



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 9, 2022

Ms. Shannon Robtoy, Manager
Ethan Allen Residence
1200 North Avenue
Burlington, VT 05408-2777

Dear Ms. Robtoy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 9, 2022**. 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: 0128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/09/2022
NAME OF PROVIDER OR SUPPLIER ETHAN ALLEN RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408		
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R100	Initial Comments: On 10/31/22 the Division of Licensing and Protection conducted an unannounced on-site investigation of a complaint with additional information provided by the Director of Nursing Services on 11/9/22 . There were no regulatory deficiencies identified related to the complaint investigation, however regulatory deficiencies were identified during the course of the investigation. Findings include:	R100		
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 record review and staff interview there was a failure to ensure medications were administered according to physician's orders for 4 applicable residents (Resident # 2, #3, #4, and #5). Findings include: 1. Resident #2 is diagnosed with attention and concentration deficits and is prescribed Methylphenidate (central nervous system stimulant) 5 mg twice daily to treat these conditions. Per record review, on the morning of 10/13/22 Resident #2 received Lorazepam (used to treat anxiety) 0.5 mg belonging to Resident #5 instead of his/her prescribed dose of Methylphenidate. On the afternoon of 10/31/22 the Director of Nursing Services confirmed Resident #2 was given the wrong medication in	R128	R128 5.5.c Rights of medication administration and medication pass competencies are being done for all MedTechs and nurses on staff. A new narcotic book and documentation system was put in place on 10-19-22. Ensures the person giving medication to visualize more thoroughly all information prior to administration and more thorough documentation. This process will be ongoing and the DNS or delegated nurse is responsible for oversight. Re-education has been provided to the nurses on ensuring the correct medication is being given and them, resources available, and a new medication guide has been ordered, awaiting arrival. Oversight of this is the responsibility of the DNS or delegated representative and is ongoing. New admission medication will be ordered upon admission, or a doctor's order will be obtained to hold until they are available, this is situational, and ongoing. DNS or delegated nurse is responsible.	10-19-22 ongoing

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

TITLE

(X6) DATE

Ethan Robtoy
STATE FORM

Administrator
RTWY11

12-2-2022

If continuation sheet 1 of 7

R128 - R258 POC's accepted 12/5/22 JEV:NRJ/pmc

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R128	<p>Continued From page 1</p> <p>error on the morning of 10/13/22.</p> <p>Per record review Resident #2 did not receive Diltiazem (for high blood pressure) 120 mg on 10/11/22, 10/12/22, 10/27/22 - 10/30/22; Metoprolol ER (for high blood pressure) 100 mg on 10/24/22; Citalopram (anti-depressant) 10 mg on 10/11/22 and 10/12/22; Atorvastatin (for high cholesterol) 10 mg on 10/10/22 and 10/11/22; Ibandronate (for bone density) 150 mg on 10/15/22; Cranberry tablets (to prevent and treat urinary tract infection) 900 mg on 10/11/22; Docusate Sodium (for constipation) 100 mg on 10/12/22; and a Multivitamin with minerals on 10/12/22 due to the medications not being available for administration as ordered. During a phone interview commencing at 10:37 AM on 11/9/22 the Director of Nursing Services confirmed the medications were not administered as ordered to Resident #2. The Director of Nursing Services stated the medications were not available because they were not received from the family when Resident #2 was admitted to the facility on 10/10/22.</p> <p>2. Resident #3 is diagnosed with Schizoaffective disorder and is prescribed injections of Abilify (antipsychotic medication) for this condition. Per record review Resident #3 was scheduled to receive an Abilify injection on 10/19/2022, however nursing staff failed to administer the medication until 10/24/22. On the afternoon of 10/31/22 the Director of Nursing Services confirmed Resident #3's Abilify injection scheduled on 10/19/22 was not administered until 10/24/22.</p> <p>3. Per record review Resident #4 was prescribed Cephalexin (antibiotic) 500 mg to twice daily for 7 days beginning on 10/16/22 to treat a urinary tract</p>	R128	<p>Communication nurse to nurse for ongoing ordering and follow up concerns will be charted and noted in the 24- hour report. Access to the pharmacy page and ability to see what has been ordered, order directly, and ensure thorough follow up is now available. Education to the MedTech's on this is to be provided in the meeting scheduled on 11-7-2022 so they can also have the information to follow up on. Nurse education on how to access the pharmacy was provided and added to the main computer. Access to the 24 hour report on Point Click Care will be available for the MedTech's to allow them to know as well. One to one re-education provided to the staff nurse about the need to document and communicate with the team. Email nurse to nurse now available for direct communication as well. This process is ongoing and is the responsibility of the DNS or delegated representative.</p>	

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R128	Continued From page 2 infection. The facility maintains a supply of stock medications including Cephalexin 250 mg tablets which were utilized to begin administration of this medication. The order in the MAR included instructions to administer two 250 mg capsules at 8 AM and 8 PM, however at 8 PM on 10/16/22 and 8 AM on 10/17/22 med delegated staff failed to administer the medication as ordered and gave one 250 mg capsule in error. On the afternoon of 10/31/22 the Director of Nursing services confirmed Resident #4 received the wrong dose of Cephalexin on 10/16/22 and 10/17/22. 4. Resident #5 was prescribed Azithromycin (antibiotic) two 250 mg tabs on 9/8/22 followed by one 250 mg tab daily on 9/9/22-9/12/22 for a respiratory infection. The facility maintains a supply of stock medications including Ciprofloxacin (antibiotic) 250 mg tablets. The facility's stock of Ciprofloxacin 250 mg tablets were administered to Resident #5 instead of Azithromycin 250 mg tablets, and the error was not discovered until 9/12/22 when the pharmacy noticed the facility's request for replacement of the house stock medication did not match the medication ordered. Resident #5's respiratory infection was not resolved until the correct medication course was administered. The Director of Nursing Services confirmed the wrong medication was administered to Resident #5 on the afternoon of 10/31/22.	R128		
R135 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or	R135		

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R135	<p>Continued From page 3</p> <p>nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse failed to complete an initial assessment within 14 days of admission for 2 applicable residents (Resident #1 and Resident #2). Findings include:</p> <p>1. Resident # 1 was admitted to the facility on 7/15/2020 with diagnoses including Dementia, Pulmonary Edema, high blood pressure, and a history of Subdural Hemorrhage (blood vessel rupture between the brain and the skull). Per record review the initial Resident Assessment for Resident #1 was signed as complete by the Registered Nurse on 8/26/2020. At 12:54 on 10/31/33 the facility Administrator confirmed Resident #1's Resident Assessment was not completed by the Registered Nurse within 14 days of admission.</p> <p>2. Resident #2 was admitted to the facility on 9/27/2022 with diagnoses including cognitive impairments, urinary retention with use of a suprapubic Foley catheter, Myelodysplastic Syndrome (blood related cancer), and Chronic Obstructive Pulmonary Disease. Per record review an initial Resident Assessment was not completed for Resident #2. At 4:58 PM on 10/31/22 the Director of Nursing confirmed an initial Resident Assessment had not been completed for Resident #2.</p>	R135	<p>R135</p> <p>The director of nursing re-educated herself on the regulation as well as the administrator. This is corrected and the administrator and DNS will continue to hold each other accountable to ensure thorough follow through.</p>	11-4-2022	

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R136	Continued From page 4	R136		
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the nurse failed to complete an annual reassessment for one applicable resident (Resident #1). Findings include:</p> <p>Resident # 1 was admitted to the facility on 7/15/2020 with diagnoses including Dementia, Pulmonary Edema, high blood pressure, and a history of Subdural Hemorrhage (blood vessel rupture between the brain and the skull). Per record review Resident #1's annual reassessment for 2021 did not include the date the Registered Nurse signed the document as complete. At 12:54 PM on 10/31/22 the Administrator confirmed the Registered Nurse failed to document the date the reassessment was completed.</p>	R136	R136	11-15-2022
R247 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be</p>	R247		

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R247	Continued From page 5 labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items stored in the kitchen refrigeration unit were labeled with dates. Findings include: During the course of the facility tour on the morning of 10/31/22 perishable food items stored in the kitchen refrigeration unit were observed without labels indicating the dates the items were prepared, opened, or taken out of the freezer to thaw. The unlabeled items that did not have labels indicating when they were prepared included egg salad sandwiches, ham salad, a large bowl of pudding, cups of pudding, and containers of chopped tomatoes and cucumbers. Food items without labels indicating the dates they were opened included salad dressings, mustard, mayonnaise, pickles, barbeque sauce, salsa, maple syrup, and a tub of muffin batter. There were 2 bags of chicken, and a container of hamburger without labels indicating the dates they were removed from the freezer to thaw. At 10:50 AM on 10/31/22 the Food Service Director confirmed the storage of unlabeled perishable food items in the kitchen refrigerator.	R247	R247 7.2 Food safety and Sanitation All perishable food and drink items shall be labeled, dated, and held at proper temperatures. On 11-1-2022 the administrator and dietary manager went through the refrigerator in the dietary department and checked, labeled, and dated all items, including checking for expiration dates. Dietary staff have been educated on the expectation and regulatory guidelines of proper food/beverage dating and storage. This will be a daily task when checking the temperature of the fridge. The dietary manager or delegated staff person will conduct weekly compliance checks for the next 4 weeks and then monthly; a log will be kept. All new staff will be trained in the process, education will be on going as will the monitoring. Provided to all kitchen/dietary/and appropriate staff with the guidelines for these mandatory processes.	
R258 SS=D	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment	R258		

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R258	<p>Continued From page 6</p> <p>7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure 2 trash cans and a compost bucket in the facility kitchen were covered with lids to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents. Findings include:</p> <p>During a tour of the facility kitchen on the morning of 10/31/22 two trash cans and a compost bucket were observed to be uncovered and without lids. At 10:50 AM on 10/31/22 the Food Service Director confirmed the two trash cans and a compost basket without lids in the facility kitchen.</p>	R258	<p>R258</p> <p>7.3 Food Storage and Equipment On 10/31/2022 lids for the trash cans and compost cover were purchased and placed on the correct bins. Staff were educated on the regulatory guidelines for covering the bins and expectation to utilize the covers/lids. The dietary manager will conduct weekly checks for the next 4 weeks and remain responsible for ensuring the process is continued to meet compliance.</p>	10/31/2022	