



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

October 30, 2023

Mr. Philip Hensarling, Manager
Sana At Stowe
Po Box 493
Stowe, VT 05672

Dear Mr. Hensarling:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 10, 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 black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0665	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2023
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NAME OF PROVIDER OR SUPPLIER SANA AT STOWE	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 161 CHARLOTTE, VT 05445
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T 001	Initial Comments An unannounced onsite re-licensure survey was conducted on 10/11/23 by the Division of Licensing and Protection. The following regulatory violations were identified:	T 001		
T 052 SS=F	<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</p> <p>5.9 Staff Services</p> <p>5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents 	T 052	<p>POC Accepted 10/30/23 for T-052 M. McIntosh, RN</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Philip Hensarling* TITLE **Executive Director** (X6) DATE **10/27/23**

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T 052	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure by the TCR (Therapeutic Community Residence) to ensure direct care staff received 12 hours of training each year, as required. Findings include: Per review of training records on the afternoon of 10/10/23 a staff member responsible for education/training of direct care staff confirmed training's were incomplete for Fire Safety; Abuse/Neglect/Exploitation and Respectful Communication for 5 of 5 staff education records reviewed.	T 052		
T 146 SS=F	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the TCR failed to provide and maintain a safe environment by failing to routinely monitor hot water temperatures. Findings include:	T 146		

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T 146	<p>Continued From page 2</p> <p>At 3:30 PM on 10/10/23 hot water temperatures were checked to ensure temperatures were below 120 Degrees Fahrenheit (F), as required. However, in room 206 (a client's room) hot water temperature spiked rapidly to 126.5 degrees F. In room 106 (a client's room) the water temperature rapidly elevated to 131.5 degrees F. The Facility Director of Operations was notified by the surveyor at 3:35 PM who immediately contacted the facility plumber. At 3:40 PM the Director accompanied the surveyor to a 3rd floor bathroom utilized by staff and clients. The hot water temperature again rapidly elevated to 131.6 degrees F. During the process of testing the hot waters, a staff member had acknowledged to the surveyor s/he had noted when utilizing the 3rd floor bathroom found "...when washing hands his/her hands the water was quite hot.." However, hot water reporting, monitoring or adjustments were not suggested or instituted.</p> <p>After a plumber arrived at the facility, adjustments were made to lower the hot water temperature. At 4:47 PM the nurse surveyor, accompanied by the Director of Operations, rechecked the hot water temperatures. In room 206 the hot water decreased to 122.7 degrees F; in room 106 the temperature dropped to 118.8 degree F; and the 3rd floor bathroom sink temperature had decreased at 4:52 PM to 121.3 degrees. The Director of Operations had instructed the plumber to make a second adjustment to ensure the hot water would be maintained at approximately 120 degrees F. The plan for the evening of 10/10/23 included continued monitoring of hot water temperatures and developing a plan for scheduled hot water testing. It was confirmed by the Director of Operations, monitoring of hot water temperatures had not been included as part of ensuring a safe</p>	T 146	<p>POC Accepted 10/30/23 for T-146 M. McIntosh, RN</p>	
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T 146	Continued From page 3 environment.	T 146		
T 174 SS=F	IX.9.6.d Physical Plant 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures do not exceed 120 degrees Fahrenheit in an area of the home utilized by all residents. Findings include: At 3:30 PM on 10/10/23 hot water temperatures were checked to ensure temperatures were below 120 degrees Fahrenheit (F), as required. However, in room 206 (a client's room) hot water temperature spiked rapidly to 126.5 degrees F. In room 106 (a client's room) the water temperature rapidly elevated to 131.5 degrees F. The Facility Director of Operations was notified by the surveyor at 3:35 PM who immediately contacted the facility plumber. At 3:40 PM the Director accompanied the surveyor to a 3rd floor bathroom utilized by staff and clients. The hot water temperature again rapidly elevated to 131.6 degrees F. After a plumber arrived at the facility, adjustments were made to lower the hot water temperature. At 4:47 PM the nurse surveyor accompanied by the Director of Operations rechecked the hot water temperatures. In room 206 the hot water decreased to 122.7 degrees F; in room 106 the temperature dropped to 118.8	T 174	POC Accepted 10/30/23 for T-174	

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T 174	Continued From page 4 degree F; and the 3rd floor bathroom sink temperature had decreased at 4:52 PM to 121.3 degrees. The Director of Operations had instructed the plumber to make a second adjustment to ensure the hot water would be maintained at approximately 120 degrees F. The plan for the evening of 10/10/23 included continued monitoring of hot water temperatures and developing a plan for scheduled hot water testing. In addition, the TCR policy dated 6/14/21 states per 9.6 Facility Plumbing Policy "Hot water temperatures shall not exceed 120 degrees Fahrenheit". It was further confirmed by the Director of Operations on the afternoon of 10/10/23 there is presently no evidence hot water temperatures have been monitored in locations at the TCR utilized by all clients.	T 174		
T 187 SS=F	IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by:	T 187		

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T 187	<p>Continued From page 5</p> <p>Based on staff interview and record review, the TCR failed to conduct fire drills on a quarterly basis with rotating times. This has the potential to effect all clients. Findings include:</p> <p>Per interview on the morning of 10/10/23 the Executive Director of the TCR confirmed fire drills have not been conducted, as required on at least a quarterly basis to include rotating times of day to include morning, afternoon, evening and nights. There was no evidence a fire drill had ever been conducted, although required.</p>	T 187	<p>POC Accepted 10/30/23 For T-187 M. McIntosh</p>	

T 052: On 10/19/23, Integrative Life Network's (ILN) corporate HR team implemented a new Learning Management System (LMS) which requires each employee to undergo both electronic and in-person forms of training. Additionally, on 10/19/23, a spreadsheet tracking system was implemented to maintain monthly ongoing compliance for both new and existing employees. ILN's corporate HR team will monitor ongoing compliance. Additional training will be offered as needed for disciplinary or corrective action plans.

Completed by: 10/19/23

Trainings added for employees with an expected completion on 11/30/23:

- 1) Cyber Security
- 2) HIPAA/42 CFR Recording
- 3) Workplace Violence
- 4) Ethics
- 5) Active Shooter
- 6) Cultural Diversity
- 7) LGBTQ Recording
- 8) Infection Control/Handwashing
- 9) Bloodborne Pathogens/Needle Sticks
- 10) Fire Safety
- 11) COVID Awareness
- 12) HAZCOM
- 13) Driver Safety - Defensive Driving
- 14) Suicide Prevention
- 15) Evacuation Plan
- 16) Client Rights
- 17) Mandatory Reporting
- 18) Abuse/Neglect/Exploitation
- 19) Respectful Communication
- 20) Mandated Reporting

Completed by: 11/30/23

[POC Accepted](#)
[For T-052 M. McIntosh](#)

T 146: Sana at Stowe has implemented weekly water temperature checks in resident rooms to include an action plan if water temperatures exceed 120 F. The Director of Operations is responsible for completing weekly water temperature checks which will be recorded in a monthly document. Monthly documents will be scanned and stored in an online database. Should temperatures frequently exceed 120 F, the facility will contact a plumber to diagnose and fix the issue. Monthly Environment of Care (EOC) walkarounds and ongoing compliance will also be monitored in quarterly CQA (Continuous Quality Assurance) meetings in conjunction with ILN's Compliance and Quality Assurance Department.

Completed by: 10/11/23

[10/30/23 POC accepted](#)
[for T-146 M. McIntosh, RN](#)

T 174: Sana at Stowe has implemented weekly water temperature checks in resident rooms to include an action plan if water temperatures exceed 120 F. The Director of Operations is responsible for completing weekly water temperature checks which will be recorded in a monthly document. Monthly documents will be scanned and stored in an online database. Should

temperatures frequently exceed 120 F, the facility will contact a plumber to diagnose and fix the issue. Monthly Environment of Care (EOC) walkarounds and ongoing compliance will also be monitored in quarterly CQA (Continuous Quality Assurance) meetings in conjunction with ILN's Compliance and Quality Assurance Department.

Completed by: 10/11/23 10/30/23 POC accepted
For T-174 M. McIntosh, RN

T 187: Sana at Stowe has implemented quarterly fire drills, one per morning, afternoon, evening, and night throughout the year. Forms will include date, time, shift, names of participating staff members and response time. Sana will audit completion and findings of reported fire drills in quarterly CQA (Continuous Quality Assurance) meetings in conjunction with ILN's Compliance and Quality Assurance Department.

Completed by: 10/26/2023

10/30/23 POC accepted
T-187 M. McIntosh