



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

September 24, 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 **September 9, 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,

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 09/09/2024
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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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(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 9/9/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of a facility reported incident. The following regulatory deficiency was identified during the investigation:	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.	
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure all required criminal record and abuse registry checks were completed as required for 1 out of 3 sampled staff. Findings include: Procedures for the completion of required staff training are on file at the facility On the afternoon of 9/9/24 the Regional Executive Director was requested to provide criminal record and abuse registry checks on file for a sample of 3 contracted agency staff for review. Per review of the records provided by the Executive Director, all required background checks were not on file and available for review for 1 out of 3 sampled staff. This finding was confirmed by the Executive Director at 1:12 PM on 9/9/24. This is a repeat citation.	R190	Agency notified of the missing documentation for the 1 out of the 3 agency contract staff whose file was not complete. Agency staff member will not be permitted to work at community until file is complete. In-service to occur with nursing staff (Wellness Director, Charge Nurses and Nurse Manager) on background check regulation. House wide audit performed on all current agency staff members. Agencies notified of missing documentation pieces after audit was completed. ED and/or designee to track return of documents. Staff members without complete files will not be permitted to work at the community until their files are complete. The ED and/or designee will perform random weekly audits times 4 weeks and then monthly times 3 months on agency records to ensure agency staff that have worked at the community have their documentation completed in their file. Results of these audits will be brought to the QA committee for review. R190 Plan of Correcton accepted by Jo A. Evans RN on 9/24/24	9/27/2024

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____
STATE FORM 6899 W0Y211 If continuation sheet 1 of 1