

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

November 18, 2011

Ms. Mary Belanger, Administrator
Ethan Allen Residence
1200 North Avenue
Burlington, VT 05401

Provider #: 0128

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **August 23, 2011**. 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



D. M. Higgins
From: M. Belange
13 pages sent

PRINTED: 10/13/2011
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2011
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NAME OF PROVIDER OR SUPPLIER ETHAN ALLEN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05401
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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
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R100 Initial Comments:

A combined re-licensing survey and complaint investigation was conducted on 08/22/11 and 8/23/2011. There were regulatory violations identified as a result of the re-licensing survey but not related to the complaints.

R101 V. RESIDENT CARE AND HOME SERVICES
SS=0

5.1. Eligibility

5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and staff interviews, the facility failed to obtain a variance or to discharge a resident whose care needs exceed what the home is able to appropriately and safely provide. (Resident #6) Findings include:

Per observation and record review, Resident #6 experienced an escalation in cognitive and behavioral issues. On 08/14/2011, s/he was sent to the emergency room for combative behaviors and severe agitation. While at the hospital, his/her anti-psychotic medications were increased. S/he now has a wander guard bracelet in place and facility doors are locked every evening and unlocked in the morning with the arrival of day shift staff. The facility issued a notice of emergency discharge on 05/12/2011, however the Power of Attorney (non-family member) reported that there were no suitable

R100

R101

At the time of the survey Resident #6 was in the process of having her medications adjusted to better manage her anxiety and her outbursts. Since that time there has been a significant reduction in the number incidents of both combative behavior and elopement attempts. We have also applied a wander guard type bracelet that will lock all exit doors if she should attempt to leave unescorted.

Attached, please find the variance request form that has been submitted to DLP twice without response. As per our documentation, we feel that Resident # 6 is within our care limits. We are able to meet all her ADL needs with our current staffing and with the wander guard system we are able to keep her safely within our building. We are also working closely with her doctor and family to make sure that her meds are managing her anxiety.

R101 POC accepted 11/7/11
M. Higgins RN / Director

11-24-11

MB

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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R101	Continued From page 1 facilities and nothing more was done. All episodes of combative and assaultive behavior have been directed at staff and not other residents. The facility applied for a temporary variance, until discharge arrangements could be made, on 08/23/2011.	R101		
R179 SS-E	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 record review and staff interview, the facility failed to assure that staff providing direct	R179	Tag R179 In order to avoid this in the future, we have instituted and will enforce the attached in-service policy. R179 POC accepted w/ addendum M. Higgs RN / P. McArthur	11-24-11 11/7/11

Tag R179

August 25, 2011

To: All Staff
From: Mary

Per State Regulations and Ethan Allen Residence policy, each employee is responsible for 12 credits of education per year. Our policy is on page 6 of your Employee handbook. It states:

"Staff development is important for all employees. The State of Vermont now requires that twelve (12) hours of scheduled inservice programs be offered throughout the year to all employees. You will be paid for coming in on off-duty time for inservices. All direct care providers, i.e., all nursing staff, are required by the State of Vermont to have 12 inservice hours on record per year. All employees are required to attend all mandatory inservices as dictated per state regulations."

Following is the information we received from our 2011 Survey this year and the mandatory trainings that are required:

3179 V. RESIDENT CARE AND HOME SERVICES

5-6

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

Failure to have your full credits by your anniversary date will cause a smaller increase in salary than what you would normally receive on your evaluation.

You will have a 30 day grace period after your evaluation to obtain the rest of your credits. If you fail to comply with this, you will be placed on probation.

Mary

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R179	Continued From page 2 care to residents completed at least 12 hours of training annually. Findings include: Per record review, the training period for staff of the facility is based on a calendar year January 1st to December 31st. In the year 2010, for three of five staff reviewed, there were less than the prescribed 12 hours of training documented. According to records provided, Staff #1 had 6.25 hours, Staff #2 had 9.5 hours and Staff #4 had 6.25 hours. The findings were confirmed with the Director and the Director of Nursing Services in an interview on the afternoon of 08/23/2011.	R179	See attached documentation Since survey EAR has contracted with HCS for the management of our Dietary services department.	
R249 SS=C	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 and interview, the facility failed to assure that food handling is consistent with safe food handling practices. Findings include: Per observation on 08/22/2011, the ventilation hood over the cooking surface for food preparation was coated with grease and dust. Open shelves in the kitchen food preparation area were observed to be dusty and have food drips on them. The observations were confirmed with the Food Services Manager on the afternoon of 08/22/2011.	R249	The attached documentation, reflects the newly implemented cleaning schedule. Please note that the hood screen, and all kitchen surfaces are now on a monitored weekly cleaning schedule. The kitchen is also subject to routine unannounced inspections by HCS regional managers.	11-24-11

R249 POC accepted w/ addendums
11/11/11 M. Higgins RN / Pincot RN

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R266	Continued From page 3	R266		
R266 SS-E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain a safe environment. Findings include: During a facility tour at 11:00 AM on 08/22/2011, there were noted to be bottles of "hospital Citrus Disinfectant Cleaner" in two resident bathrooms on the second floor. In an interview at 11:45 AM, the facility Director and the Director of Nursing Services confirmed that there were containers of cleaning solution in resident accessible areas and that there are confused residents housed on the second floor.	R266	Tag R266: We have instituted policy that mandates that all cleaning products and other chemicals be kept in locked cupboards. Also, since survey FAR has contracted with Healthcare Services Group to provide management, staffing and oversight of out housekeeping and laundry departments. And they have implemented the attached checklist. Healthcare Services Group, Inc. will in-service all housekeeping/laundry staff on proper accident prevention policies (which includes chemicals being out of the reach of residents). Healthcare Services Group, Inc. will ensure each staff members has received the policy (through the use of sign off sheets) and adheres to the policies (through inspections). I have attached our accident prevention in-service.	11/24/11

R266e POC accepted 11/7/11
M Higgins RN / P. McCauley