

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 12/10/2025
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)
<p>F 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to send written documentation to resident and resident representative about transfers to outside facilities for one of three sampled residents (Resident #1). The facility also failed to send transfer records to the Long-Term Care Ombudsman for three of three sampled residents (Residents #1, #2, and #3). Findings include: Per record review, Resident #1 was transferred to an outside facility on 10/3/25 for geriatric psychiatric care. Resident #2 was transferred to the hospital on [DATE]. Resident #3 was transferred to the hospital on [DATE]. Per record review of the transfer notices for Resident #1, #2, and #3, the bottom of the document states, Copy sent to Office of the State Long-Term Care Ombudsman on . This left blank for all three notices of transfer forms. There was no record of any information being sent to the residents' representatives. Per review of the facility's Discharge Planning, Death and Notice of Discharge/Transfer policy [last revised 7/6/23] states, Following notification of an emergency discharge or planned transfer/discharge, the Director of Social Services/designee sends to the responsible party the notice of transfer form documenting the reason for transfer/discharge. A copy is kept on file in the social services department. the facility will send a copy of the notice to a representative of the office of the state long term care ombudsman with every transfer or discharge. An interview was conducted with the Long-Term Care Ombudsman on 12/10/25 at 11:00 AM. The ombudsman confirmed that he was not sent any transfer notices for Residents #1, #2, or #3. An interview was conducted with the DON (Director of Nursing) on 12/10/25 at 11:27 AM. She confirmed Resident #1's Representative was not sent any transfer information in writing. At 12:20 PM, the DON confirmed written notice of transfers were not sent to the family representative for Resident #2 and #3. She confirmed notices of transfers were not sent in writing to the Long-Term Care Ombudsman stating, This is a process we still need to work on.</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
---	-------	-----------