VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 7, 2013

Ms. Lisa Middleton, Administrator
Cathedral Square Senior Living
3 Cathedral Square
Burlington, VT 05401

Provider #: 1001

Dear Ms. Middleton:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey conducted on **October 7, 2013.** 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
Licensing Chief

PC:ne

Enclosure

PRINTED: 11/04/2013
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1001	A. BUILDING: _____ B. WING _____	10/07/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHEDRAL SQUARE SENIOR LIVING	3 CATHEDRAL SQUARE BURLINGTON, VT 05401

(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) COMPLETE DATE
A 001	VI Initial Comments An unannounced onsite re-licensing survey was conducted on 10/7/13 by the Division of Licensing and Protection to determine compliance with Vermont Assisted Living Residence Licensing regulations. The following regulatory violations were cited as a result.	A 001		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Lisa Middleton RN 11/6/13

STATE FORM 6899 R7GV11 If continuation sheet 1 of 1

PRINTED: 11/04/2013
FORM APPROVED

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	1001	A. BUILDING: _____ B. WING _____	10/07/2013

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R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that staff demonstrate competency in the skills and techniques related to infection control for 2 of 2 residents observed during a medication pass (Residents #1, 2). Findings include: 1. Per observation of a medication pass on 10/7/13 at 11:05 AM, the Resident Aide (RA)	R179		

Fax 8022412348 Nov 5 2013 03:51pm P003/003

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Division of Licensma and Protection

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	1001	A. BUILDING: — B. WING_____	10/08/2013

NAME GF PROVIDER OR SUPPLIER	STREET ADDRESS CITY, STATE, ZIP CODE
CATHEDRAL SQUARE SENDR LIVING	3 CATHEDRAL SQUARE BURLINGTON, VT 05401

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R179	Continued From page 1 failed to wash or sanitize his/her hands between direct contact between 2 residents. The RA performed a finger stick, which involves piercing the skin to draw a small amount of blood on Resident # 1 and did the same for Resident # 2 without sanitizing hands between contacts. The RA confirmed that h/she did not wash or sanitize his/her hands after direct contact between 2 residents on 10/7/13 at 11:30 AM. 2. Per observation during a medication pass on 10/7/13 at 11:05 AM, the RA did not disinfect or sanitize a glucometer between use for Resident #'s 1 and 2. During interview with the facility Registered Nurse (RN) on 10/7/13 at 11:35 AM, the RN stated that it is his/her expectation that staff sanitize or wash hands between direct resident contacts and that glucometers are to be disinfected between use.	R179	1. Verbal counseling by RN. 2. RA required to re-take in-service Hand Washing & Infection Control 3. Re-view Hand Washing & Infection Control at the November Staff Mtg 4. Periodic observation of Med Passers by RN to ensure procedure is followed	10/7/13 11/15/13 11/30/13 11/1/13-on-going
R2491 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation, *staff* interview and record review, the facility failed to assure that food storage techniques are consistent with safe food handling practices. Findings include: Per observation during the kitchen tour on 1017/13 at 10:25 AM, a reach in freezer had	R249	1. Created new log for recording freezer & cooler temps with parameters & instructions 2. Trained all staff to use new tracking log 10/14/13 3. Will review logs and response at next Staff meeting 11/11/13.	10/7/13

R179 + R249 POCs accepted 11/4/13 RTremblayRN/PMC

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R249	Continued From page 2 multiple recorded temperatures that were above the acceptable limit of zero degrees Fahrenheit. Per record review immediately following the observation, there were 77 recorded temperature above zero degrees Fahrenheit between 4/15/13 - 10/7/13. These temperatures were confirmed by the facility Registered Nurse and the Food Services Director at 10:40 AM on 10/7/13.	R249		

Assisted Living Kitchen Temperature Log

Temperatures need to be taken at the beginning of morning shift

Freezers should maintain temps of 0 degrees or below. Cooler temps should read between 34 and 40 degrees

Date	Cooler 1 (Normal Range 34-40 Degrees)	Cooler 2 (Normal Range 34-40 Degrees)	Freezer 1 (Normal Range 0 Degrees or below)	Freezer 2 (Normal Range 0 Degrees or below)	Name	Time

If temperatures are not within the normal range call Maria ASAP 881-4134

If Maria is unavailable contact KC Mechanical at 1-800-683-9392 for service.