

## 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 4, 2013

Ms. Mary Belanger, Administrator  
Ethan Allen Residence  
1200 North Avenue  
Burlington, VT 05408-2777

Provider #: 0128

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey and investigation of two entity reports and one complaint conducted from October 7, 2013 and completed on **October 8, 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

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Division of

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	OCT 29 13  Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>10/08/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ETHAN ALLEN RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 NORTH AVENUE BURLINGTON, VT 05408</b>
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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 and investigation of two entity reports and one complaint were completed by the Division of Licensing and Protection from 10/7/13 through 10/8/13. There were no findings related to the allegations in the entity reports or the complaint. Survey findings were cited as follows.	R100		
R179 SS=C	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	R179		

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

*Mary Belong* 10-25-13

STATE FORM 6899 66G411 If continuation sheet 1 of 2

PM

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2013</b>
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R179

Continued From page 1

by:  
Based on record review and staff interview, the facility failed to assure that staff providing direct care to residents completed all mandatory elements of training totaling at least 12 hours of training annually. Findings include:

Per employee files and in-service records, 5 of 6 sampled staff members (Registered Nurses, Licensed Nurse Aides and Care Givers), completed less than twelve (12) hours of training from September 1, 2012 through September 30, 2013, for each staff member providing direct care to residents. Employee #1 completed 7.5 hours of training; employee #2 completed 6 hours of training; employee #3 completed 2.5 hours of training; employee #5 completed 5.5 hours of training; and employee #6 completed 5.5 hours of training. Three of the six sampled employees did not complete the mandatory training as directed in this regulation. On 10/7/13 @ 1:45 PM the Administrator confirmed that the employees have not completed the 12 hours of required training. \*This deficiency was previously cited during the August 23, 2011 re-licensing survey conducted by the Division of Licensing and Protection.

R179

Staff Training and Documentation Policy and Procedure

As part of your employment at Ethan Allen Residence, it is mandatory that you complete and provide documentation consisting of one (1) hour of training per month. This requirement is based on Section 5.11.b of the Residential Care Home Licensing Regulations of the State of Vermont on page 30 of 48 which states:

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, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and
- 7) General supervision and care of residents.

Handouts concerning additional, desirable but optional non-state mandated trainings will be made available in your mailboxes.

Consider this to be a written warning for all employees.

Failure to do monthly training will constitute a suspension of two days without pay. You may return to work once the in-services are completed and documentation is handed in. If for any reason the same infraction occurs again within one calendar year you will be terminated for failure to comply with your job requirements.

If you are unable to attend a mandatory session for good cause, such as an accident, illness, or previously scheduled vacation, you must notify the EAR Administrator promptly (either before or within 24 hours of the missed training). The Administrator, in his or her discretion, may excuse the absence if the request is reasonable and supported by good cause. You will be required to make up the missed mandatory

training by the end of the next month to avoid the suspension/terminatic described above. Please note that if you are excused from a monthly training session, you are required to complete and document two training sessions the following month.

R179 POC accepted 10/29/13  
JHosmer/RN/PMC