



**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

May 9, 2023

Ms. Lydia Raymond, Manager  
The Residence At Quarry Hill  
465 Quarry Hill Road  
South Burlington, VT 05403

Dear Ms. Raymond:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 18, 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.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE RESIDENCE AT QUARRY HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>465 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403</b>
---	---

(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:  The Division of Licensing and Protection conducted unannounced onsite investigation of two facility self-reports and 1 complaint on 4/18/23. The following regulatory violation was identified as a result:	R100		
R224 SS=G	<p>VI. RESIDENTS' RIGHTS</p> <p>6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident # 2) was free from neglect. Findings include:</p> <p>Resident # 2 fell from his/her bed after facility staff failed to provide assistance when requested by the resident. On 4/18/23 at 10:40 AM, the Surveyor reviewed 3 video clips of Resident # 2's room from the night of 12/24/22 with the Resident Care Director (RCD). The video shows a Resident Care Associate (RCA) entering Resident # 2's room on 3 occasions. On the occasion at 11:17 PM, Resident # 2 clearly cries out for help and the RCA can be heard saying "no" and leaving the room. At 11:19 PM, the RCA returned to Resident #2's room and Resident # 2 asked for help again. The RCA left the room and shut the door. On the 3rd occasion a few minutes later, the RCA is seen entering the Resident # 2's room with another RCA. Resident</p>	R224	<p>R224- The community opened an investigation on 12/27/22 due to a discrepancy of an agency associate statement and POA statement regarding resident #2 fall. The POA shared that he had video footage of the fall on 12/27/22 which the RCD requested and received on 1/8/23. Upon review of video footage, the agency associate was terminated. In order to ensure the deficient practice does not recur we in-serviced associates on abuse and neglect on 1/25/23. The community will continue to in-service associates on abuse and neglect upon hire, annually and as needed via Relias Learning Platform which is monitored monthly by the RCD, ED, and BOD to ensure compliance. We will continue to monitor, review all incidents, and report to licensing as needed.</p> <p>The community did follow our fall policy please see the attached policy for your review.</p>	

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



TITLE  
*Executive Director*

(X6) DATE  
*5/7/23*

Tag R224 Accepted on 5/9/2023 - R. Tremblay/C. Scott

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE RESIDENCE AT QUARRY HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>465 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403</b>
---	---

(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
R224	<p>Continued From page 1</p> <p># 2 can be seen on the floor, stating "I fell out of bed".</p> <p>In a nursing note dated 12/25/22 at 12:52 PM, the on-call nurse stated that there was no injury. On 4/18/23 at 11:36 AM the facility RCD stated that the on call nurse on duty took report from an RCA and did not come into the facility to assess the resident after the fall. The RCD agreed that an RCA is not qualified to assess a resident after a fall. Resident # 2 was not assessed by a licensed nurse until approximately 1.5 days after the incident. A nursing note made by this nurse dated 12/26/22 at 2:47 PM stated "Resident without any complaints of pain/discomfort post fall 12/25/22. Resident has been without ill effect".</p> <p>The Facility falls policy states if there is no nurse in the community, then emergency services is to be notified. The RCD confirmed that emergency services were not called and that Resident # 2 was not assessed by a licensed nurse until 12/26/22.</p>	R224		

## Falls

---

**POLICY**

---

LCB Senior Living's policy is to have all residents evaluated screened for fall risk upon move in. All residents identified to be a fall risk will have interventions in place to mitigate any injuries. The fall risk assessment will be completed as deemed necessary by the Resident Care Director or designee, or as state regulations mandate.

---

**PROCEDURE**

---

There are instances that may constitute following this policy (i.e. a fall, a resident observed on the floor, resident sat on the floor, or an actual witnessed fall). While circumstances can be different for each resident, the following are some of the guidelines to follow in the event of a fall.

**Actual Fall/Witnessed or Unwitnessed:**

Witnessed or Unwitnessed Falls If a resident has a fall and is alert and oriented and where there is no apparent injury and where the resident can verbalize that he/she is not in any pain, if a nurse is onsite he/she would evaluate the resident. If there are no apparent signs of injury and the resident can be assisted up, the incident report shall be completed, and notify the responsible party. PT/OT shall be notified of fall and evaluation requested.

Witness or Unwitnessed Falls with a Possible Injury The resident is to remain in place and should not be moved. 911 Emergency Services shall be contacted to evaluate the resident. The Incident report shall be completed. The Responsible Party shall be contacted.

Head Injury

- **Apparent Injury:** Any resident who has a visible head injury or who has lost consciousness emergency services needs to be contacted (911 contacted).
- **No Apparent Injury:** Any resident who had a witnessed head incident and there are no apparent signs of any injury; and the resident is alert and oriented and does not voice any complains of discomfort; and the onsite nurse is able to evaluate; and if the onsite nurse discusses the case with resident and the resident responsible party and if all are in agreement, then Emergency services are not required. The onsite nurse completes the incident report. If nurse is not onsite, the on-call nurse should be notified.
- Follow all state regulations for Reportable Incidents.

**Simple Rules:**

- When in doubt, call emergency medical services
- Suspected injuries, call emergency medical services.
- Staff cannot sign EMS refusal of treatments. Only the resident and responsible party are able to do so.
- Never move anyone who is injured and who cannot verbalize pain or injury. In the event that a nurse is in the community, the nurse must be notified. If there is not a nurse in the community, then emergency medical services is to be notified.

**Fall Interventions:** The following are examples of interventions for falls by The LCB Wellness Teams. This list is not limited to the following interventions.

- Ensure that the resident apartment, bathroom and community common space is well lighted.
- Identification of any trip hazards within the resident apartment and community common space (i.e. area rugs, loose carpeting/flooring, wet floors, clutter)
- Encourage that the resident to tie their shoes and that the resident is wearing rubber soled shoes.
- Encouraging residents to participate in activities to help strengthen and increase flexibility. Examples of such activities are Tai Chi, yoga, dance, walking, weights, and other gross motor activities.
- Resident emergency pendant is physically on the resident.
- Recommend MD and or Pharmacy review of medications.
- Recommend Ophthalmology Consult – Residents who have diabetes, macular degeneration, cataracts, glaucoma or other eye disorders.
- Recommend ENT Consult – For residents who are having hearing difficulty and for those residents that have vestibular or middle ear disease.
- Recommend Primary Care Consult (PCP) – Full medical evaluation.
- Recommend Neurology Consult – Residents who may have a decline in cognition.
- Resident Safety Checks – Safety checks may help to reduce the number of falls scheduled on service plan.
- Resident Continence – Making sure residents are clean and not soiled. Providing a toileting schedule on service plan.
- Recommend adequate hydration.
- Recommend 1:1 Private Nurse Aide – For residents who are repeat fall risks, a 1:1 maybe a necessary intervention.
- Hospital Stay
- Inpatient SNF/Rehab