

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 475014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER BURLINGTON HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP 300 PEARL STREET BURLINGTON, VT 05401	
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 0760 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on staff interview and record review, the facility failed to ensure that 1 of 4 sampled residents (Resident #1) was free from any significant medication errors. Findings include: Per review of Resident #1's medical record, Resident # 1 was given 10 times the physician-ordered dosage of [MEDICATION NAME] on 3 occasions, March 4, 5 and 6 which led to his/her hospitalization on [DATE]. Resident #1 was admitted to the facility on [DATE] from an acute care hospital. The discharge summary from the hospital stated that Resident #1 tolerated the [MEDICATION NAME] well. The summary also included an order for [REDACTED]. The care plan for Resident #1 stated that Resident is at risk for respiratory complications related to Chronic [MEDICAL CONDITION] with [MEDICAL CONDITIONS] hypertension, interstitial [MEDICAL CONDITION] disease. Review of the March 2020 Medication Administration Record [REDACTED]. This is confirmed by nursing notes. Review of the narcotics record shows that [MEDICATION NAME] 20 milligrams per 1 milliliter was pulled from facility stock. This record indicates that Resident #1 was administered 1 ml of the 20 mg per ml solution on 3/4/20 at 6:30 PM, 3/5/20 at 11:00 AM and 3/6/20 at 11:30 AM, which would be equivalent to a dose of 20 mg. Resident #1 should have received 2 mg of [MEDICATION NAME] each dose but rather received 20 mg of [MEDICATION NAME] at each dose. On 8/10/20 at 12:45 PM, the Director of Nurses confirmed that the MAR indicated [REDACTED].</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.