



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

December 21, 2023

Ms. Patricia Bauerle, Manager
Lakeview Community Care Home
322 St Paul Street
Burlington, VT 05401-4647

Dear Ms. Bauerle:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 29, 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: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2023
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET 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
R100	Initial Comments: An unannounced onsite investigation survey for a facility reported incident was conducted by the Division of Licensing and Protection on 11/29/23. Regulatory deficiencies were identified as a result of this investigation. Findings include:	R100		
R128 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews medications were administered inaccurately per the physician orders. Findings include:</p> <p>Per record review of Physician orders Resident #1 has orders to be administered for 8:00 AM to include Benzotropine 1mg, Clonazepam 0.5mg (1/2 tablet), Famotidine 20mg and Resident #2 has orders to be administered at 8:00 AM am to include Clonazepam 0.5mg, Haloperidol 5mg, Omeprazole 20mg. through a controlled substance count performed at change of shift, it was identified that Resident #1 had not received the order dose of Clonazepam, and through a review of the medication pass it was identified that Resident #1 received Resident #2 medications.</p> <p>Per interview on 11/29/23 at 1:10 PM the Manager confirmed the medication error, identifying that the medication error was identified</p>	R128		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Paul B... LICSW

12/26/23

Division of Licensing and Protection

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R128	Continued From page 1 during the controlled medication count at change of shift (day to evenings) when staff observed the medication count to not be accurate for the supply and the bubble pack for Resident #1 assigned for the 10/5/23 at 8:00 AM administration fully intact with the medications present. The manager confirmed to be notified of the finding immediately by staff. Per interview with the Registered Nurse on 11/29/23 at 1:25 PM confirmed the medications administered to Resident #1 were inaccurate and belonged to Resident #2. The RN stated to have notified the provider and observations of the resident continued for adverse outcomes and confirmed the resident remained free from adverse outcomes. The RN confirmed Resident #2 medications were replaced and no medication errors occurred for Resident #2. Further the nurse explained the Med Delegated staff to perform the medication error had all job related duties of medication management revoked.	R128		
R161 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the Manager failed to ensure medications Delivered by the Pharmacy were handled per the	R161		

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R161	<p>Continued From page 2</p> <p>facilities Policy and procedures. Findings include:</p> <p>Per observation during entry to the facility, the Manager identified the "little office" as shared working area of the home's staff. The manager identified the "little office" as the area cycle medications delivered by the pharmacy are stored, and pointed to an area under a desk as to where the unmarked/unlabeled box of medications is placed, until the cycle begins.</p> <p>Per record review, medications were delivered by the pharmacy on 11/2/23 in the afternoon. The medications received contained a new cycle (28 days) of medications for each resident. The cycle medications are pre-packaged by the pharmacy in a bubble pack, where each medication for each time of administration are packaged together in individual bubbles/co-mingle packs.</p> <p>Per interview with the Manager on 11/29/23 at 10:48 AM, the medications were delivered by the pharmacy courier on 11/2/23 and signed for receipt by the Manager. The medications were then stored in the little office and placed under the desk. The manager confirmed the medications were not checked in upon receiving the medications. The Manager, identified the Registered Nurse was on site at the facility at the time of delivery as well. The manager further confirmed the facility did not follow the policy and procedures in place at the time, for "Delivery of Medications" apart of the Medications Administration Handbook and Procedure Guide (version: updated September 22, 2022.)</p> <p>Per record review of the Policy for "Delivery of Medications" the following procedures are in place:</p> <p>a.) Each bubble pack that arrives will be</p>	R161		

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R161	<p>Continued From page 3</p> <p>compared against the Refill Reminder Report, a printed list of medications included in the bubble packs, which should represent the most updated medication regimen for the resident.</p> <p>b.) Each bubble pack will be examined, to include counting the number of medication tabs listed on the bubble pack.</p> <p>c.) Bubble packs should be checked against the most-updated providers order.</p> <p>d.) Once all checks are completed, staff will sign the back of the Refill reminder report.</p> <p>e.) Any medications that arrive in advance of their "Start date" (located on the bubble pack) will be stored properly in the med cart or filing cabinet.</p> <p>f.) ...A count sheet should be started for these (controlled) medications upon their arrival to the facility, with two signatures on initial count and subsequent counts at shift change.</p> <p>Per interview on 11/29/23 at 12:02 PM the RN confirmed to have been present in the building when the medications were delivered. The RN stated "I planned to check in the medications on Monday (11/6/23), the day prior to the new cycle to beginning." The RN confirmed the policy in place was not followed, the medications were not observed, a checked-in process was not completed and the controlled medications were not accounted for upon receiving and subsequent days after.</p> <p>Per interview on 11/29/23 at 10:57 AM the Manager identified the Policy includes storing medications in a secured medication cart or filing cabinet, the manager confirmed that was not the practice in place, and explained the medications are stored in the "little office", on the floor under a desk.</p>	R161			

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R173 R173 SS=F	Continued From page 4 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (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 This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the home failed to esnure medications were stored in locked compartments and free from unauthorized personel. Findings include: Per review of a facility reported incident and internal review investigation, the facility identified to have received a medication delivery on 11/2/23 in the afternoon, at approximately 3:30/4:00 PM. The medications delivered were a cycle supply (28 days) received 5 days prior to the next cycle start date (11/7/23.) The medications were stored in what is identified as the "little office" under a desk, in an unlabeled/unmarked box. The medications were not stored in a locked compartment, however were "locked" in the office by the door lock. The facility report identified the medicaiton delivery box containing all residents medications to be placed in the office on 11/2/23. The Registered Nurse (RN) on Mondauy, 11/6/23 at approximately 9:15 AM went to perfrom a check-in of the medications and the storage box of medications was not in the office.	R173 R173		

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R173	<p>Continued From page 5</p> <p>Per interview with the RN on 11/29/23 at 12:10 PM the medications were placed in the office on 11/2/23 and on 11/6/23 s/he went to retrieve them to check-in the medications, the box was not within the office area, a facility wide search was performed by the Manager and Nurse and the box of cycle medications was unable to be located.</p> <p>Per interview with the Manager on 11/29/23 at 9:40 AM, The manager confirmed the "little office" as area all staff have access to via key entry, including non-medication delegated staff.</p> <p>Per observations through the course of onsite visit, the lock to the "little office" door presented to be in poor operation, the lock failed to engage at all times when the door was closed. The door locking mechanism did engage with attention to ensuring the door closed well and additional pressure was placed on the door to lock. Staff were observed to close the door and not ensure the lock engaged several times, allowig free access the the "little office" to all individuals of the home, staff, residents and visitors. Upon orienting the obervation of the lock, the Manager, processed a high priority facilities request to have the lock replace.</p> <p>Per interview with the Manager on 11/29/23 at 9:25 AM, the mangaer ensured that s/he checks the door to ensure it is locked and stated "I do that will all the doors in the facility." The manager was unaware of any reports of the lock being in poor repair and not engaging automatically when the door is closed. The manager further confirmed, that if the lock to the office door does not engage with closing, the lock fails to secure the door, allowing accessibility to the "litttle office"</p>	R173		

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R173	Continued From page 6 to all individuals of the home including, staff, residents, and visitors. The lock was repaired and in full operation by the end of business day. This was confirmed by the Manager on 11/29/23 at 2:32 PM.	R173		
R177 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h</p> <p>(5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview their was a failure to ensure controlled medications were accounted for upon delivery. Findings include:</p> <p>Per record review, the medications delivered by the pharmacy on 11/2/23 contained the medications for 11 residents in which 3 residents receive Lorazepam and 2 receive Clonazepam.</p> <p>Per interview with the Manager on 11/29/23 at 10:49 AM, the cycle medications were delivered by the pharmacy on 11/2/23. Upon receiving the medications, the manager explained the medications which include controlled substances were stored in the "little office" under a desk, and secured by the entry door lock. The manager</p>	R177		

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R177	<p>Continued From page 7</p> <p>confirmed the controlled medications were not observed, accounted for and/or documented upon receiving via courier of the pharmacy. The manager referred to the policy in place for Medication Administration Handbook and Procedure Guide, to include procedures for "Delivery of Medications" which include the accounting of controlled substances.</p> <p>See tag 161.</p>	R177		



HOWARD
CENTER
Help is here.

Pamela M. Cota, RN
Licensing Chief
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 054671-2306

December 20th, 2023

Dear Ms. Cota:

Listed below is the plan of correction for each deficiency cited as a result of the on-site investigation at the Lakeview Community Care Home of Howard Center that took place on November 29th, 2023.

R128 - 5.5.c

R 128 Accepted
Jenielle M. Shea, RN
12/21/23

What action will be taken to correct the deficiency: The impacted Resident's Provider was notified immediately, and resident was monitored for adverse reactions. The staff person who made the error had medication delegation revoked and went through process with HR and Program Manager to determine whether any further disciplinary actions were called for.

What measures will be put into place to ensure that the deficient practice does not recur: Medication redelegation will be completed annually and during this training staff will be retrained on the medication administration process, including the 5 rights of medication administration and 3 checks during the administration process. The importance of this process will be stressed during the training as well as any other trainings related to medications. Program RN will shadow staff during a medication pass to ensure that they can demonstrate all steps of the medication administration process properly. If staff are not able to demonstrate ability to follow steps properly, their medication delegation will be suspended while they complete additional training. They may be given their privileges back when the RN sees they can demonstrate and verbalize the proper steps of administration without prompting.

How the corrective actions will be monitored so the deficient practice does not recur: RN will complete annual redelegation with staff and will shadow a medication pass with each



individual staff person to ensure all steps of medication administration are being followed properly. RN will shadow medications passes intermittently in between redelegation trainings to ensure the proper steps are still being followed.

Dates corrective action will be completed: Specific staff corrective action was taken immediately; staff person is receiving on-going supervision with Program Manager and med delegation status has yet to be reinstated. Redelegation training is scheduled to take place January 12, 2023 for all staff.

R161 - 5.10.b

R 161 Accepted
Jenielle M. Shea, RN
12/21/23

What action will be taken to correct the deficiency: The medication policy handbook was updated to reflect new medication handling practices. A new copy of the handbook was emailed to all staff, is located in the staff office, and was discussed during staff meeting.

What measures will be put into place to ensure that the deficient practice does not recur: The medication administration handbook will be reviewed and updated annually by RN. It will be reviewed with staff during med delegation as well as annual redelegation.

How the corrective actions will be monitored so the deficient practice does not recur: Review of the medication delegation handbook is currently listed on the form/checklist used for medication delegation and will be added to annual redelegation form and agenda.

Dates corrective action will be completed:

R173 - 5.10.h.

R 173 Accepted
Jenielle M. Shea, RN
12/21/23

What action will be taken to correct the deficiency: Medication cycle deliveries that cannot yet be placed in the locked medication cart due to space will be held in a locked cabinet in the locked office off of the dining room. Only med delegated staff will have the code to the cabinet.

What measures will be put into place to ensure that the deficient practice does not recur: All med delegated staff have been made aware of this change via staff meeting, email, and a posted update in the office off of the dining room. This change is also reflected in the updated policies and procedures manual.



How the corrective actions will be monitored so the deficient practice does not recur: A form will be kept with the medications inside of the locked cabinet. At crossover two med delegated staff will unlock the cabinet together to ensure the medications are still in the cabinet and sealed with tamper proof tape and will sign off on the form to indicate this was done. After the medications are moved into the med cart at the beginning of the new cycle, the form will be put in the RN's mailbox so [REDACTED] can verify that this was completed.

Pronoun removed by DLP 12/21/23

Dates corrective action will be completed: Completed 12/2/2023

R177 - 5.10.h

R 177 Accepted
Jenielle M. Shea, RN
12/21/23

What action will be taken to correct the deficiency: RN will confirm with the pharmacy every month when the cycle medications will be delivered to ensure that an RN, Program Manager or Team Lead are on site when the medications arrive. As soon as medications arrive, a controlled count will be completed by two individuals. One of the individuals must be either the RN, Program Manager or Team Lead. The other individual can be a med delegated staff member. The count will be documented on the controlled substance count forms specifically for cycle medications and will be kept with the cycle medications. The cycle medication delivery will then be returned to the box and tamper proof tape will be applied to the outside of the box by either the RN, Program Manager or Team Lead. The box will then be placed in the locked cabinet in the office off of the dining room. During crossover between shifts, two medication delegated individuals will verify together that the box is still in the cabinet and that the tamper proof tape is still intact and will sign off on that accompanying form to verify that this was done.

What measures will be put into place to ensure that the deficient practice does not recur: All staff have been made aware of this change via staff meeting, email and a posted update. This change is also reflected in the updated policies and procedures manual. RN will communicate with pharmacy to determine when medication delivery is scheduled to come to ensure RN, Program Manager or Team Lead will be there to count controlled medications and apply tamper proof tape to the box. The form that staff sign during crossover will go to the RN's mailbox after medications are moved into the med cart so that it can be verified that the proper steps were taken.

How the corrective actions will be monitored so the deficient practice does not recur: The form that will be kept with the box will be checked for accuracy each month to ensure that staff are verifying that the medication is still sealed and has not been tampered with.



Dates Corrective action will be completed: Completed 12/2/2023. Staff successfully followed updated protocol with most recent cycle delivery (which was the first delivery since incident and after updated protocol) to RN and Program Manager's satisfaction.

Please reach out if you have any additional questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'PB' followed by 'LCSU'. The signature is fluid and cursive.

Patricia Bauerle, Senior Manager
Lakeview Community Care Home
322 Saint Paul Street

Howard Center
300 Flynn Ave
Burlington, VT 05401

pbauerle@howardcenter.org
802-343-2267