Printed: 11/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) 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	SUMMARY STATEMENT OF DEFICIENCIES			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 475030

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F 0600 Level of Harm - Actual harm Residents Affected - Few	medications list - Levothyroxine 15 had been completed and that diagr to return to the hospital for continue resident was transported to the hospital for canges to the orders were made as 30 days from the previous 7/29/202 orders for accuracy.  On 8/29/2022 the resident received order on the TOC from the hospital (MAR) at that time. There is no evict the medication, that is required to be considered in the medication included Levothyroxine reconciliation had been completed.  On 8/11, 9/7, 10/6, 11/8 and 12/5/2 Review and on each of these dates incorrectly listed only 30 days of Levothyroxine as of 8/30/2022, and Levothyroxine for 2 days in August November 2022 and 19 days in De.  The physician at the hospital for the because the resident was found to and an undetectably low Thyroxine evidence on her medication list from been taking when being seen at the The December 2022 hospitalization Pericardial Effusion which was likely hypothyroidism. S/he was found to was restarted and a request for foll resident was returned to the facility has been done to monitor Thyroxin hospital, had this lack of Levothyro the resident's Thyroxine been in the avoided.  Per interview on 12/27/2022 at appthere were opportunities for both the sound and the province of the sound and and and the sound and and the sound and and and and and and and and and a	and again the TOC indicated Levothyroders from the TOC over the phone with at that time, despite the fact that the Le 22 date of discharge from the hospital. It has taken to be a discharge from the hospital. It has taken to be a discharge from the hospital. It has taken to be a discharge from the hospital. It has taken to be a discharge from the hospital. It has taken to be a discharge from the hospital. It has taken to be a discharge from the hospital to be a discharge from the hospital to be a discharge from the hospital to be a discharge from the properties of the treatment with Levothyroxine is lift and treatment with Levothyroxine is lift and the treatment with Levothyroxine is lift and the properties of the from the facility that she was taking Levoth the facility that she was taking Levoth.	that a medication reconciliation of this visit the resident requested interpretation of the visit the resident requested interpretation of the on-call provider and no vothyroxine was only ordered for A second nurse also reviewed the compared for the compared of the compared for

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

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F 0711 Level of Harm - Actual harm Residents Affected - Few	at each required visit.  **NOTE- TERMS IN BRACKETS IN	s admitted to the facility on [DATE] from essitating an exploratory laparotomy send-standing diagnosis of Hypothyroidistyroid hormone). This condition was treated and interest of the facility the Transition in the totake the Levothyroxine. On 3/23, moted the Hypothyroidism Diagnosis are ently no symptoms of thyroid disease past to be draw on the next laboratory (label lab value and will continue to follow with drawn on 3/29, 5/18 and 5/23/2022, and peutic range and finally a lab draw on 6 d.  all on 7/21/2022 returning on 7/29/2022 exime 100mcg a day for only 30 days. Our control of the system and the Nurse Pracorder, but clarification was needed for the gastroesophageal-reflux-disease - Gilbere was no mention by the NP of the cent for a readmission visit and documer forming a day. The NP also documented reconciliation had been completed and that the plan of care was reviewed, and return to the hospital for continued issu	that the onsite review of the on and monitoring of medications for an acute care hospital following a econdary to a perforated in (a condition in which the thyroid ated with Levothyroxine 100mcg a staken indefinitely, although the in of Care (TOC) from the hospital (2022 the facility physician saw the indicated the condition was present. The physician ordered a sub) draw and will adjust dosing of ith periodic lab work. The resident and none of those labs were (2015/2022 did indicate the conditioner (NP) stated s/he had seen the Intravenous Therapy (IV) ERD) since the facility does not fact that the Levothyroxine was a stated incorrectly under the current that s/he had spent 40 minutes on that diagnostic testing had been a s/he agreed with the plan. During the with constipation and recurrent coxine 100mcg for 30 days only. On the on-call provider and no

JMMARY STATEMENT OF DEFIC ach deficiency must be preceded by an 8/29/2022 the resident received der on the TOC from the hospital MAR) at that time. There is no evit e medication, that is required to be an 9/30/2022 the NP saw the residedications included Levothyroxing in patient care and that a medication reviewed and that the plan of the resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing to be resident went without Levothyroxing the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident was a supplied to	full regulatory or LSC identifying information of the last dose of the Levothyroxine 100 land the medication dropped off the Medence in the Electronic Health Record (be taken indefinitely was no longer order dent for a regular visit and again document on reconciliation had been completed as care was reviewed, and s/he agreed was reviewed, and s/he agreed was reviewed.	on)  Omcg per the 30-day physician edication Administration Record EMR) of anyone questioning why red.  ented incorrectly that the current ed that they had spent 40 minutes and that diagnostic testing had
JMMARY STATEMENT OF DEFIC ach deficiency must be preceded by an 8/29/2022 the resident received der on the TOC from the hospital MAR) at that time. There is no evit e medication, that is required to be an 9/30/2022 the NP saw the residedications included Levothyroxing in patient care and that a medication reviewed and that the plan of the resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing to be resident went without Levothyroxing the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident was a supplied to	98 Starr Farm Rd Burlington, VT 05408  tact the nursing home or the state survey and the regulatory or LSC identifying information and the medication dropped off the Medicate in the Electronic Health Record (be taken indefinitely was no longer order than the regular visit and again document on reconciliation had been completed as care was reviewed, and s/he agreed were stated to the state of	on)  Omcg per the 30-day physician edication Administration Record EMR) of anyone questioning why red.  ented incorrectly that the current ed that they had spent 40 minutes and that diagnostic testing had
JMMARY STATEMENT OF DEFIC ach deficiency must be preceded by an 8/29/2022 the resident received der on the TOC from the hospital MAR) at that time. There is no evit e medication, that is required to be an 9/30/2022 the NP saw the residedications included Levothyroxing in patient care and that a medication reviewed and that the plan of the resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing the resident went without Levothyroxing to be resident went without Levothyroxing to be resident went without Levothyroxing the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident with the resident was a supplied to be resident was a supplied to	ciencies full regulatory or LSC identifying information d her last dose of the Levothyroxine 100 l and the medication dropped off the Medence in the Electronic Health Record ( pe taken indefinitely was no longer order dent for a regular visit and again docume e 150mcg a day. Again, s/he document on reconciliation had been completed a care was reviewed, and s/he agreed w	on) Omcg per the 30-day physician edication Administration Record EMR) of anyone questioning why ared.  ented incorrectly that the current ed that they had spent 40 minutes and that diagnostic testing had
ach deficiency must be preceded by n 8/29/2022 the resident received der on the TOC from the hospital MAR) at that time. There is no evide medication, that is required to be n 9/30/2022 the NP saw the residedications included Levothyroxing patient care and that a medication reviewed and that the plan of the resident went without Levothyrotober 2022, 30 days in November	full regulatory or LSC identifying information of the last dose of the Levothyroxine 100 land the medication dropped off the Medence in the Electronic Health Record (be taken indefinitely was no longer order dent for a regular visit and again document on reconciliation had been completed as care was reviewed, and s/he agreed was reviewed, and s/he agreed was reviewed.	Omcg per the 30-day physician edication Administration Record EMR) of anyone questioning why red.  ented incorrectly that the current ed that they had spent 40 minutes and that diagnostic testing had
der on the TOC from the hospital MAR) at that time. There is no evide medication, that is required to be a possible medication, that is required to be a possible medication included Levothyroxing patient care and that a medication reviewed and that the plan of the resident went without Levothyroxide resident went with went without Levothyroxide resident went with went with went with went went went went went went went with went went went went went went went went	I and the medication dropped off the Medence in the Electronic Health Record (be taken indefinitely was no longer order that a regular visit and again docume 150mcg a day. Again, s/he document on reconciliation had been completed a care was reviewed, and s/he agreed was reviewed.	edication Administration Record EMR) of anyone questioning why bred.  ented incorrectly that the current ed that they had spent 40 minutes and that diagnostic testing had
4). While at the hospital there was cility that s/he was taking Levothy ospital.  The December 2022 hospitalization ericardial Effusion which was likely pothyroidism. S/he was found to as restarted and a request for following been done to monitor Thyroxin ospital, had this lack of Levothyro er resident's Thyroxine been in the roided.  The interview on 12/27/2022 at apper NP had incorrectly documented.	er 2022 and 19 days in December 2022 and a very high TSH level and an undeter a concern that there was no evidence of yroxine, as she had previously been taken also showed the resident was diagnostly in the setting of inflammatory state given be bradycardic likely a reflection of his, low up laboratory testing be done to move on d+[DATE] and remains in the facilities levels. Per interview with the physicial in the continued it could have been life the therapeutic range the December hospotoximately 12:15pm the acting Directors the dose of Levothyroxine on 2 occasion.	ctably low Thyroxine level (Free n his/her medication list from the cing when being seen at the sed with Parainfluenza and ven viral infection versus overt (her hypothyroidism. Levothyroxine intor the Thyroxine levels. The ty at present and laboratory testing an who treated the resident at the preatening and quite possibly had oitalization could have been of Nursing (DNS) confirmed that ions and appeared unaware that
	pspital.  The December 2022 hospitalization or cardial Effusion which was like pothyroidism. S/he was found to as restarted and a request for foll sident was returned to the facility as been done to monitor Thyroxin ispital, had this lack of Levothyro be resident's Thyroxine been in the oided.  For interview on 12/27/2022 at appear NP had incorrectly documented.	repital.  The December 2022 hospitalization also showed the resident was diagnost arcardial Effusion which was likely in the setting of inflammatory state git pothyroidism. S/he was found to be bradycardic likely a reflection of hister as restarted and a request for follow up laboratory testing be done to mostident was returned to the facility on ,d+[DATE] and remains in the facilities been done to monitor Thyroxine levels. Per interview with the physicial spital, had this lack of Levothyroxine continued it could have been life the resident's Thyroxine been in the therapeutic range the December hospital.

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F 0756 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS IN Based on record review and intervitidentified and reported to the facility.  Per record review, Resident #1 was small bowel obstruction (SBO) necestercocolitis. The resident has a longland does not produce enough thy day (a medication replacing the missident for an admission visit and well-managed, and there were curred Thyroid Stimulating Home (TSH) to Levothyroxine as needed based or did have lab work including a TSH indicative of levels within the theraptherapeutic level had been reached. The resident went out to the hospit facility the TOC indicated Levothyroxine at lall TOC medications were entered the TOC and to go ahead with the Protonix (a medication used to treaprovide that medication as an IV. The resident once again went to the Levothyroxine 100mcg for 30 days phone with the on-call provider and the Levothyroxine was only ordered hospital.  On 8/29/2022 the resident received order on the TOC from the hospital (MAR) at that time. There is no evice the small provide in the content of the top or the protonic treatment of the top or the top or the provider and the content of the top or the top or the protonic treatment of the top or the top or the protonic treatment of the top or the top or the protonic treatment of the protonic treatme	ew, the Licensed Pharmacist failed to ey for 1 of 5 residents reviewed (Residents admitted to the facility on [DATE] from the essitating an exploratory laparotomy segestanding diagnosis of Hypothyroidism proid hormone). This condition was treated by the facility the Transition and the Hypothyroidism Diagnosis and the Hypothyroidism Diagnosis are ently no symptoms of thyroid disease past to be draw on the next laboratory (late lab value and will continue to follow with drawn on 3/29, 5/18band 5/23/2022, and poeutic range and finally a lab draw on 6	ensure that an irregularity was nt #1) Findings include:  In an acute care hospital following a econdary to a perforated (a condition in which the thyroid ated with Levothyroxine 100mcg a staken indefinitely, although the of Care (TOC) from the hospital (2022 the facility physician saw the nd indicated the condition was present. The physician ordered a lab) draw and will adjust dosing of ith periodic lab work. The resident nd none of those labs were (15/2022 did indicate the condition the labs were (15/2022) an urse documented citioner (NP) stated s/he had seen the Intravenous Therapy (IV) ERD) since the facility does not be Levothyroxine was only ordered (15/2022) again the TOC indicated orders from the TOC over the at that time, despite the fact that 1/22 date of discharge from the comic per the 30-day physician edication Administration Record (EMR) of anyone questioning why

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F 0756 Level of Harm - Actual harm Residents Affected - Few	12/5/2022. Part of the Medication F medications and report irregularitie recommendations at this time, desp July 2022 and the resident was no Levothyroxine is lifelong.  The resident went without Levothyroctober 2022, 30 days in November hospital and laboratory tests showed T4). While at the hospital there was facility that she was taking Levothy.  The December 2022 hospitalization Pericardial Effusion which was likely hypothyroidism. S/he was found to was restarted and a request for foll resident was returned to the facility has been done to monitor Thyroxin hospital, had this lack of Levothyrothe resident's Thyroxine been in the avoided.  Per interview on 12/27/2022 at app the pharmacist did not report any in	ted the required Medication Regime Regime Review is to review the residents. On each of these dates the pharmacoite the fact the TOC incorrectly listed clonger receiving Levothyroxine as of 8, roxine for 2 days in August 2022, 30 days are 2022 and 19 days in December 2022 and a very high TSH level and an undetest of a concern that there was no evidence or roxine, as she had previously been taken also showed the resident was diagnonly in the setting of inflammatory state go be bradycardic likely a reflection of his ow up laboratory testing be done to more on ,d+[DATE] and remains in the facility elevels. Per interview with the physicial carries are continued it could have been life the therapeutic range the December hose proximately 12:15pm the acting Director regularities to the facility for the 5 mone that the Levothyroxine was not being	t's medical chart including current sist documented no only 30 days of Levothyroxine in 130/2022, and that treatment with 130/2022, and that treatment to the resident form the 130/2022, and that the 130/2022, and that the 130/2022, and that treatment level (Free in her medication list from the ing when being seen at the hospital.  The second resident and laboratory testing and who treated the resident at the 130/2022, and that the 130/2022, and that the 130/2022, and that treatment with 130/2022, and that treat

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F 0760	Ensure that residents are free from	significant medication errors.	
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 37055
Residents Affected - Few	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:		
	Based on interview and record review, the facility failed to ensure 1 of 5 applicable residents (Resident #1)		econdary to a perforated in (a condition in which the thyroid ated with Levothyroxine 100mcg a staken indefinitely, although the in of Care (TOC) from the hospital (2022 the facility physician saw the indicated the condition was present. The physician ordered a sub) draw and will adjust dosing of ith periodic lab work. The resident ind neither of those labs were (15/2022 did indicate the condition). When the resident returned to the resident record, neither nurse or a 30-day period of time despite of a 30-day period of time despite of the the fact that the condition in the fact that the fa

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F 0760 Level of Harm - Actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  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.  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 incorrectly that the current medication had been completed and that diagnostic testing had been reviewed.  On 8/11, 9/7, 10/6, 11/8 and 12/5/2022 the consultant pharmacist conducted the required Medication Regir 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, when the resident returned to thospital 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.  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 hypothyroxidem. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for		Omog per the 30-day physician edication Administration Record (EMR) of anyone questioning why ered.  ented incorrectly that the current ented that a medication eviewed.  ted the required Medication Regime this time, despite the fact the TOC ent was no longer receiving felong.  Tys in September 2022, 31 days in 2, when the resident returned to the extably low Thyroxine level (Free from the facility that she was at the hospital.  Seed with Parainfluenza and ven viral infection versus overt (her hypothyroidism. Levothyroxine enitor the Thyroxine levels. The ty at present and laboratory testing an who treated the resident at the preatening and quite possibly had oitalization could have been