

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 31, 2020

Ms. Jessica Jennings, Manager The Residence At Quarry Hill 465 Quarry Hill Road South Burlington, VT 05403

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 8, 2020.** 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

Pamela McotaRN

Licensing Chief

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A BUILDING C 8 WING 1012 01/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY R100 Initial Comments: R100 The submission of this plan of correction An unannounced on site investigation of multiple does not imply agreement with the complaints was conducted on 01/07 through 01/08/20 by the Division of Licensing and existence of a deficiency. It is Protection. The following violations were identified: submitted in the spirit of cooperation, R224 VI. RESIDENTS' RIGHTS R224 to demonstrate our commitment SS=D to continued improvement Residents shall be free from mental, verbal or physical abuse, neglect, and in the quality of the lives of our residents. exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: R224 The Associate involved in the mis-Based on record review and staff interview the facility failed to ensure 1 resident was free from Appropriation of personal property exploitation of a credit card (Resident #4). The findings include the following: of resident #4 was terminated Per medical record review, Resident #4 resides per community policy regarding on the Reflection Unit, a secure area designed to care for residents with memory impairment. Per Resident Rights. interview with the Reflection Engagement Director on 01/07/20 at approximately 10 AM. s/he confirms on 12/06/19 a call was received from Resident #4's Power of Attorney (POA). In order to assure that the deficient practice The POA informed the Director that Resident #4 had a bill for credit use with fraudulent charges on does not recur, all associates received init. The family deactivated the credit card and the facility began their internal investigation. The servicing on Resident Rights/Elder Abuse South Burlington Police were notified who also opened an investigation. Both investigations Neglect and Exploitation on 12/13/19. confirmed that Employee #1 had misappropriated personal property (use of a credit card without permission from the resident/family), of Resident Division of Licensing and Protection LABORATOR PRECTORS OR PROVIDER/SUPPLIEN REPRES NTATIVE'S SIGNATURE

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Division	of Licensing and Pro	tection			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE RES	SIDENCE AT QUARRY	HILL	RRY HILL ROAD URLINGTON, V		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
R224	R224 Continued From page 1		R224	The corrective actions will be	3
	#4.		***************************************	Monitored By the Executive	Director
Per review of the termination report dated 12/10/19, the employee was notified by the Director of Engagement, that the facility was informed of misappropriation of property of Resident #4. The facility's internal investigation has found that s/he engaged in conduct of exploitation of a vulnerable adult. The facility associate handbook identifies the conduct as a				to ensure that the deficient p	oractice
				does not recur. The ED and o	or
				her designee will perform	
				Resident's Rights audits rand	omly.
		rights and due to the conduct, termination of	1000		
	Interview with the resident on 01/08/20 at approximately 3:30 PM, confirms that s/he has no recollection of any theft of a credit card and denies having a credit card while s/he has been		martin in anticomorphic contracts of the second contract of the second cont	The corrective actions will be	ۆ
				Completed by February 7, 20	020.
			***************************************	X.	*
	at the Residence of Quarry Hill.				é r
		byee #1's file, hired 08/15/18, protocol for employment was	asserved representation		
	followed, two reference checks were completed with positive results, all criminal and child/adult registries identified no records and a performance appraisal was conducted on 02/22/19 that				
					9
	evidenced scores of	f 3 out of 5, demonstrating ance. The employee had	***************************************		
		nandatory education at the	niënampoore energie		
Dace					
SS=E	IX. PHYSICAL PLAI	N I	R266		
	9.1 Environment				
a a	9.1.a The home musafe, functional, sar comfortable environ		70 - HARDS YANG		,

Division of Licensing and Pro	otection			FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED
	1000 IV 9			С
/	1012	B. WING		01/08/2020
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
THE RESIDENCE AT QUARRY	Y HIII	RRY HILL ROAI	1.00	
CHAMMARY ST	······································	BURLINGTON, V		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
R266 Continued From pa	age 2	R266	R266 The lint traps in the	Reflections
This REALIDEME	NT is not mot as suideneed	and the second second	Community as well as the la	aundry room
This REQUIREMENT is not met as evidenced by: Based on observation, interview and record Were cleaned on January 8, 2020.				, 2020.
review the facility fa environment of 2 re dryers that were for	ailed to maintain a safe esidential and 3 commercial und to be heavily caked with		In order to assure that the	eficient dryers
*		# 000 #	Practice does not recur, all	
presence of a Pers 01/07/20 at approx	onal Care Attendant (PCA) on imately 6:30 AM, two domestic		Associates who operate the	e dryers
driers on the Reflect lint traps heavily fille	ctions Unit were found to have ed with lint. The PCA		will receive education rega	rding the
overnight shift staff	are responsible for washing	***************************************	community policy for Drye	r Vent
lint traps.			1 200 1	
Per tour of the base	ement laundry area in the	divinium enquissants	The corrective actions will l	be
01/07/20 at 8:15 AM	Init. The findings are as follows: During a tour of the Reflection Unit in the presence of a Personal Care Attendant (PCA) on 01/07/20 at approximately 6:30 AM, two domestic driers on the Reflections Unit were found to have lint traps heavily filled with lint. The PCA confirmed the findings and shared that during the overnight shift staff are responsible for washing and drying resident clothing and maintaining the lint traps. Per tour of the basement laundry area in the presence of the Director of Maintenance on 01/07/20 at 8:15 AM, the three industrial driers were found with lint traps that are heavily caked with lint/dust. Review of the dryer lint clean-out logs of the laundry area identify inconsistent removal of lint. There were no logs in the Reflection Unit. The Director confirms that policy identifies that staff are instructed to clean out the			
with lint/dust. Revie	ew of the dryer lint clean-out	Were cleaned on January 8, 2020. record a safe commercial caked with In order to assure that the deficient Practice does not recur, all Associates who operate the dryers will receive education regarding the community policy for Dryer Vent Cleaning by February 7, 2020. The corrective actions will be an in the nce on trial driers avily caked tolean-out posistent in the so that policy lean out the ber y employee out the trap Were cleaned on January 8, 2020. In order to assure that the deficient Practice does not recur, all Associates who operate the dryers will receive education regarding the community policy for Dryer Vent Cleaning by February 7, 2020. The corrective actions will be Monitored by the Maintenance Director and or her designee to Ensure the deficient practice Does not recur. Weekly Audits will be performed to Assure lint traps are cleaned Per policy.		
removal of lint. The	The corrective actions will be The basement laundry area in the fithe Director of Maintenance on 8:15 AM, the three industrial driers with lint traps that are heavily caked t. Review of the dryer lint clean-out aundry area identify inconsistent int. There were no logs in the lint. The Director confirms that policy.			
identifies that staff a	are instructed to clean out the	in the water	Does not recur. Weekly	
operating the equip	by the staff member ment. The laundry employee	(4)	Audits will be performed to	
at the end of my shi	d ["I did not clean out the trap ft yesterday"].	0.00 model (100 Marie 100	Assure lint traps are cleane	d
Per review of the po	olicy titled Dryer Vent Cleaning dentifies that commercial dryer	and a second	Per policy.	
lint traps should be	cleaned after every third load	98		* *
and residential drye	r lint traps should be cleaned n if there is only a small		The corrective action will be	a

Completed by February 7, 2020.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A BUILDING: B, WING		(X3) DATE SURVEY COMPLETED C 01/08/2020					
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THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403									
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