



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. Valerie Cote, Manager
Allen Harbor Senior Living
90 Allen Road
South Burlington, VT 05403-7856

Dear Ms. Cote:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 20, 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

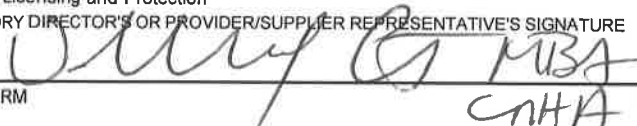
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2023
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NAME OF PROVIDER OR SUPPLIER ALLEN HARBOR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 90 ALLEN ROAD SOUTH BURLINGTON, VT 05403
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R100	Initial Comments: An unannounced on site investigation survey for 3 complaints and 2 facility reported incidents was conducted by the Division of Licensing and Protection on 11/20/23. Regulatory deficiencies were identified as a result. Findings include:	R100	The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review the RCH failed to ensure medications for 2 applicable Residents were administered per physician orders. Findings include: 1. Per record review Resident #2, has an outpatient procedure on 11/2/23, with prior care instructions for medications. A medication order as received on 10/28/23 for Lovenox 80 mg/0.8ml solution Inject 0.7ml, to give 70mg Subcutaneously every 12 hrs as directed for 7 days, to begin the morning of 10/30/23. The order included to hold current coumadin administrations starting 10/28.23 and while receiving Lovenox. Per the medication administration record Resident #1 received Coumadin on the evening of 10/28/23. A progress note dated 11/5/23 noted "Received signed orders for resident D/C Lovenox 0.7ml injection, Hold Warfarin Sodium 5mg tabs on 11/3/23, Hold Warfarin Sodium 5mg tab on Nov.4, Give Warfarin Sodium 5mg tab on	R128	Resident #s 2 and 3 remain at the facility Both Residents' sets of orders have been verified and remain accurate, with no further noted medication errors. R 128 Accepted Jenielle Shea, RN 12/21/23 An In-Service on the medication administration policy has occurred with the nursing staff. A house-wide audit will occur of all new orders received within the last 30 days and will verify they were entered into the system correctly by the Wellness Director and/or designee. Random audits of new orders entered into the system will occur weekly times 4 and then monthly times 3 by the Wellness Director and/or designee. Random audits of medication administration times will occur weekly times 4 and then monthly times 3 by the Wellness Director and/or designee. Results of all audits will be brought to the QA committee for review.	12/22/2023

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 12/15/2023
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STATE FORM 6899 V8NB11 If continuation sheet 1 of 6

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R128	<p>Continued From page 1</p> <p>11/5/23, Give for period of time, Warfarin Sodium 5mg tab (1/2) tab 11/6/23."</p> <p>Per interview on 11/20/23 at 11:30 AM the Administrator confirmed Resident #1 was scheduled for an outpatient Dermatology procedure, orders were provided to hold coumadin routine therapy and administer starting October 28, 2023. The manager confirmed on October 28, 2023 Resident #2 received Coumadin. The manager further explained the medications changes were due to care instructions for care prior to the dermatology outpatient procedure.</p> <p>2. Per record Medication Administration record review Resident #3 has medications scheduled at 12:00 PM which consist of Acetaminophen, Cranberry tabs, D-mannose, Docusate Sodium, Duloxetine, Mexiletine, Omeprazole, Pregabalin, Tizandine and medications scheduled at 10:00 PM which consist of Amitriptyline, Duloxetine, Melatonin, Mexiletine, Omeprazole, Pregabalin, Ramelteon, Senna.</p> <p>Per record review on 9/18/23 Resident #3 was administered his/her medications altered from the medication schedule. On 9/18/23 during the evening shift, the Med Tech reported to have administered the medications scheduled for 12:00 PM at the evening administration time of 10:00 PM. The charge nurse was notified by the Med Tech that after the administration of medications at 10:00 PM s/he noticed the bubble pack of medications was the scheduled bubble pack for noon time administration. Through the facility review of the medication bubble packs, it was identified that Resident #2 received his/her scheduled 10:00 PM medications at 12:00 PM that day and his/her scheduled 12:00 PM at 10:00</p>	R128		

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R128	Continued From page 2 PM. Per interview on 11/20/23 at 11:55 AM the Director of Nursing confirmed on 9/19/23 Resident #3 was administered medications at the wrong administration times. The DON confirmed the finding was reported on 9/19/23 during the evening shift, when the med passer observed the bubble pack indicated for that specific date and time was not available. Through a facility investigation of the reported event it was identified the scheduled evening medications were given in error during the daytime at 12:00 PM.	R128		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse (RN) failed to ensure the development of a written plan of care based on abilities and care needs as identified in the resident assessment for 1 applicable resident (Resident #1). Findings include: Per record review on 11/20/23 Resident #1 was	R145	Resident #1 has been discharged from the facility. An In-service has occurred with the Wellness Director (Facility's RN) re: the assessment service plan policy, as well as the significant change policy. A house-wide audit of all Resident service plans will be performed by the Wellness Director and/or designee to ensure that all Residents have a written care plan related to their safety and care needs. A random audit of service plans will occur weekly times 4 and then monthly times 3 by the Wellness Director and/or designee to ensure the plans describe the care needs and safety needs of the Resident. Results of the audits will be brought to the QA committee for review.	12/22/2023

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R145	<p>Continued From page 3</p> <p>admitted to the facility on 07/24/19. Nursing overview is required due to diagnoses including hypertension, chronic kidney disease, osteoarthritis of right hip, and mild cognitive impairment. Per facility chart notes beginning in October 2022 Resident #1 exhibited signs of declining cognitive function, including wondering, and risk of elopement. On 10/5/22 the facility scheduled a family meeting to discuss Resident #1's increased wondering. On 12/5/22 it was noted that Resident #1 was found wandering one floor up from Resident #1's apartment. Resident #1 was observed wandering in the hall and ringing resident doorbells after 11:00 PM. On 12/9/22 Resident #1 was found confused and sitting in the living room of another resident. On 12/12/22 Resident #1 was observed trying to leave the facility in search of his/her spouse. Per review of Resident #1 record, Resident #1 care plan last reviewed on 12/08/22 did not include risk of wandering or elopement and measure taken to meet Resident #1's care needs and safety.</p> <p>On the afternoon of 11/20/23 the Executive Director confirmed the written plan of care on file for Resident #1 did not address the care and services s/he required.</p>	R145	<p>R 145 Accepted Jenielle Shea, RN 12/21/23</p>	
R190 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there</p>	R190	<p>In-Service provided to staff who do recruiting for the facility regarding the abuse, neglect policy that ensures all staff, volunteers, etc. have their backgrounds checked prior to hire for their adult and criminal background.</p> <p>A house-wide audit of all current hired staff will occur to ensure background checks are in place by the Executive Director and/or designee.</p>	12/22/2023

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R190	Continued From page 4 was a failure of the manager to conduct required criminal and abuse checks for staff hired who are assigned to provide care and services. Findings include: The Executive Director was asked to provide evidence of criminal and abuse checks for an employee employed to provide care and services to 1 residents of the RCH. On 11/20/2023, the Executive Director attempted to collect the results of the criminal and abuse checks but found no results on file of any background checks being completed prior to employment.	R190	Random audits of new hires will occur weekly times 4 and then monthly times 3 to ensure background checks are present by the Executive Director and/or designee. Results of these audits will be brought to the QA committee for review. R 190 Accepted Jenielle Shea, RN 12/21/23	
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to follow the facility's written policies and procedures that require criminal background checks for contracted resident caregivers for one applicable contracted employee. Findings include: The facility's policy and procedure entitled Caregiver (Sitter) states "The Executive Director (or designee) will ensure the following requirements for Caregivers are met and the Caregiver Agreement is signed and followed". These requirements include application for employment, caregivers' agreement, copy of	R200	Contracted employee no longer works for the facility. In-Service provided to staff who do recruiting for the facility regarding the abuse, neglect policy that ensures all staff, volunteers, etc. have their backgrounds checked prior to hire for their adult and criminal background. A house-wide audit of all current hired staff will occur to ensure background checks are in place by the Executive Director and/or designee. Random audits of new hires will occur weekly times 4 and then monthly times 3 to ensure background checks are present by the Executive Director and/or designee. Results of these audits will be brought to the QA committee for review.	12/22/2023

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R200	<p>Continued From page 5</p> <p>current valid driver's license, if no license, a copy of State Identification card, copy of Sex Offender registry check, and a copy of a Criminal background check.</p> <p>On the afternoon of 11/20/23 the Executive Director confirmed the facility did not follow policy and procedure and additionally, did not have on file for review upon request a copy of Sex Offender registry check, and a copy of a Criminal background check for one contracted resident Caregiver.</p>	R200	<p>R 200 Accepted Jenielle Shea, RN 12/21/23</p>	