



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 17, 2021

Ms. Casey Moulton, Manager
East Terrace Home (rch)
71 East Terrace
South Burlington, VT 05403-6145

Dear Ms. Moulton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 29, 2021**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2021	
NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME (RCH)		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE 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: An unannounced onsite investigation of a complaint and a facility re-licensing survey were conducted by the Division of Licensing and Protection on 9/29/21. There was a regulatory deficiency identified as a result of the complaint investigation and the re-licensing survey.	R100	<i>Please see attached plan of Correction.</i>	
R189 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that, for residents requiring nursing care, the record includes staff progress notes, including changes in the resident's condition and action taken. Findings include: In record reviews, on 9/29/21 at 1 PM, of the existing electronic medical record (EMR) for three selected residents, there was no documentation in either flowsheet or narrative note format of resident care or illness. A). Resident #1 was described as having frequent UTI's however there was no documentation in the	R189		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Casey R Moulton

TITLE

Residential Manager East Terrace 11/5/2021

(X6) DATE

R189 POC accepted 12/9/21 M Higgins RD/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2021
NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME (RCH)		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE 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
R189	Continued From page 1 record to reflect the episodes, actions, or results. B). For all three residents reviewed there was no documentation of baseline and/or long term updates related to the resident's nursing needs and how they were met in the notes section of the EMR. In an interview the Facility nurse stated that the record contains only documentation by exception and not the day to day care. She states that she does not enter nurses notes on a regular basis and it is likely that notes will not be found in the EMR.	R189		

Pamela M. Cota, RN
Licensing Chief
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 054671-2306

November 4, 2021

Dear Ms. Cota:

Listed below are the plans of correction for each deficiency cited in the re-licensing survey at East Terrace Group Home, 71 East Terrace RCH of Howard Center Developmental Services that took place on September 29, 2021

R189 V. Resident Care and Home Services

5.12.6 (3)

- A) Resident care and illness is documented in narrative form in shift notes completed by residential instructors, monitoring notes completed by residential managers or program managers, and medical contact notes completed by Howard Center Nurses for residents requiring nursing care, including nursing overview or medication management. This will reflect the episodes, actions, and results of any illness occurring and will be updated in an annual nursing reassessment. Significant health changes will result in an updated nursing assessment at the time of the episode. Corrective action has been taken.

- B) Documentation of baseline and long-term updates are documented in annual nursing assessment done by Howard Center nurse and residential plans of care updated by residential manager. These will be updated annually or as baselines change. Corrective action has been taken.

Please contact me with questions.

Thank you,

Rebecca Bessette
Senior Manager, East Terrace
Howard Center
102 South Winooski Ave
Burlington, VT 05401
(802)373-7962