

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

January 6, 2020

Ms. Mary Mougey, Manager Ethan Allen Residence 1200 North Avenue Burlington, VT 05408-2777

Dear Ms. Mougey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 26, 2019.** 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

Lamela MCotaRN

Licensing Chief

13-19 If continuation sheet 1 of 2

livision of Licensing and P ratement of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	(X2) tall! Til	LE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING: B, WING		COMPLETED
	0128			C 11/26/2019
AME OF PROVIDER OR SUPPLIER	R STREET AC	DRESS, CITY,	STATE, ZIP CODE	-
**************************************	1200 NO	RTH AVENU	E	
THAN ALLEN RESIDENCE	BURLING	TON, VT 0	5408	
PREFIX (EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLE
R100 Initial Comments:		R100		
The Division of Lic	censing and Protection			
	ual relicensure survey 11/25/19	•	,	
- 11/26/19. Two fa	cility self-reports and 1			•
	vestigated during the survey. A			
	n was cited related to the			
	e no regulatory violations			
related to the self-	reports or the complaint	•	Please see attached plan of co	rection.
R179 V. RESIDENT CA SS=C	RE AND HOME SERVICES	R179		
5.11 Staff Service	S	:		
•		•		
	must ensure that staff		- 1	•
	petency in the skills and	:		
	re expected to perform before ct care to residents. There			
	velve (12) hours of training each			
	person providing direct care to		}	
	lining must include, but is not			
limited to, the follo	wing:			
(1) Resident right	S: .	•	·	
	d emergency evacuation;			
	rgency response procedures,			
	ich maneuver, accidents, police		,	
or ambulance con (4) Policies and n	rocedures regarding mandatory.			
reports of abuse in	reglect and exploitation;			
	d effective interaction with			
residents,				
	of measures, including but not			
	shing, handling of linens, environments, blood borne		-	
	environments, blood borne iversal precautions; and			
	vision and care of residents.			
	-			
ion of Licensing and Protection	DERISUPPLIER SEPHESENTATIVE'S SIG		MUE	

R177 POL ascepted 1/6/20 RTVENDING R# 1 PML

STATE FORM

PRINTED: 12/03/2019 FORM APPROVED

Division of Licensing and F 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 11/26/2019
NAME OF PROVIDER OR SUPPLIE	R STREET	ADDRESS, CITY, STATE ZIP CODE	
TANK OF TROUBLE ON SOFT ELE		ORTH AVENUE	
ETHAN ALLEN RESIDENCE		NGTON, VT 05408	
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMPLETE DATE
R179 Continued From p	page 1	R179	
by: Based on staff int facility failed to en (12) hours of train person providing a Findings include: Per review of staff sampled staff did hours of annual tr	erview and record review, the sure that there is at least twelving each year for each staff direct care to residents. I training documents, 3 of the 5 not have the necessary 12 aining as required by regulationed by the Director of Nursing or M.	1	
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Division of Licensing and Protection

STATE FORM

C-529

RRVU11

If continuation sheet 7 of 2

Plan of corrections for site visit 11/25/19 with Roger and Maureen:

The Ethan Allen Residence was visited on 11/25/19, We were sited for lack of education requirements by 2 staff members being under the required 12hours annually.

New Implementations:

- 1) Orientation reviewed and 12 hours of education is now part of the required orientation process. Review process included all department heads.
- 2) The annual education date is now set for January 1st each year. As following anniversary hire dates can be a challenging to follow and keep in compliance.
- 3) New staff member assigned to oversee education and assist staff with staying in compliance. Plan for implementation to start January 1, 2020.

Thank you,
Erin Schifilliti RN
Director of Nursing Services