VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

AGENCY OF HUMAN SERVICES

September 9, 2025

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

Provider ID #: 475003

Dear Ms. Dimario:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **August 20, 2025.** 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Birchwood Terrace Rehab & Healthcare	**43 Starr Farm Rd , Burlington, Vermont, 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
E0000	Initial Comments The Division of Licensing and Protection conducted an onsite, unannounced survey of the facility's emergency preparedness program on 8/20/25 during an annual re-certification survey. There were no regulatory violations related to emergency preparedness as a result of this survey.	E0000	*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.*	
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey from 8/18/25 through 8/20/25 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiencies were identified:	F0000	F 550 No residents were directly affected by this practice. All residents who require assistance with meals have the potential to be affected. The SDC or designee will provide education to all staff on Resident Rights, focusing on dignity at mealtimes. The Director of Nursing is responsible for overseeing this process. Weekly observations will be conducted during meals ensuring residents' dignity is being maintained for 3 months. The results of these audits will be reviewed and brought to QAPI meeting for further review and recommendations ensuring substantial compliance is achieved. **Tag F0550 POC accepted on 9/9/25 by C. Howard/S. Stem**	9/15/25
F0550 SS = E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F0550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Alicia DiMarco	Executive Director	9/8/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Birchwood Terrace Rehab & Healthcare	43 Starr Farm Rd , Burlington, Vermont, 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
F0550 SS = E	Continued from page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the facility failed to provide dignity and respect to residents who require feeding assistance for 8 of 8 sampled residents. Findings include: Observation on 8/18/25 at 12:20 PM revealed four staff members feeding eight residents. Each staff was feeding 2 residents at a time. Per interview on 8/18/25 at approximately 12:40 PM, an LNA (Licensed Nursing Assistant) regarding residents requiring assistance stated, "we usually do have two staff members feeding the 'feeders' because we don't have enough staff for each 'feeder' to have their own staff member to feed them." This LNA asked if the facility has a lot of residents who require assistance with eating, s/he stated, "yes, we have lots of feeders." Per interview on 8/18/25 at approximately 2:45 PM, the Administrator confirmed that staff should not be referring to residents as "feeders" and they are residents that require assistance with meals.	F0550		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or	F0812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Birchwood Terrace Rehab & Healthcare	**43 Starr Farm Rd , Burlington, Vermont, 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
F0812 SS = F	Continued from page 2 considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and policy reviews, the facility failed to store food in accordance with professional standards for food service safety. This deficiency has the potential to impact all residents in the facility. Findings include: Per the initial tour of the kitchen on 8/18/25 at 10:05 AM, revealed in the freezer room, three uncovered boxes that contained frozen vegetables. All three boxes were open to air. There were no expiration dates on the items. Per interview, the Assistant Dietary Manager confirmed items should be covered in the storage area. Per review of a facility policy "Food Safety Requirements" (Revised 2/2024), "Practices to maintain safe refrigeration storage include "..." Keeping food covered or in tight container." Per interview on 8/19/25 at 11:10 AM, the Dietary Manager confirmed items in storage should be covered or in a container, labeled and dated.	F0812	*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 812 No residents were directly affected by this practice. Food identified being stored incorrectly was immediately discarded. All residents have the potential to be affected. The Food Services Director or Designee will provide education to all dietary staff on safe food storage/procurement, including date marking for food safety. The Executive Director is responsible for overseeing this process. Food storage areas will be audited weekly for 3 months to ensure the proper storage and labeling of food items. The results of these audits will be reviewed and brought to QAPI meeting for further review and recommendations ensuring substantial compliance is achieved. **Tag F0812 POC accepted on 9/9/25 by C. Howard/S. Stem**	9/15/25