



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 11, 2024

Kellie Decicco, Manager
Converse Home
272 Church Street
Burlington, VT 05401-4695

Dear Ms. Decicco:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 29, 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: 1010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2024
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NAME OF PROVIDER OR SUPPLIER
CONVERSE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**272 CHURCH STREET
BURLINGTON, VT 05401**

(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 7/29/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident. The following regulatory deficiencies were identified:	R100	Corrective actions accepted by Jo A Evans RN on 9/10/24.	
R200 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop policies and procedures governing all services provided by the home. Findings include:</p> <p>On the afternoon of 7/29/24 the Co-Executive Director of the home confirmed policies and procedures related to communication with Durable Power of Attorneys for residents of the home, and secure storage of cleaning chemicals and other poisonous substances have not been developed by the home. Additionally, the RCA (Resident Care Assistant) Training Skills Checklist utilized in the procedures for training of new Staff by Staff Mentors does not include review and demonstration of skills related to secure storage of cleaning chemicals and other poisonous substances in areas accessible to residents.</p> <p>These findings were confirmed by the Co-Executive Director at 4:38 PM on 7/29/24.</p>	R200	<p>Please see attached document to review the accepted corrective actions.</p> <p><i>Please see attached Plan of Correction.</i></p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kellie Delucio, Co-Executive Director

9/5/2024

Division of Licensing and Protection

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R266 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure care in a safe environment due to facilities unsafe processes of transporting, storing, and safe use of cleaning chemicals and poisonous compounds in areas which are accessible to residents of the home, which resulted in one applicable resident of the home's Memory Care Center ingesting a hazardous cleaning chemical (Resident #1) . Findings include:</p> <p>On the afternoon of 7/29/24 the Co-Executive Director confirmed policies and procedures that govern the safe use of cleaning chemicals and other hazardous substances had not been developed by the home.</p> <p>During a tour of the facility commencing at 9:45 AM on 7/29/24, unsecured hazardous chemicals were observed in areas accessible to residents of the home including an unlocked cabinet in the memory care center, in an unlocked cabinet in the unlocked salon adjacent to the memory care center, and in an unlocked closet on the first floor of the Assisted Living area of the home on the first floor near the sunroom. These findings were confirmed by the Co-Executive Director during the tour of the home on the morning of 7/29/24.</p>	R266	<p><i>Please see attached Plan of Correction</i></p>	

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R266	<p>Continued From page 2</p> <p>Per record review, Resident #1 resides in the home's memory care center. S/he is diagnosed with Alzheimer's Disease, and is receiving hospice care due to advanced disease processes. On the morning of 7/24/24, Resident #1 was seated at a table in the dining room when a Staff member in training placed a spray bottle of disinfectant solution on the table in front of the resident while cleaning the area, then left the disinfectant spray and Resident #1 unattended while responding to the needs of another memory care resident. Another Staff entered the dining room and observed that Resident #1 had removed the cap of the spray bottle and was ingesting the disinfectant solution from the bottle. The Poison Control Center was contacted and Resident #1 was monitored for adverse effects following this incident. During an interview commencing at 1:40 PM on 7/29/24, the Co-Executive Director and the Staff who observed Resident #1 consuming the disinfectant confirmed this incident occurred as a result of Staff leaving the disinfectant spray unsecured and accessible in the memory care center dining room.</p> <p>Per interview commencing at 2:17 PM on 7/29/24, the memory care center Registered Nurse who was on duty on the morning of 7/24/24 reported bottles of disinfectant spray are filled and dropped off at the memory care center by the kitchen staff then are stored on the kitchen sink, kitchen counter, or on the dining room tables in the memory care center kitchen and dining area.</p> <p>Per interview at 3:10 PM on 7/29/24, a kitchen staff responsible for delivery of disinfectant spray bottles from the kitchen to the memory care center stated s/he pushes the chemical cart out</p>	R266		

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R266	<p>Continued From page 3</p> <p>of the elevator and leaves it for another staff member to pick up. The kitchen Staff confirmed the unattended cart with chemicals was left in the hall outside the elevator without notifying memory care center staff regarding the delivery. The elevator is on the second floor hallway, which is outside the locked doors of the memory care center but is accessible to the home's Assisted Living residents.</p> <p>At approximately 4:00 PM on 7/29/24 the Co-Executive Director of the home provided an immediate corrective plan to maintain safe storage and transport of chemicals, which s/he stated would be implemented immediately.</p>	R266		

Plan of Correction Response to Division of Licensing and Protection

Investigation 7/29/2024

Plan of Correction Response 9/5/2024

R200

Action to correct deficiency:

1. A policy has been written and implemented regarding obtaining and maintaining resident records.
2. A policy has been written and implemented for secure storage of all Chemicals and hazardous compounds.
3. The RCA Training Skills Checklist utilized in the procedures for training of new staff by staff mentors does not include review and demonstration of skills related to secure storage of cleaning chemicals and other poisonous substances in areas accessible to residents.

Measure/Systemic Change to ensure no recurrence:

1. The policy has been written by the Co-Executive Directors.
2. The policy has been written by the Co-Executive Directors.
3. The RCA Mentor Training Checklist has been updated to reflect reviewing and demonstrating the secure storage of cleaning chemicals and other poisonous substances.

Monitor:

1. The Administration Departments will secure documentation upon onboarding a new resident. All pertinent information will be obtained to ensure communication contacts, and their roles are in Point Click Care and the resident chart. If updates are necessary to contacts and their roles, the systems will be updated and staff notified.
2. All staff involved in securing chemicals have been trained on the updated procedure practice and will notify their direct supervisor of the practice needs more intervention or if staff have concerns about it not being followed.
3. The RCA Mentor Training Checklist will be monitored by the Assistant Director of Nursing, also our Nurse Educator. The Educator will also meet quarterly with the team mentors to discuss the training of new hires.

Completion:

1. The implementation process for proper documentation for DPOA went into effect, the policy was completed, and all necessary parties have read and understood the policy as of 8/23/24. All proper documentation for this resident was secured on 8/6/24.
2. The implementation process for securing cleaning chemicals and other poisonous substances was in effect immediate corrective action plan on 7/29/24, the policy has been created and all staff educated on changes to their practice by 8/26/24.

3. All new hires will be trained in accordance with our new policy on securing chemicals and all current hires have been educated on any changes to practices, including securing all closet doors in common areas and hallways through policy effective 9/3/24.

R266

R200 Plan of Correction accepted by Jo A Evans RN on 9/10/24.

Action to correct deficiency:

1. All chemicals and hazardous compounds will be securely stored when not in immediate use, ensuring the safety of the residents.

Measure/Systemic Change to ensure no recurrence:

1. An immediate correction action was adopted.
2. A policy has been written by the Co-Executive Directors to address the secure storage.
3. All products have been secured and employees have been reeducated in the process.

Monitor:

1. All staff involved in securing and using chemicals have been trained on the updated procedure practice and will notify their direct supervisor of the practice needs more intervention or if staff have concerns about it not being followed.

Completion:

1. The implementation process for securing cleaning chemicals and other poisonous substances was in effect immediate corrective action plan on 7/29/24, the policy has been created and all staff educated on changes to their practice by 8/26/24.

R266 Plan of Correction accepted by Jo A Evans RN on 9/10/24