VERMONT

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 14, 2024

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 **April 15, 2024.** 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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: On 4/15/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint. The following regulatory deficiencies were identified:	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 if 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 staff interview and record review there was a failure to ensure medication administration consistent with the physician's orders for 8 applicable residents (Resident's #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: The facility's Medication Program policy effective 2/13/23 states, "The Community will assure compliance with State Law and Regulations. The Executive Director will assure the Medication Program is in place." The Medication Program procedures state: a. "The Wellness Director is responsible for the daily oversight of the Medication Program." b. Resident's Medication Administration Records will contain "current medication orders to include dosage, frequency, time, route of medications and indications". c. " If an E-MAR system is used, The Wellness Director (or designee) will confirm each order in E-MAR prior to staff administering medication."	R128	Resident #s 1, 2, 3, 4, 5, 6, 7 and 8 med errors were corrected that were discovered by the facility. Resident # 3's coumadin order from 12/19/23 was investigated, the coumadin being given on the 2 Wednesdays was in fact not a med error, the order itself was typed in incorrectly, missing the word "Wednesdays" from the EMAR, but was entered appropriately in that it left Wednesdays open in the EMAR to administer the medication, as it was ordered. Resident # 5's medications were given for the 10pm doses on 1/8/23, there was an EMAR issue on that date, the EMARs were printed that evening and the med tech signed off the meds on paper and this was filed in the paper records. The incorrect anti-biotic that was given to Resident #6 did belong to Resident #6, but was ordered for a different reason and not due on that date. In-servicing is occurring with the nurses on order transcription into the EMAR system. In-servicing is occurring with the med techs on the 7 rights of medication administration and on the medication administration policy. Med Techs will be re-delegated by the Wellness Director (RN). In-servicing is also occurring with the nurses on med error reports and notifications. (continued on next page)	5/28/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

MBA, CHHA Executive Director 5/13/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R128	Continued From page 1 d. " For an order change, the discontinued order will be marked off on the MAR ... Each new order written on a new line on the MAR", and "The Wellness Director will verify the accuracy of the changes." The Medication Program procedures include a list of types of medication errors; however, the policy and procedures do not indicate staff administering medications are responsible for checking the medication orders and the medication label to verify the right resident, medication, dose, route, and schedule which is an essential task to prevent errors. On the morning of 4/15/24 the Executive Director and Wellness Director were requested to provide documentation of medication errors occurring at the facility between 12/1/23- 4/15/24. Per review of the documentation provided, 9 medication errors reports were on file indicating medications were not administered as ordered for 8 applicable residents between 12/15/23 and 2/5/24 including: 1. Resident #2's physician ordered Tamsulosin (for urinary retention) 0.4 mg capsule 2 capsules once daily. On 12/15/23 it was discovered Resident #2 had been receiving 2 capsules twice daily in error. The December 2023 Medication Administration Record (MAR) indicates the order to give Tamsulosin twice daily had been listed in the MAR since 11/10/23. 2. Resident #3's physician ordered Warfarin (anticoagulant medication) 2.5 mg tablet One tablet by mouth once weekly on Monday, however this medication order was incorrectly scheduled in the E-MAR, which resulted in the medication being given daily from 11/29/23- 12/13/23. A Licensed Practical Nurse corrected the	R128	Random audits will occur by the Wellness Director and/or designee weekly times 4 and then monthly times 3 on medication passes to verify medications are given per the policy and the order. Random audits will also occur on any medication errors that are discovered weekly times 4 and then monthly times 3 to ensure that the process/policy is followed. Results of these audits will be brought to the QA committee for review. R128 Plan of Correction accepted by Jo A Evans RN on 5/14/24.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R128	Continued From page 2 transcription error on 12/14/23; however a medication error report was not completed and the physician was not notified until 12/19/23. Additionally, the December 2023 MAR includes an order for Warfarin 5 mg tablet One tablet by mouth on Tuesday, Thursday, Saturday, and Sunday beginning of 12/19/23 which is initialed by staff indicating the medication was given on Wednesday 12/20/23 and Wednesday 12/27/23. It is unclear if the order was entered incorrectly or if the medication was given twice on Wednesdays in error, as two previous weekly orders for Warfarin 5 mg tabs both indicated the medication was to be given on Tuesday, Wednesday, Thursday, Friday, Saturday, and Sunday. A medication error report related to this issue was not presented for review. 3. Resident #4's physician ordered Prednisol Ace-Moxiflor-Bromfen 1-0.5-.075% SUSP Eye Drops One drop four times a day in the operative eye (Left Eye) following cataract surgery. Per the error report, the order was incorrectly transcribed into the MAR to be given at 12 AM , 6 AM, 12 Noon, and 6 PM instead of 8 AM, 12 Noon, 4 PM, and 8 PM. The eye drops were not given at 12 AM (Midnight) and 6 AM on 12/17/23. The Med Tech documented the medication was not available; however, per the med error report the medication was in stock and could have been given. 4. Resident #4's physician ordered Torsemide (for Edema) 10 mg tablet One tablet by mouth daily, which was entered into the MAR on 12/6/23. A duplicate order was entered on 12/9/23 without canceling the initial order, resulting in documentation of the medication being given twice on the mornings of 12/10/23-12/30/23.	R128		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R128	Continued From page 3 While the Medication Notes indicate staff recognized there was a duplicate order listed in the MAR only on 12/12/23, 12/22/23, 12/23/23, 12/26/23, and 12/30/23; the med error report states additional doses were only given on 12/16/23 and 12/17/23. 5. On 1/10/24 Resident #5 was not administered his/her 10 AM scheduled dose of Diazepam. The medication error report states the Med tech signed off indicating the medication was given , however it was not taken out of the narcotic box or signed out of the narcotics book. Additionally, there is no staff signature indicating medications scheduled for 10 PM on 1/8/24 were given as ordered including Carbidopa/Levodopa ER 25 -100 mg tablet (for Parkinson's), Clozapine 25 mg tablet (for psychosis), and Diazepam 2 mg tablet (for Dystonia). There is no Medication Note or Med Error report regarding missed medications on 1/8/24. 6. Resident #6's physician ordered the antibiotic medication Sulfamethoxazole-Trimethoprim 800-160 mg One tablet by mouth twice daily for 2 doses following a procedure to remove a stent. The order was entered into the MAR on 1/9/24. Staff initials indicate the medication was given at 8 AM and 8 PM on 1/10/24, and a 3rd dose was given at 8 AM on 1/11/24. A medication error report dated 1/10/24 states both doses of the medication ordered still be in the bottle on 1/10/24, and the medication was not administered on the previous morning. The error report states Resident #6 had received "Amoxicillin/K Clav" (a different antibiotic medication) in error instead of the prescribed medication. Resident #6's January MAR does not include an order for the antibiotic medication "Amoxicillin/ K Clav'; however another resident was prescribed this medication.	R128		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R128	Continued From page 4 7. Resident #1 is diagnosed with brain cancer and receives chemotherapy medication at the facility. Resident #1 was scheduled to receive the chemotherapy medication Lomustine to be administered as two 100 mg capsules and two 10 mg capsules following notification from the prescriber's office that lab results indicated the medication was safe to administer on 1/26/24. On 1/24/24 nursing staff became aware the medication bottle for the Lomustine 100 mg tablets was empty, however there was no documentation of the medication being given. Per the med error report it was unknown if the resident had received the medication, or if another resident had received it in error. As of the investigation on 4/15/24 none of the staff who had access to the medication had taken responsibility for the missing medication. Resident #6's January 2024 MAR indicates the Lomustine 100 mg capsules were administered on 1/26/24, however there is no staff signature indicating the Lomustine 10 mg capsules were administered during the month of January 2024. Additionally, the medication order indicates Lomustine was to be administered in the evening and the PRN medication Zofran (for nausea) was to be given 30 minutes prior to administration; however the medication order was entered with an administration time of 8 AM and there is no documentation indicating the PRN dose of Zofran was administered or refused. 8. Resident #7 was prescribed the injectable medication Dupixant every 2 weeks, with a dose scheduled to be given on 1/24/24. The medication was not administered by nursing staff as ordered, and a med error report dated 1/25/24 indicates the medication was given a day late. During an interview commencing at 1:20 PM on	R128		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R128	Continued From page 5 4/15/24 the Wellness Nurse stated s/he was unsure if an order was obtained from the prescribing physician to administer the injection of Dupixant late on 1/25/24; however the medication error report states the physician was not notified regarding the medication error until 2/1/24. 9. Resident #8's physician prescribed Lorazepam 0.5 mg tablets 2 tablets three times daily as needed for anxiety. A medication error report indicates an incorrect dose of Lorazepam was given on 2/5/24 when one tablet was given instead of two. Additionally, this PRN order does not include a specific frequency of administration to include the specific amount of time required between doses. At 1:55 PM on 4/15/24 the Executive Director, Wellness Director, and Wellness Nurse confirmed the medication errors listed above resulted from nursing staff transcription errors, and staff not checking medication orders and medication labels to ensure the right Resident, Medication, Dose, Route, Administration Schedule, and Documentation. In conclusion this deficient practices are a risk for more than minimal harm to residents as failure to ensure safe and accurate administering medications could result in serious illness and harm..	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	R145	See next page...	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R145	Continued From page 6 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 staff interview and record review there was a failure to develop a written plan of care describing the care and services required to maintain the well-being of one applicable resident (Resident #1). Findings include: The facility's Assessment/Service Plan policy and procedures effective 2/13/23 states, "The Wellness Director will assure all Residents have a comprehensive assessment and service plan in place to assist staff in meeting their needs." Per record review Resident #1 was admitted to the home on 12/13/23 with a diagnosis of end stage Glioblastoma (brain cancer); is taking a chemotherapy medication which increases risk for infection, bleeding, and anemia; and has cognitive decline which been diagnosed with Medication Induced Dementia. Resident #1 is also diagnosed with conditions including Diabetes Mellitus; Chronic Obstructive Pulmonary Disease (COPD); Seizure Disorder; Congestive Heart Failure, and electrolyte imbalances including Hypomagnesemia (low Magnesium levels in the bloodstream) and Hypokalemia (low Potassium levels in the bloodstream) which are associated with cardiac arrhythmia and are a risk for sudden cardiac arrest. Per record review Resident #1's Plan of Care does not include care and services related to	R145	Resident #1's care plan has been updated to include all diagnoses indicated, as well as mood, psychosocial wellbeing, and cognitive impairments. In-service provided to Wellness Director on the service/care plan policy. A house wide audit will occur of all Residents to ensure that their care plans include all necessary items to ensure they maintain their independence and well-being. Random audits will then occur weekly times 4 and then monthly times 3 to ensure care plans remain with all necessary items to ensure the independence and well-being of the Residents. Results of these audits will be brought to the QA committee for review. R145 Plan of Correcton accepted by Jo A Evans RN on 5/14/24.	5/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R145	Continued From page 7 monitoring for signs and symptoms of infection and anemia; Diabetes Mellitus management; risk for low oxygen saturation levels and difficulty breathing associated with COPD; Seizure Disorder including how to recognize when Resident #1 is having a seizure and when to seek medical attention for prolonged seizure; risk for a cardiac event; and psychosocial needs related to end stage brain cancer, depression, and Medication Induced Dementia. At 4:15 PM on 4/15/24 the Wellness Director acknowledged Resident #1's Plan of Care did not describe care and services required to maintain his/her well-being. In conclusion this deficient practice is a risk for more than minimal harm to this resident resulting from unidentified residents needs and interventions.	R145		
R167 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents	R167	The PRN psychoactive medication policy process has been updated to include the regulatory items on for the written plan on administering of PRN psychoactive meds by unlicensed staff. In-servicing is occurring with all med techs and nurses on the PRN psychoactive medication policy and process. A house wide audit of all Residents on PRN (continued on next page)	5/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R167	Continued From page 8 the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop written plans for the administration of PRN (as needed) psychoactive medications for all applicable residents of the home. Findings include: The facility's PRN Psychoactive Medication Administration Policy effective 3/1/2024 states, " PRN psychoactive medications may be administered only when there is a written care plan for the use of the PRN medication which: *describes the specific behaviors the medication is intended to correct or address *specifies the circumstances that indicate the use of the medication *educates the staff about what desires effects or undesired side effects the staff must monitor for; and *documents the time of reason for and specific results of the medication use. The Executive Director will ensure the PRN Psychoactive Medication Administration policy is in place." On the afternoon of 4/15/24 the Wellness Director was requested to provide samples of the facility's written plans for the administration of PRN Psychoactive medications by staff other than a nurse. On review, the documents provided did not include all information required in the written PRN plans per the licensing regulation and per the facility's PRN Psychoactive Medication Administration policy and procedures. At approximately 4:30 PM on 4/15/24 this finding	R167	Psychoactive medications has occurred to ensure the documentation and policy is in place for each. Random audits will then occur weekly times 4 and then monthly times 3 to ensure continued compliance with the PRN psychoactive medication policy. Results of these audits will be brought to the QA committee for review. R167 Plan of Correction accepted by Jo A Evans RN on 5/14/24.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0372	A. BUILDING: _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN HARBOR SENIOR LIVING	90 ALLEN ROAD SOUTH BURLINGTON, VT 05403

(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
R167	Continued From page 9 was confirmed by the Wellness Director; who stated the facility is in the process of developing a form for the written PRN psychoactive medication administration plans. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to administration of PRN psychoactive medications without monitoring the medication's effects, and potential medication errors including misuse.	R167		