

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 12/28/2022
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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37055</p> <p>Based on record review and interviews, the facility failed to ensure that residents were free from neglect for 1 of 5 residents reviewed (Resident #1). Findings include:</p> <p>Per record review, Resident #1 was admitted to the facility on [DATE] from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated stercocolitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to take the Levothyroxine. On 3/23/2022 the facility physician saw the resident for an admission visit and noted the Hypothyroidism Diagnosis and indicated the condition was well-managed, and there were currently no symptoms of thyroid disease present. The physician ordered a Thyroid Stimulating Home (TSH) test to be draw on the next laboratory (lab) draw and will adjust dosing of Levothyroxine as needed based on lab value and will continue to follow with periodic lab work. The resident did have lab work including a TSH drawn on 3/29, 5/18 and 5/23/2022, and none of those labs were indicative of levels within the therapeutic range and finally a lab draw on 6/15/2022 did indicate the therapeutic level had been reached.</p> <p>The resident went out to the hospital on 7/21/2022 returning on 7/29/2022. When the resident returned to the facility the TOC indicated Levothyroxine 100mcg a day for only 30 days. The facility has a system in place that 2 nurses are to verify that orders are correct before placing them into the resident record, neither nurse noted anything about the fact that the Levothyroxine for only prescribed for a 30-day period of time despite the fact that treatment with Levothyroxine is lifelong.</p> <p>On 7/29/2022 a nurse documented that all TOC medications were entered into the system and the Nurse Practitioner (NP) stated s/he had seen the TOC and to go ahead with the order, but clarification was needed for the Intravenous Therapy (IV) Protonix (a medication used to treat gastroesophageal-reflux-disease - GERD) since the facility does not provide that medication as an IV. There was no mention of the fact that the Levothyroxine was only ordered for 30 days.</p> <p>(continued on next page)</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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/1/2022 the NP saw the resident for a readmission visit and documented incorrectly under the current medications list - Levothyroxine 150mcg a day. The NP also documented that a medication reconciliation had been completed and that diagnostic testing had been reviewed. During this visit the resident requested to return to the hospital for continued issues with constipation and recurrent episodes of SBO and the resident was transported to the hospital.</p> <p>The resident returned on 8/6/2022 and again the TOC indicated Levothyroxine 100mcg for 30 days only. On 8/6/2022 a nurses reviewed the orders from the TOC over the phone with the on-call provider and no changes to the orders were made at that time, despite the fact that the Levothyroxine was only ordered for 30 days from the previous 7/29/2022 date of discharge from the hospital. A second nurse also reviewed the orders for accuracy.</p> <p>On 8/29/2022 the resident received her last dose of the Levothyroxine 100mcg per the 30-day physician order on the TOC from the hospital and the medication dropped off the Medication Administration Record (MAR) at that time. There is no evidence in the Electronic Health Record (EMR) of anyone questioning why the medication, that is required to be taken indefinitely, was no longer ordered.</p> <p>On 9/30/2022 the NP saw the resident for a regular visit and again documented incorrectly that the current medications included Levothyroxine 150mcg a day. Again, the NP documented that a medication reconciliation had been completed and that diagnostic testing had been reviewed.</p> <p>On 8/11, 9/7, 10/6, 11/8 and 12/5/2022 the consultant pharmacist conducted the required Medication Regime Review and on each of these dates documented no recommendations at this time, despite the fact the TOC incorrectly listed only 30 days of Levothyroxine in July 2022 and the resident was no longer receiving Levothyroxine as of 8/30/2022, and that treatment with Levothyroxine is lifelong. The resident went without Levothyroxine for 2 days in August 2022, 30 days in September 2022, 31 days in October 2022, 30 days in November 2022 and 19 days in December 2022.</p> <p>The physician at the hospital for the 12/19/2022 inpatient admittance, indicated that endocrine was consulted because the resident was found to be overtly hypothyroid. Laboratory tests showed a very high TSH level and an undetectably low Thyroxine level (Free T4). While at the hospital there was concern that there was no evidence on her medication list from the facility that she was taking Levothyroxine, as she had previously been taking when being seen at the hospital.</p> <p>The December 2022 hospitalization also showed the resident was diagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on ,d+[DATE] and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the December hospitalization could have been avoided.</p> <p>Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that there were opportunities for both the NP and the pharmacist to realize that the Levothyroxine was no longer being given and that there was a system failure that led to medical neglect.</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Actual harm Residents Affected - Few	Per review of this record, and multiple interviews, there was a facility multi-system failure to prevent medical neglect of Resident #1, and there was harm as a result. See citations at F711, F756, and F760 for more detail and confirmations.		

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<p>F 0711</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37055</p> <p>Based on record review and staff interview, the physician failed to ensure that the onsite review of the resident's total program of care included accurate medication reconciliation and monitoring of medications for 1 of 5 residents (Resident #1). Findings include:</p> <p>Per record review, Resident #1 was admitted to the facility on [DATE] from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated stercocolitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to take the Levothyroxine. On 3/23/2022 the facility physician saw the resident for an admission visit and noted the Hypothyroidism Diagnosis and indicated the condition was well-managed, and there were currently no symptoms of thyroid disease present. The physician ordered a Thyroid Stimulating Home (TSH) test to be draw on the next laboratory (lab) draw and will adjust dosing of Levothyroxine as needed based on lab value and will continue to follow with periodic lab work. The resident did have lab work including a TSH drawn on 3/29, 5/18 and 5/23/2022, and none of those labs were indicative of levels within the therapeutic range and finally a lab draw on 6/15/2022 did indicate the therapeutic level had been reached.</p> <p>The resident went out to the hospital on 7/21/2022 returning on 7/29/2022. When the resident returned to the facility the TOC indicated Levothyroxine 100mcg a day for only 30 days. On 7/29/2022 a nurse documented that all TOC medications were entered into the system and the Nurse Practitioner (NP) stated s/he had seen the TOC and to go ahead with the order, but clarification was needed for the Intravenous Therapy (IV) Protonix (a medication used to treat gastroesophageal-reflux-disease - GERD) since the facility does not provide that medication as an IV. There was no mention by the NP of the fact that the Levothyroxine was only ordered for 30 days.</p> <p>On 8/1/2022 the NP saw the resident for a readmission visit and documented incorrectly under the current medications list - Levothyroxine 150mcg a day. The NP also documented that s/he had spent 40 minutes on patient care and that a medication reconciliation had been completed and that diagnostic testing had been reviewed. The note also indicates that the plan of care was reviewed, and s/he agreed with the plan. During this visit the resident requested to return to the hospital for continued issue with constipation and recurrent episodes of SBO and the resident was transported to the hospital.</p> <p>The resident returned on 8/6/2022 and again the TOC indicated Levothyroxine 100mcg for 30 days only. On 8/6/2022 a nurses reviewed the orders from the TOC over the phone with the on-call provider and no changes to the orders were made at that time, despite the fact that the Levothyroxine was only ordered for 30 days from the previous 7/29/2022 date of discharge from the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0711</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/29/2022 the resident received her last dose of the Levothyroxine 100mcg per the 30-day physician order on the TOC from the hospital and the medication dropped off the Medication Administration Record (MAR) at that time. There is no evidence in the Electronic Health Record (EMR) of anyone questioning why the medication, that is required to be taken indefinitely was no longer ordered.</p> <p>On 9/30/2022 the NP saw the resident for a regular visit and again documented incorrectly that the current medications included Levothyroxine 150mcg a day. Again, s/he documented that they had spent 40 minutes on patient care and that a medication reconciliation had been completed and that diagnostic testing had been reviewed and that the plan of care was reviewed, and s/he agreed with the plan.</p> <p>The resident went without Levothyroxine for 2 days in August 2022, 30 days in September 2022, 31 days in October 2022, 30 days in November 2022 and 19 days in December 2022, when the resident returned to the hospital and laboratory tests showed a very high TSH level and an undetectably low Thyroxine level (Free T4). While at the hospital there was concern that there was no evidence on his/her medication list from the facility that s/he was taking Levothyroxine, as she had previously been taking when being seen at the hospital.</p> <p>The December 2022 hospitalization also showed the resident was diagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on ,d+[DATE] and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the December hospitalization could have been avoided.</p> <p>Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that the NP had incorrectly documented the dose of Levothyroxine on 2 occasions and appeared unaware that the Levothyroxine had dropped off the MAR and that the resident was no longer receiving this medication.</p>		

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<p>F 0756</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37055</p> <p>Based on record review and interview, the Licensed Pharmacist failed to ensure that an irregularity was identified and reported to the facility for 1 of 5 residents reviewed (Resident #1) Findings include:</p> <p>Per record review, Resident #1 was admitted to the facility on [DATE] from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated stercocolitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to take the Levothyroxine. On 3/23/2022 the facility physician saw the resident for an admission visit and noted the Hypothyroidism Diagnosis and indicated the condition was well-managed, and there were currently no symptoms of thyroid disease present. The physician ordered a Thyroid Stimulating Home (TSH) test to be draw on the next laboratory (lab) draw and will adjust dosing of Levothyroxine as needed based on lab value and will continue to follow with periodic lab work. The resident did have lab work including a TSH drawn on 3/29, 5/18band 5/23/2022, and none of those labs were indicative of levels within the therapeutic range and finally a lab draw on 6/15/2022 did indicate the therapeutic level had been reached.</p> <p>The resident went out to the hospital on 7/21/2022 returning on 7/29/2022. When the resident returned to the facility the TOC indicated Levothyroxine 100mcg a day for only 30 days. On 7/29/2022 a nurse documented that all TOC medications were entered into the system and the Nurse Practitioner (NP) stated s/he had seen the TOC and to go ahead with the order, but clarification was needed for the Intravenous Therapy (IV) Protonix (a medication used to treat gastroesophageal-reflux-disease - GERD) since the facility does not provide that medication as an IV. There was no mention of the fact that the Levothyroxine was only ordered for 30 days.</p> <p>The resident once again went to the hospital on 8/1/2022 and returned on 8/6/2022 again the TOC indicated Levothyroxine 100mcg for 30 days only. On 8/6/22 a nurses reviewed the orders from the TOC over the phone with the on-call provider and no changes to the orders were made at that time, despite the fact that the Levothyroxine was only ordered for 30 days from the previous 7/29/2022 date of discharge from the hospital.</p> <p>On 8/29/2022 the resident received her last dose of the Levothyroxine 100mcg per the 30-day physician order on the TOC from the hospital and the medication dropped off the Medication Administration Record (MAR) at that time. There is no evidence in the Electronic Health Record (EMR) of anyone questioning why the medication, that is required to be taken indefinitely was no longer ordered.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The consultant pharmacist conducted the required Medication Regime Review on 8/11, 9/7, 10/6, 11/8 and 12/5/2022. Part of the Medication Regime Review is to review the resident's medical chart including current medications and report irregularities. On each of these dates the pharmacist documented no recommendations at this time, despite the fact the TOC incorrectly listed only 30 days of Levothyroxine in July 2022 and the resident was no longer receiving Levothyroxine as of 8/30/2022, and that treatment with Levothyroxine is lifelong.</p> <p>The resident went without Levothyroxine for 2 days in August 2022, 30 days in September 2022, 31 days in October 2022, 30 days in November 2022 and 19 days in December 2022, when the resident returned to the hospital and laboratory tests showed a very high TSH level and an undetectably low Thyroxine level (Free T4). While at the hospital there was concern that there was no evidence on her medication list from the facility that she was taking Levothyroxine, as she had previously been taking when being seen at the hospital.</p> <p>The December 2022 hospitalization also showed the resident was diagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on ,d+[DATE] and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the December hospitalization could have been avoided.</p> <p>Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that the pharmacist did not report any irregularities to the facility for the 5 monthly Medication Regime Reviews that were conducted during the time that the Levothyroxine was not being given to the resident.</p>		

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37055</p> <p>Based on interview and record review, the facility failed to ensure 1 of 5 applicable residents (Resident #1) are free of significant medication errors. Findings include:</p> <p>Per record review, Resident #1 was admitted to the facility on [DATE] from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated stercocolitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to take the Levothyroxine. On 3/23/2022 the facility physician saw the resident for an admission visit and noted the Hypothyroidism Diagnosis and indicated the condition was well-managed, and there were currently no symptoms of thyroid disease present. The physician ordered a Thyroid Stimulating Home (TSH) test to be draw on the next laboratory (lab) draw and will adjust dosing of Levothyroxine as needed based on lab value and will continue to follow with periodic lab work. The resident did have lab work including a TSH drawn on 3/29, 5/18, and 5/23/2022, and neither of those labs were indicative of levels within the therapeutic range and finally a lab draw on 6/15/2022 did indicate the therapeutic level had been reached.</p> <p>The resident went out to the hospital on 7/21/2022 returning on 7/29/2022. When the resident returned to the facility the TOC indicated Levothyroxine 100mcg a day for only 30 days. The facility has a system in place that 2 nurses are to verify that orders are correct before placing them into the resident record, neither nurse noted anything about the fact that the Levothyroxine for only prescribed for a 30-day period of time despite the fact that treatment with Levothyroxine is lifelong.</p> <p>On 7/29/2022 a nurse documented that all TOC medications were entered into the system and the Nurse Practitioner (NP) stated s/he had seen the TOC and to go ahead with the order, but clarification was needed for the Intravenous Therapy (IV) Protonix (a medication used to treat gastroesophageal-reflux-disease - GERD) since the facility does not provide that medication as an IV. There was no mention of the fact that the Levothyroxine was only ordered for 30 days.</p> <p>On 8/1/2022 the NP saw the resident for a readmission visit and documented incorrectly under the current medications list - Levothyroxine 150mcg a day. The NP also documented that a medication reconciliation had been completed and that diagnostic testing had been reviewed. During this visit the resident requested to return to the hospital for continued issue with constipation and recurrent episodes of SBO and the resident was transported to the hospital.</p> <p>The resident returned on 8/620/22 and again the TOC indicated Levothyroxine 100mcg for 30 days only. On 8/6/2022 a nurses reviewed the orders from the TOC over the phone with the on-call provider and no changes to the orders were made at that time, despite the fact that the Levothyroxine was only ordered for 30 days from the previous 7/29/2022 date of discharge from the hospital. A second nurse also reviewed the orders for accuracy.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/29/2022 the resident received her last dose of the Levothyroxine 100mcg per the 30-day physician order on the TOC from the hospital and the medication dropped off the Medication Administration Record (MAR) at that time. There is no evidence in the Electronic Health Record (EMR) of anyone questioning why the medication, that is required to be taken indefinitely was no longer ordered.</p> <p>On 9/30/2022 the NP saw the resident for a regular visit and again documented incorrectly that the current medications included Levothyroxine 150mcg a day. Again, the NP documented that a medication reconciliation had been completed and that diagnostic testing had been reviewed.</p> <p>On 8/11, 9/7, 10/6, 11/8 and 12/5/2022 the consultant pharmacist conducted the required Medication Regime Review and on each of these dates documented no recommendations at this time, despite the fact the TOC incorrectly listed only 30 days of Levothyroxine in July 2022 and the resident was no longer receiving Levothyroxine as of 8/30/2022, and that treatment with Levothyroxine is lifelong.</p> <p>The resident went without Levothyroxine for 2 days in August 2022, 30 days in September 2022, 31 days in October 2022, 30 days in November 2022 and 19 days in December 2022, when the resident returned to the hospital and laboratory tests showed a very high TSH level and an undetectably low Thyroxine level (Free T4). There was concern that there was no evidence on her medication list from the facility that she was taking Levothyroxine, as she had previously been taking when being seen at the hospital.</p> <p>The December 2022 hospitalization also showed the resident was diagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on ,d+[DATE] and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the December hospitalization could have been avoided.</p> <p>Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that the resident did not receive the required dose of Levothyroxine from August 30th until s/he was readmitted to the hospital on December 19, 2022.</p>		