

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 5, 2013

Ms. Janine Paradee, Administrator
East Terrace Home
71 East Terrace
South Burlington, VT 05403

Provider #: 0608

Dear Ms. Paradee:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey conducted on **October 9, 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

NOV 04 2013

PRINTED: 10/21/2013
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2013
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NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403
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(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
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted on 10/9/13 by the Division of Licensing and Protection. The following regulatory deficiencies were cited as a result.	R100	<i>Please see attached Paperwork.</i>	
R136 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.	R136		
	This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete an annual assessment for 6 of 6 sampled residents (Residents 1 - 6). Findings include: Per record review on 10/9/13, the required annual re-assessments were not completed for all 6 residents currently residing at the facility. On 10/9/13 at 10:30 AM, the Residential Manager confirmed that all 6 annual assessments had not been done as required by regulation.			
R145 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs	R145		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE *Senior Manager* (X6) DATE *10/31/13*

R136, R145, R179 + R247 POC's accepted 11/4/13 RTremblay RN/PMC

PMC

Division of Licensing and Protection

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R145	<p>Continued From page 1</p> <p>as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a Registered Nurse (RN) oversees the development of a written care plan for 6 of 6 applicable residents (Residents #'s 1-6). Findings include:</p> <p>Per record review on 10/9/13, there is was no evidence that an RN had overseen the development of the care plans for Residents #1 - 6. On 10/9/13 at 10:30 AM, the Residential Manager confirmed that an RN had not overseen the development of the care plans.</p>	R145		
R179 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <p>(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;</p>	R179		

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R179	<p>Continued From page 2</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that staff received the required annual training. Findings include:</p>	R179		
R247 SS=F	<p>Per review of staff inservice records on 10/9/13 at 11:10 AM, 3 of 5 sampled staff did not receive at least 12 hours of annual inservice that included mandatory topics. This was confirmed by the Residential Manager at 11:40 AM on 10/9/13.</p> <p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that all perishable food and drink was held at proper temperatures.</p>	R247		

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R247	Continued From page 3 Findings include: Per observation on 10/9/13 at 9:30 AM, there was no evidence that staff were monitoring temperatures for all refrigerator and freezers. On 10/9/13 at 9:50 AM, the Residential Manager confirmed that the facility does not take or record daily temperatures.	R247		

Pamela M. Cota, RN
Licensing Chief
Division of Licensing and Protection
103 South Main street, Ladd Hall
Waterbury, VT 05671-2306

October 28, 2013

Dear Ms. Cota,

Listed below are the plans of correction for each deficiency cited in the onsite re-licensing survey at 71 East Terrace RCH of HowardCenter Developmental Services.

R136 V. Resident Care and Home Services

1. Annual re-assessments have been completed on all 6 residents currently residing in the facility. The HowardCenter nurse, Charlotte Furey, has reviewed and signed all of the re-assessments. To ensure that deficient practices do not recur, the Resident Manager for East Terrace, Janine Paradee, will complete all re-assessments annually at the same time resident support plans are updated and any time there is a change in physical or mental condition for a resident. Corrective action has been completed.

R145 V. Resident Care and Home Services

1. Resident Plans of Care for resident #1-6 have been reviewed and overseen by the Developmental Services nurse. To ensure that deficient practices do not recur, the Resident Manager for East Terrace, Janine Paradee, will review resident Plans of Care for all residents residing in the facility during monthly meetings with the Developmental Services nurse to monitor compliance and ensure that deficient practices do not recur. All staff will receive Plan of Care re-delegation and case conference on annual basis or more frequently as needed. Corrective action will be completed by October 31st, 2013.

R179 V. Resident Care and Home Services

1. East Terrace staff have completed all necessary trainings to meet the criteria for providing direct care to residents. To ensure that deficient practices do not re-occur the Residential Manager for East Terrace, Janine Paradee, will make certain that all staff have at least twelve (12) hours of specific training as mandated by the state each year. These trainings will include but are not limited to (1) Residents Rights, (2) Fire Safety

and Emergency evacuation, (3) Resident emergency response procedures, (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation, (5) Respectful and effective interaction with residents, (6), Infection control measure, (7) General supervision and care of residents. Corrective action has been completed.

R247 VII. Nutrition and Food Services

1. The refrigerator and freezer temperatures will be monitored and recorded daily by Resident instructors at East Terrace (staff). Temperatures will be recorded on designated sheet labeled Fridge Temperatures, which will be located on the refrigerator in the kitchen of the facility. Fridge Temperature sheets will contain information regarding the proper temperature for both fridge and freezer. Temperatures will be taken and recorded at roughly the same time every night by the Resident instructor at East Terrace working the awake overnight shift. If it is noted that temperatures are not within the acceptable range, staff will be trained on what to do to correct the matter. To ensure that deficient practices do not recur, the Resident Manager at East Terrace, Janine Paradee, will review the Fridge temperature sheet at bi-monthly staff meetings to monitor compliance and ensure that deficient practices do not recur. Corrective action has been completed.

Please contact me with any questions or comments.

Sincerely,



Christine Rainville
Senior Manager
HowardCenter
(802) 488-6515