

Division of Licensing and Protection

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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 14, 2017

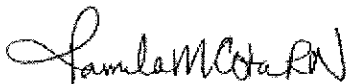
Ms. Kathryn Titus, Manager
Cathedral Square Senior Living
3 Cathedral Square
Burlington, VT 05401-4429

Dear Ms. Titus:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 14, 2017. 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
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2017
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NAME OF PROVIDER OR SUPPLIER CATHEDRAL SQUARE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3 CATHEDRAL SQUARE 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
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R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite re-licensing survey on 11/14/17. A regulatory violation was cited as a result.	R100		
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that procedures for documentation are sufficient to indicate to the	R171	Effective immediately, staff have been re-educated to RCH Regulation 5.10.g(3). This re-education took place at the first shift-to-shift report after DNS was made aware of the deficiency and continued on a daily basis at every shift-to-shift report for the following week. The facility also held a mandatory staff meeting on Dec. 5th and documentation of PRN medication was further discussed. Minutes of the meeting will be documented and made available to all staff.	Nov 21 st 2017

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Katherine T...</i>	TITLE Administrator	(X6) DATE Dec. 8 th , 2017
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R171 POC accepted 12/12/17 RTremblay R/L/PML

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER CATHEDRAL SQUARE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3 CATHEDRAL SQUARE BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R171	Continued From page 1 physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective for 6 of 6 sampled residents (Residents # 1, 2, 3, 4, 5, 6). Findings include: Per review of the Medication Administration Records (MAR) between August 2017 - November 2017, staff did not consistently document the effectiveness of as needed (PRN) medications for all 6 sampled residents (1-6). The medications included analgesic, bowel medications and psychoactive medications. Per interview with the Director of Nursing (DNS) on 11/14/17 at 11:45 A.M., the DNS stated that staff are expected to document the effectiveness of all PRN medications administered. The DNS and the Facility Administrator both confirmed that staff had not documented the effectiveness of the PRN medications as required.	R171	RN has been auditing MARS weekly to monitor since the date of this survey and will continue to do so on a monthly basis.	