VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

February 6, 2025

Ms. Alecia Dimario, Administrator
Birchwood Terrace Rehab & Healthcare
43 Starr Farm Rd
Burlington, VT 05408-1321

Dear Ms. Dimario:

Enclosed is a copy of your acceptable revised plans of correction for the complaint investigation conducted on **December 31, 2024.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M Cota RN
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475003	A. BUILDING _____ B. WING _____	C 12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD TERRACE REHAB & HEALTHCARE	43 STARR FARM RD BURLINGTON, VT 05408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced, on-site complaint investigation #23267 and one FRI [Facility Reported Incident] investigation #23084 was conducted by the Division of Licensing and Protection on 12/31/24 through 12/31/24 at Birchwood Terrace to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory violation was identified:	F 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*	
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: 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: Per record review, Resident #1 was admitted to the facility to the Memory Care Unit with diagnoses of Alzheimer's disease, and dementia	F 600	F 600 Resident #2 is being protected from physical abuse through staff monitoring and supervision. A facility wide assessment of residents identified by the IDT to have a higher risk of physical aggressiveness towards other residents to ensure they have had their medications reviewed by the physician and IDT review for appropriate non-pharmacological interventions initiated. The Administrator / designee will provide education to the clinical IDT on the prevention of residents with a higher risk of aggressive behaviors needing additional assessments and discussion with physician and IDT on interventions needed to minimize risk of one resident being physical aggressive towards another. The Administrator will review this higher risk list of residents during risk meeting with the IDT to identify if anyone has had an increase in behaviors or moods that could lead to being physically aggressive towards another resident.	2/14/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Alecia DiMaso, ED — (X6) DATE: 2/6/25

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475003	A. BUILDING _____ B. WING _____	C 12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD TERRACE REHAB & HEALTHCARE	43 STARR FARM RD BURLINGTON, VT 05408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 1 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. 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." 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. 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] ...	F 600	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* The results of these weekly reviews with the IDT will be brought to the QAPI committee for further review and recommendation to ensure substantial compliance is achieved. **Tag F 600 POC accepted on 2/6/25 by P. Cota**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475003	A. BUILDING _____ B. WING _____	C 12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD TERRACE REHAB & HEALTHCARE	43 STARR FARM RD BURLINGTON, VT 05408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 2 [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." 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."	F 600		