

Division of Licensing and Protection
103 South Main Street
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

July 31, 2015

Ms. Susan Sweetser, Administrator
Ethan Allen Residence
1200 North Avenue
Burlington, VT 05408-2777

Dear Ms. Sweetser:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 1, 2015**. 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



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 07/01/2015
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NAME OF PROVIDER OR SUPPLIER ETHAN ALLEN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408
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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: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 6/30/15 and 7/1/15 in conjunction with a complaint investigation. The following regulatory violations were identified.	R100		
R173 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the home failed to assure that all medications were stored in a locked compartment. Findings include:</p> <p>Per observation on both days of survey there were resident medications, including insulin, stored in an unlocked refrigerator located inside the nursing station. The DNS (Director of Nursing Services) confirmed the refrigerator was unlocked, at the time of observation on the afternoon of 7/1/15, and stated it should be locked at all times.</p>	R173	See Attached #1	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE
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R173-R302 POCs accepted 7/29/15 BHWERN/AME

Division of Licensing and Protection

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R174 R174 SS=D	Continued From page 1 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (2) Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the home failed to assure that medications stored in a refrigerator, which also contained food and liquids for resident consumption, were stored in a separate locked container impervious to water and air. Findings include: Per observation on both days of survey a refrigerator which contained applesauce and liquids used for resident consumption also contained medications, including insulin, that were stored on a open shelf on the interior door of the refrigerator. In addition the outside of the refrigerator's freezer compartment door was covered with dried on applesauce. The DNS (Director of Nursing Services) confirmed these observations during interview on the afternoon of 6/1/15 and agreed that medications should be stored in a separate locked container.	R174 R174	See Attached #1	
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES	R189		

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R189	<p>Continued From page 2</p> <p>5.12.b. (3)</p> <p>For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to assure that all treatments were documented for 1 of 6 residents reviewed. (Resident #1). Findings include:</p> <p>Per record review Resident #1 had a physician order for wound care that included instructions for dressing changes three times a week. A nurse's note, dated 6/4/15, indicated that a referral had been made to the VNA (Visiting Nurse Association) to provide the wound care. The note further stated that a resident representative, who had been providing the wound care prior to the resident's admission to the home, would continue to perform the dressing changes until the initiation of wound care by the VNA. The resident's care plan, dated 6/7/15 stated that the home's RN (Registered Nurse) would conduct the dressing changes if needed, if the VNA was unable to do so. However, review of the resident's MAR (Medication Administration Record) revealed a lack of documentation that the dressing change treatment occurred every 3 days, in accordance with physician orders. Documentation indicated that a resident</p>	R189	<p>See Attached #2</p>	

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R189	Continued From page 3 representative had performed the treatment on 6/3/15, however there was no treatment documentation again until 8 days later on 6/10/15. In addition, there was no documentation that wound treatment had occurred for (2) separate four day periods between 6/10/15 and 6/15/15 and again between 6/17/15 and 6/22/15. During interview, on the afternoon of 7/1/15, the Charge RN stated that a resident representative had made the request to conduct the wound care treatment until the initiation of treatment by the VNA. The Charge RN further stated that staff members responsible for administration of medications were also responsible for documentation of all treatments. The DNS agreed that medication administration staff were responsible for documenting that treatment had been performed in accordance with physician orders, including treatments performed by non-staff members and confirmed that staff had failed to document treatments done by others for Resident #1.	R189		
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the	R302	See Attached #3	

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R302	Continued From page 4 names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to rotate their fire drills through all required times of day. Findings include: Per review of fire drill logs the 5 drills reviewed for the past year had been conducted between 5:45 AM and 6:00 AM or 2:00 PM and 3:30 PM only. No drills were conducted in the evening or nighttime hours, between the hours of 3:30 PM and 5:45 AM. The times the fire drills had been conducted was confirmed by the Director of Maintenance during interview on the afternoon of 6/30/15.	R302			

Plan of Correction for Ethan Allen Residence: Survey dated 07/1/2015

Corrections:

1. V. 5.10 H Medication Management: Storage of Medications in Refrigerator

The following actions were taken and implemented into resident care: Effective dates as outlined:

Refrigerator Cleanliness:

- Refrigerator was cleaned immediately upon observation by DON and surveyor (completed 7/1/2015).
- Refrigerator cleaning was identified as weekly task, assigned to night shift team duties (completed by 7/26/2015)
- Auditing and tracking for completed task to be monitored weekly by lead caregiver on day shift (completed by 7/26/2015).

Medication Storage in Refrigerator:

- Small plastic sealable, water proof container is now utilized to store all refrigerated medications (insulin) within the refrigerator (completed by 7/26/2015)
- Consumable items used for medication administration (applesauce) now located in sealed, labeled container; now kept in the kitchen refrigerator (completed 7/1/2015).
- Consumable items (liquids) used for resident purposes will remain sealed, labeled, and located within the refrigerator. No opened liquids (with potential to spill) will be placed within the refrigerator (completed 7/2/2015).

Locking Refrigerator:

- Lock placed on refrigerator (completed 7/1/2015).
- Each shift will monitor and record refrigerator remaining locked when not in use (completed by 7/26/2015).

Systemic changes made to ensure deficient practices do not recur: Effective by (7/26/2015) and ongoing

- Implementation of weekly refrigerator cleaning duties, assigned to night shift team
- Implementation of weekly auditing and tracking for completed tasks by day shift lead caregiver.
- Implementation per shift of monitoring and recording locked refrigerator

How Practices Are Being Monitored to Prevent Recurrence: Effective by (7/26/2015) and ongoing

- Auditing system being implemented daily and weekly (as outlined above) to ensure that medication storage system meets state safety, health, and regulatory standards.
- New electronic medication system will be implemented within a few months, that will track and record electronically all medication systems. This system will provide alerts per shift if these items

(refrigerator locks, sealed medications) are not attended to. (Quick MAR electronic medication system).

2. V. 5.12 b Documentation of Treatments

The following actions were taken and implemented for resident documentation of treatments: Effective immediately (7/2/2015) and ongoing

- Immediate review with all nursing staff and med techs expectations and requirements to review MARS and to document all prescribed treatments (even when resident may be out of house).
- 1:1 and small group inservices were held with nursing staff and med techs to review policy and procedures for medication and treatment administration and documentation (completed by 7/26/2015).

Systemic changes made to ensure deficient practices do not recur: Effective by (7/26/2015) and ongoing

- Daily monitoring by med techs for complete documentation of treatments (completed by 7/2/2015).
- Weekly monitoring and tracking by nursing staff for complete documentation of treatments (completed by 7/22/2015).
- Random auditing by nursing managers for complete and accurate documentation (completed by 7/26/2015 and ongoing).
- Electronic medication and treatment systems (Quick MAR) will be implemented within the next few months to improve overall quality, performance and complete documentation of all ordered medications and treatments (estimated completion date (11/30/2015)).

How Practices Are Being Monitored to Prevent Recurrence: Effective by (7/26/2015) and ongoing.

- Daily monitoring by med techs for complete documentation of treatments (completed by 7/2/2015).
- Weekly monitoring and tracking by nursing staff for complete documentation of treatments (completed by 7/22/2015).
- Random auditing by nursing managers for complete and accurate documentation (completed by 7/26/2015 and ongoing).
- Electronic medication and treatment systems (Quick MAR) will be implemented within the next few months to improve overall quality, performance and complete documentation of all ordered medications and treatments (estimated completion date (11/30/2015)).

3. 9.11 Physical Plant

Deficiency identified...Fire drills need to rotate between the morning (6 am - noon), afternoon (noon - 6pm), evening (6pm - 11pm), and night (11pm - 5am).

1.) The safety manager has been notified and will be required to rotate the quarterly fire drills to meet the requirement. Just a note - we hold a minimum of six fire drills/year (one every other month).

2.) The safety manager designed a sheet to record the fire drills as evidence for the required times.

3.) The safety committee will meet and review drills to ensure that they are being completed as required.

4.) The safety committee will review the safety manager's recording sheet, review drills that have already occurred, and review the Plan of Correction for this deficiency on July 20, 2015. In doing so, the Plan of Correction will be complete as required.

FIRE DRILL RECORDING SHEET

TIME/DATES OF DRILLS

PROCEDURE:

THERE ARE TO BE QUARTERLY DRILLS THAT COVER MORNING (5:00AM - 12:00PM), AFTERNOON(12:00PM – 7:00PM), EVENING7:00- 11:00PM, AND NIGHT TIMES 11:00-5:00AM)

FIRST QUARTER: Jan.-March

DATE: 2/20/15 (NIGHT)

TIME: 5:00 AM

SECOND QUARTER: April – June

DATE: 5/1/15 (AFTERNOON)

TIME: 2:00

THIRD QUARTER: July – Sept.

DATE: 7/15/15 (EVENING)

TIME: 8:12PM

FOURTH QUARTER: Oct. – Dec.

DATE:

TIME: