck, chest, or groin, which enters a central vein that leads to the heart). Review of Resident #112's care plan reveals a focus area of I require hemodialysis r/t End Stage Renal Disease with the intervention of monitoring for vital signs as needed, initiated on 3/7/26. An additional focus area is Resident #112s Respiratory Status which states I have a potential for alteration in respiratory status r/t CHF, fluid overload, Shortness of Breath with an intervention of monitor vital signs/pulse oximetry as needed/ordered, initiated on 3/7/26.Per review of the dialysis binder for Resident #112, there are two dialysis center communication record forms that are missing various information, like the patient identifier, the Resident's weight, how much fluid was removed, and the dialysis centers recommendations.Per interview on 3/25/26 at 2:39 PM with the nurse supervisor, she reported that the dialysis communication binder goes to dialysis and that it isn't always filled out. She confirmed that the patient identifier should be filled out, any recommendations from dialysis, pre and post vitals, weights, how much fluid they took off, and the date of treatment.Per observation on 3/25/26 at approximately 4:25 PM, there were no clamps observed in Resident #112's room.Per interview on 3/25/26 at 4:30 PM, the Unit Manager confirmed that Resident #112 should have clamps in the room for use in case of an emergency, and that there were not any in the room. The Unit Manager then went to get clamps from the medication room but could not find them. The Unit Manager then found the clamps in the Clean Utility room and stated that he would make sure the clamps go in Resident #112's room.Per interview on 3/25/26 at 4:51 PM, the Unit Manager confirmed that Resident #112 has a central line, not a shunt per the treatment plan. The Unit Manager also confirmed that the care plan should indicate central line.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on staff interview and record review, the facility failed to assure that a PASARR (Pre-admission Screening and Resident Review) was conducted for 1 applicable resident (Resident #20), who was admitted with a 30-day exemption and has exceeded the expected 30-day stay. Findings include:Per record review, Resident #20 had a PASARR Level 1 exception form signed and dated by a physician on 4/15/2025 that stated, If the individual is found to meet the conditions of this exemption, the individual may be admitted to a nursing facility without further screening. Hospital Discharge for Short-Stays (30 days or less) less) Is this individual being admitted to a nursing facility directly following an acute hospitalization for treatment of a condition that he/she was hospitalized for? (The attending physician must certify by signing below, before admission, that the individual is likely to require less than 30 days in the nursing facility to qualify for this exemption.)If it is later decided the individual will exceed the 30 days, another Level 1 form screening for serious mental illness (SMI) and intellectual/developmental disability (IDD/DD) and/or a related condition (RC) must be completed by the admitting nursing home and submitted to the Department of Mental Health. Please be sure to send completed copies of this form to the hospital of record, nursing facility, and individual/legal guardian(s). There is no evidence in Resident #20's medical record that a Level 1 PASARR was completed prior to admission and there is no evidence of further screening after the 30 days exemption. Resident #20 has diagnoses including but not limited to, Post Traumatic Stress Disorder, Unspecified, Adjustment Disorder with Mixed Anxiety and Depressed Mood, and insomnia. Per interview on 3/24/26 at approximately 3:10 PM, the Director of Nursing confirmed that the PASARR screening had not been updated since the initial 30-day period and the resident still resides in the facility.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow the providers' orders in administering a medication for one of eight residents (Resident #64).Per record review, Resident #64 has the medical diagnosis of cellulitis of left lower limb, Methicillin Resistant Staphylococcus Aureus infection (MRSA), and pain in their left leg. On 2/19/26, a telehealth provider created a treatment plan including Start linezolid 600 mg BID for five days to cover for MRSA. A second progress note on 2/24/26 by a provider identified that the Resident had been prescribed linezolid on 2/19/26 and that they could not see that it was ever obtained or administered.Per interview on 3/25/26 at 4:05 PM with the infection preventionist (IP) nurse, she provided a text message with the provider that asked if Resident #64 had been given the linezolid per the telehealth orders and indicated that linezolid would have been a good choice. When asked who enters the orders for telehealth providers, she stated that typically it's whoever calls the telehealth provider, but the telehealth provider or the nurse can do it.Per interview on 3/25/26 at 5:01 PM with the infection preventionist (IP) nurse, she confirmed that they don't have a policy specific to nurses putting in orders.Per interview on 3/25/26 at 5:11 PM with the infection preventionist (IP) nurse and the Unit Manager (UM), the UM confirmed that the order was not transcribed over and that it wasn't given to the Resident #64 as ordered. [NAME] & amp; [NAME]. 2023. Lippincott Nursing Procedures - 9th Ed. Philadelphia. [NAME] & [NAME].

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to store food in accordance with professional standards for food service safety for 1 applicable unit. Findings include:Per observation of the kitchenette #1 refrigerator on the [NAME] unit on 3/23/26 at 11:21 AM there was a can of Redi-whip that expired on 3/16/26. There were (2) 32-ounce bottles of milk that expired on 3/19/26. In the freezer there were three packs of two donuts with no label or date. An interview was conducted with the Kitchen Manager on 3/23/26 at approximately 11:30 AM. The Kitchen Manager confirmed the items in the fridge were expired stating, I'll throw these [items] away. He confirmed that the packs of donuts had no label or date on them stating, I don't know what these are from.Per review of the facility's Dietary, Food and Supply Orders-Storage policy [last revised 10/26/18] it states, 1. Food and non-food items are removed from storage areas by kitchen personnel, as needed on a per meal basis. 2. Before use, all items are checked for spoilage. 3. If a food is partially used, the item is labeled with name and date and covered before being put back in storage.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to implement appropriate infection control practices during medication administration via tube feed for one sampled resident (Resident #14). This is a repeat deficiency for this facility, with violations cited during the previous two recertification surveys dated 4/2/25 and 1/11/24. Findings include:1. Medication administration via a tube feed was observed on 3/25/26 at approximately 8:45 AM for Resident #14 by LPN#2. Per observation, Resident #14 had an Enhanced Barrier Precautions sign outside of their room. Per record review, Resident #14 has an order stating Precautions: Maintain barrier precautions r/t [related to] hx [history] of MRSA [Methicillin-resistant Staphylococcus aureaus, a bacterium that is resistant to many antibiotics], PEG [Percutaneous Endoscopic Gastrostomy] tube use.Per observation, LPN#2 did not don PPE [Personal Protective Equipment] prior to going into the room.Per review of the facility's Transmission Based Precaution Levels (Type of Infectious Condition, Techniques and Documentation) SNF policy [last revised 6/6/24] it states, Enhanced Barrier Precautions: Enhanced barrier precautions involve gown and glove use during high contact resident activities for residents known to be colonized or infected with an MDRO [Multidrug-Resistant Organism, an organism resistant to many antibiotics] as well of those who at increased risk of MDRO acquisition.An interview was conducted with LPN#2 on 3/25/26 at 8:55 AM. She confirmed she did not put on PPE prior to entering the resident's room to administer medications via a PEG tube. She stated, I'm not sure if we need to wear PPE [for tube feeding]. She confirmed tube feeding is on the EBP sign stating, We'll have to look into that.An interview was conducted with the Infection preventionist on 3/25/26 at 9:22 AM. The Infection Preventionist confirmed that PPE should be worn for EBP residents with a PEG tube.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to document for 1 of 6 residents (Resident #124) whether the resident was offered, educated, and received or declined the influenza and pneumococcal vaccinations. Findings include:Per record review on 03/25/2026, Resident #124 was admitted on [DATE], and no documentation was located in the electronic medical record (EMR) to indicate the resident, or their representative had been educated, offered, and received or declined vaccinations. The Immunizations Report generated from the EMR indicates Resident #124's influenza status is historical, but lacks documentation of the immunization. The report doesn't indicate whether the resident received the pneumococcal vaccination. Per interview on 3/25/2026 at approximately 11:39 AM, the Infection Preventionist was asked to provide the Vaccination Review: Consent/Declination SNF Resident Form for Resident #124. Per interview on 3/25/2026 at approximately 4:05 PM, the Infection Preventionist confirmed documentation of offering, educating, and either receiving or declining the influenza and pneumococcal vaccinations were not available. Review of the facility policy titled, Influenza Immunization (Residents) Policy, last modified 6/2025, notes: Annually.Prior to administration, residents and/or responsible parties will be educated regarding the risks and benefits of the influenza vaccine. The policy further states, the resident Influenza Vaccination Consent/Declination form will then be completed, and once consent is obtained, the vaccination may be ordered and administered. Review of facility policy titled Pneumococcal Vaccination (Resident), last modified August 2023, states: Documentation of immunization will be placed in the individual's record at the facility. If a resident is not immunized, the reason will be documented.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to include documentation in the electronic medical record (EMR) for 1 of 6 residents (Resident #124) whether the resident was offered, educated, received, or declined the COVID-19 vaccinations.Findings include: Per record review on 03/25/2026, Resident #124 was admitted on [DATE], and no documentation was located in the EMR to indicate the resident or their representative had been educated, offered, received, or declined the COVID-19 vaccinations. The Immunizations Report generated from the EMR indicates Resident #124's COVID-19 status is historical with a date of receiving it on 12/5/24, however it lacks documentation of the immunizations. Per interview on 03/25/2026 at approximately 11:39 AM, The Infection Preventionist was asked to produce the Vaccination Review: Consent/Declination SNF Resident Form for Resident #124. Per interview on 3/25/2026 at approximately 4:05 PM, the Infection Preventionist confirmed documentation of offering, educating, and either receiving or declining the COVID-19 vaccinations were not available. Review of the policy entitled COVID-19 Policy (Resident), Last Modified 9/2025 notes: For residents who decline to be vaccinated for COVID-19, the facility will obtain a written affirmation for signature indicating that the resident was offered and declined the opportunity for the facility to arrange for a COVID-19 vaccination .Vaccination fact sheets will be made available to residents and resident representatives prior to administration. Informed consent either written or verbal will be obtained from all individuals being vaccinated.