



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

November 20, 2023

Ms. Maria King, Manager
Cathedral Square Senior Living
3 Cathedral Square
Burlington, VT 05401-4429

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 8, 2023**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2023
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NAME OF PROVIDER OR SUPPLIER CATHEDRAL SQUARE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3 CATHEDRAL SQUARE BURLINGTON, VT 05401
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R100	Initial Comments: An unannounced onsite re-licensure survey and complaint investigation was conducted on 11/7/23 and completed on 11/8/23 by the Division of Licensing and Protection. No regulatory violations associated with the complaint were identified. The following regulatory violations related to re-licensure survey were identified:	R100	R164	
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure of the RN (registered nurse) to delegate the responsibility for the administration of specific medications to designated staff for designated residents: Findings include: Per ALR Medication Administration Policies and Procedures, page 3 Introductions state: "Medications may be administered by: LPNs, RNs and Unlicensed Assistant Personnel who have been certified and demonstrated competency to the standard of the supervising RN". Per interview on the morning of 11/7/23 the Administrator and supervising RN disclosed the previous RN who was previously responsible for the delegation of	R164	Action: RN will complete a Medication Review, followed by a test reflecting knowledge thereof and observe Medication administration for all current CSAL medication passers by 12.31.2023. This will ensure medication administration of all medications passers is under [redacted] license. Pronoun removed by DLP 11-20-23 Measures put into place to ensure the deficiency does not recur: RN will complete a yearly Medication Review Class and test with all CSAL medication passers. Upon hire of new RN, RN will lead a Medication Review class, followed by a test and 1:1 observation with all medication passers to ensure responsibility of medication delegation within the first 3 months of being hired. How the corrective actions will be monitored: We will keep record of yearly Medication review class. We will also make resources available to Medication passers for their review at any time. Date of Correction: All Medication passers will have completed and passed a review class, test and observation by 12.31.2023.	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maria King</i>	TITLE Long Term Care Administrator	(X6) DATE 11/16/2023
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R164	Continued From page 1 specific staff to administer medications to the ALR designated residents had resigned over 2 months ago. Presently, the process to re-delegate all staff by a newly employed supervising RN has not been conducted, resulting in 10 staff performing medication administration under the license of the previous RN, which is not permitted.	R164	R175 Action: In further discussion with Resident #2 and supporting family members it was agreed by all that Cathedral Square Assisted Living would manage Medication Administration and Resident #2 would no longer self-administer medications. This went into effective on 11.9.2023. R-164 POC accepted 11/17/23 M. McIntosh, RN	
R175 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, there was a failure to ensure medications belonging to two applicable residents (Resident #1 and Resident #2) who self administer medications are consistently stored in a secured storage space to prevent unauthorized access. Findings include: 1. Per observation on the morning of 11/7/23 while observing the apartment where Resident #1's resides noted the storage box for the resident's prescribed medications was found unlocked and accessible to unauthorized	R175	On 11.15.2023 RN & LPN met with Resident #1 to educate and review why med storage box must be locked 24/7 (unless actively taking medication), how to ensure Medications are secure and how to prevent unauthorized access. Measures put into place to ensure the deficiency does not recur: On 11.15.2023 we created and implemented an audit tracking sheet for all residents who self administer medications (see attached). RN or LPN will randomly audit lock box once a week for the first four weeks of self-administering medications. During this audit we will review: medications are being stored properly in a locked storage box, medications match the MAR and orders on-site and all medications are accounted for. After the first four weeks we will complete the audit once a month. Any discrepancies with the box being unlocked, un-matching MARS or counts being off will prompt for reassessment of self-administration. How the corrective actions will be monitored: RN or LPN will perform random weekly/monthly audit of lock box. Date of Correction: 11.15.2023 and ongoing.	

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R175	Continued From page 2 individuals. At the time of the observation, the Administrator acknowledged the storage box should have been locked. 2. During the entrance interview commencing at 10:50 AM on 11/7/23 the Administrator confirmed Resident #2, who was admitted to the home the previous day, self administers medications. During a resident interview commencing at approximately 2:30 PM on 11/7/23 in Resident #2's apartment, medications were observed to be stored in an unlocked kitchen cabinet which was accessible to unauthorized individuals. Per review of the Assisted Living Residence's Medication Management and Administration policy effective March of 2021, self administered medications must be stored in a secure storage space to prevent unauthorized access to the medications. The policy further states the organization that manages to residence "will provide locked boxes for this purpose". On the afternoon of 11/7/23 the Manager confirmed Resident #2 had not yet been provided a lock box for storage of his/her medications.	R175	R-175 POC accepted 11/17/23 M. McIntosh, RN	
R176 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced	R176	R176 See following page for Plan of Correction.	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CATHEDRAL SQUARE SENIOR LIVING **3 CATHEDRAL SQUARE**
BURLINGTON, VT 05401

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R176	<p>Continued From page 3</p> <p>by: Based on observation, staff interview, and record review there was a failure to promptly dispose of outdated house stock medications and medications left after the discharge of one applicable resident (Resident #3). Findings include:</p> <p>1. Per record review Resident #3 was discharged from the home on 10/14/23. During a review of the medication cart at approximately 12:30 PM on the afternoon of 11/7/23 medications belonging to Resident # 3 were observed to be stored in the cart including Lisinopril 40 mg tablets, Verapamil HCl ER 240 mg tablets, Lovastatin 20 mg tablets, and Eliquis 5 mg tablets for cardio-vascular conditions; Duloxetine HCl 40 mg capsules for depression; Docusate 100 mg capsules for constipation; Acetaminophen 500 mg tablets for pain; and the nutritional supplement Vitamin D3 2000 IU tablets</p> <p>2. During a review of the home's medication storage area at approximately 12:40 PM on 11/7/23 expired house stock medications including an unopened box of Paxlovid 150 mg +100 mg tablets for COVID -19 infection which expired on 2/2023, and an unopened bottle of Centrum Silver Vitamins for nutritional supplementation which expired on 4/2023 were observed to be stored in locked cabinets designated for medication overstock.</p> <p>On the afternoon of 11/7/23 the Registered Nurse confirmed Resident #3's medications observed in the cart; and expired Paxlovid tablets and Centrum Silver Vitamins stored in the medication overstock storage cabinets were not promptly disposed.</p>	R176	<p>R176</p> <p>Action: On 11.15.2023 CSSL Medication Audit and Disposal Policy was updated. (see attached).</p> <p>Resident #3 eligible medications were returned to Health Direct Pharmacy on the evening of 11/8/2023. Additional medications ineligible to be returned to Health Direct were disposed of following CSSL Disposal policy on 11.9.2023, as requested by Resident #3 family. These medications were removed from bottle, placed in a plastic bag, tied and disposed of in the trash. Bottle labels were removed and shredded. Bottles were thrown away.</p> <p>On 11/9/2023, after confirming with Health Direct, expired stock Paxlovid 150mg and Centrum Silver Vitamins were disposed of following CSSL Disposal policy. These medications were removed from bottle, placed in a plastic bag, tied and disposed of in the trash. Bottle labels were removed and shredded. Bottles were thrown away.</p> <p>Measures put into place to ensure the deficiency does not recur: On 11.14.2023 Medication Audit sheets were created and implemented. (see attached) RN, LPN or Med Tech will audit the main med cart, 2nd med cart and stock medications in the laundry room on the 15th of each month to ensure all expired or past resident medications have been disposed of.</p> <p>Upon notification of resident death or discharge, covering RN or LPN will remove, return to Health Direct and/or dispose of all resident medications following the CSSL Disposal Policy within 3 days of their official move out date.</p> <p>How the corrective actions will be monitored: RN or Administration will randomly check med cart and stock medication audit sheets.</p> <p>Date of Correction: 11.15.2023</p> <p>R-176 POC Accepted 11/17/23 M. McIntosh, RN</p>	
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R248 R248 SS=D	<p>Continued From page 4</p> <p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all equipment in the kitchen remained clean to include the ansul hood, fans and freezer. Findings include:</p> <p>During a tour of the ALR (Assisted Living Residents) kitchen accompanied by the Food Service Director on 11/7/23 beginning at approximately 10:35 AM noted the ansul hood (fire suppression system which provides a safeguard from risk of fire damage) located above the large kitchen stove was heavily soiled with grease and dust. Each of the sprinkler nozzles suspended above the stove attached to the ansul hood and the intake vents located above the hood were covered in grease and dust. The Food Service Director confirmed the observations acknowledging a company does come to the facility for scheduled cleaning to perform industrial cleaning of all components of the ansul system, however they are past due and kitchen staff have not been attentive to include the ansul hood on a routine cleaning schedule.</p> <p>Additional observations included the freezer located opposite the dishwashing station that had food debris and soil on the inside bottom of the</p>	R248 R248	<p>R248</p> <p>Action: Food service manager will clean two fans, standing freezer and ansul hood and intake vents. The ansul hood and vents were professionally serviced on 11.13.2023.</p> <p>Measures put into place to ensure the deficiency does not recur: A cleaning schedule will be created by Food Service Manager and implemented by 12.1.2023 for the routine cleaning of the fans, ansul hood, intake vents and all freezers and refrigerators. Food service manager will keep an eye on ansul hood service dates to ensure professional cleanings are on time and scheduled.</p> <p>How the corrective actions will be monitored: Food service manager will check cleaning schedule and continue to educate staff on sanitation once a month.</p> <p>Date of Correction: Fans, ansul hood and freezer were cleaned by 11.13.2023. Cleaning scheduled will be implemented by 12.1.2023.</p> <p>R-248 POC accepted 11/17/23 M. McIntosh,RN</p>	

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R248	Continued From page 5 freezer. An industrial fan was noted situated near the food preparation area. The fan was heavily soiled with dust and grime. The Food Service Director acknowledged the fan was used to dry kitchen floors when they become wet. A second fan was also noted near the dry storage area. This fan was also covered in dust.	R248	R999 Action: In further discussion with Resident #2 and supporting family members it was agreed by all that Cathedral Square Assisted Living would manage Medication administration and Resident #2 would no longer self-administer medications. This went into effective on 11.9.2023.	
R999 SS=D	<p>MISCELLANEOUS</p> <p>Cathedral Square is currently licensed as an Assisted Living Residence. Residents are informed at the time of admission, that they can be assessed to determine if an individual is capable of self-administration. The State regulations definition states: 2.2 g. " Capable of self-administration means a resident is able to direct the administration of medication by being able to at least identify the resident's medication and describe how, why and when a medication is to be administered; choose whether to take a medication or not; and communicate to the staff if the medication has had the desired effect or unintended side effects"</p> <p>This requirement was not met as evidenced by:</p> <p>1. Per record review and staff interview the ALR discusses self-administration of medications during the admission process. If a resident chooses to self administer their own medications, it is expected the resident would be assessed to be competent to manage self administration, ordering and safe storage of medications. However per record review, Resident #1's Medications Self-Administration Assessment form used by nursing was incomplete. None of the "Assessment Criteria" is completed to include the resident: "Can state what medication is for; when</p>	R999	<p>LPN & RN met with Resident #1 on 11.15.2023 to re-asses and complete the CSAL resident self - administration of medications form, to ensure ability to continue to self-administer medications. Resident #1 was deemed safe and able to continue to self-administer.</p> <p>Measures put into place to ensure the deficiency does not recur: On 11.10.2023, the CSAL resident self-administration of medications form was updated ensuring PCP confirmation, Resident Assessment matched and orders are on file. (see attached) RN and LPN will implement updated form and reassess all CSAL residents (2) currently self-administering medications to ensure safety and security by 11.17.2023.</p> <p>On 11.15.2023, we created and implemented the CSSL Resident Medication Self-Administration Policy. (see attached)</p> <p>How the corrective actions will be monitored: RN will review and re-asses all residents whom self-administer medications, twice a year using CSAL resident self-administration of medications form. RN or LPN will also perform random weekly/monthly audit of resident lock box.</p> <p>Date of Correction: All will be completed by 11.17.2023</p>	

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R999	<p>Continued From page 6</p> <p>medication should be taken; secure storage; how to use PRN medications (as needed); can administer eye drops,creams, transdermal patches; administer inhalant medications along with other additional responsibilities. The Supervisory RN was not familiar with the form nor was the Administrator. It was confirmed on the afternoon of 11/7/23, the Self-Administration assessment was incomplete.</p> <p>2. Per interview with the Administrator and Registered Nurse commencing at 10:50 AM on 11/7/23, Resident #2 was admitted to the residence the previous day and self administers medications with daily reminders from a family member. Per record review a Medications Self-Administration Assessment form used by nursing was not on file in his/her chart; and on the afternoon of 11/7/23 the Registered Nurse confirmed a Medications Self-Administration Assessment had not been completed for Resident #2. Additionally, a Resident Assessment form signed as completed by the Registered Nurse on 11/3/23 states Resident #2 has problems taking medications as instructed/prescribed, which per this assessment instrument provided by the licensing agency indicates Resident #2 needs medication administration. The completed Resident Assessment form also states Resident #2 does not control his/her own prescription and over the counter medications.</p> <p>During an interview commencing at approximately 2:30 PM on 11/7/23 Resident #2 was unsure if s/he had taken medications that morning. His/her medications were stored in a pill organizer, which was observed to be placed an unlocked kitchen cabinet where the medications were accessible to unauthorized individuals. Per</p>	R999	<p>R-999 POC accepted 11/17/23 M. McIntosh, RN</p>	
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R999	Continued From page 7 the Assisted Living Residence's Medication Management and Administration policy effective 03/2021, "Residents who are assessed to be capable of self-administration of their medications must store them in a secure storage space to prevent unauthorized access to the medications". Resident #2 further stated s/he did not know where the medication bottles used to fill the pill organizer box were located. A family member who reportedly provides Resident #2 with daily reminders to take medications was present during the interview and stated the medication bottles were at his/her house. On the afternoon of 11/7/23 the Administrator and Registered Nurse confirmed Resident #2 had not met requirements indicating s/he was capable of self-administering medications.	R999		