

**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

November 6, 2023

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 **October 16, 2023**. 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,

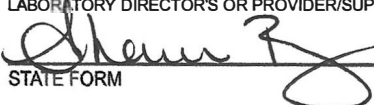
Carolyn Scott, LMHC, M.S.
State long Term Care Manager

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 10/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ETHAN ALLEN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408
--	--

(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 on site relicensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 10/16/23. Regulatory deficiencies were identified as a result. Findings include:	R100	"and complaint investigation" was added by DLP on 11/7/23 to correct an error in language	
R167 SS=D	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 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 the RN failed to develop written plans for the use of as needed (PRN) psychoactive medications. Findings include: Per record review Resident #1 has a phsycian orders for Lorazepam 0.5mg, Give 1 tablet by mouth three times a day. Per interview on 10/16/23 at 12:45 PM the	R167	R167 DON re-educated on the need for focused care plans to be available for MedTech use when PRN psychoactive medication is to be used. Education will be provided to the MedTechs and in any future trainings for new MedTechs. DON or other nurse representative to get the care plans in place within 30 days. Complete date to be November 12-6-2023 Tag R167 accepted by Carol Scott-LTCM 11-6-23	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11-6-2023
---	-------------------------------	-------------------------------

Division of Licensing and Protection

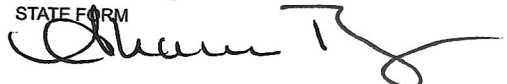
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ETHAN ALLEN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408
--	--

(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 1 Director of Health Services, confirmed a plan had not been developed for the use of the PRN psychoactive medications for Resident #1.	R167		
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 observation and staff interview the RCH failed to provide care in a safe environment. Findings include:</p> <p>During the facility tour at 9:05 AM oxygen was observed in use by Resident #2 while occupying his/her room. The hallway of the room, entry to the room, and the interior of the room did not have proper signage posted. Per NFPA 101 Life Safety & NFPA 99 Health Care Facility Code, it is recommended signage is needed when oxygen is in use. In addition, per Lippincott Manual 8th addition Administering Oxygen by Nasal Cannula Procedure Guideline 10-14; page 244: "Performance phase 1. Post NO SMOKING signs on the patient's door and in view of the patient and visitors" .</p> <p>At 10:15 AM the DOHS confirmed signage was not posted, and acknowledged the use of appropriate signage when oxygen in use to maintain a safe environment.</p>	R266	<p>R266 DON added signage to the room at the time of observation. Facility staff have been re-educated, and DON spoke to the 02-supply company to ensure they provide signage at all deliveries.</p> <p>Tag R266 accepted by Carol Scott-LTCM 11-6-23</p>	Complete 11-16-23

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 10/16/2023
NAME OF PROVIDER OR SUPPLIER ETHAN ALLEN RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408		
(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
R313	Continued From page 2	R313		
R313 SS=C	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview the RCH failed to ensure proper management of resident's finances processes were in place. Findings include:</p> <p>Per interview on 10/16/23 at 12:30 PM, the Manager reviewed the current process for management of resident personal spending funds. The manager confirmed through the interview, the residents do not put a written request in writing for the home to manage/hold funds. The individual accounts for the funds are accounted through ledger and statements are available. The Manager acknowledged the requirement to have a written request from the resident and a written agreement stating the assistance requested, terms, and the funds/property and persons involved.</p>	R313	<p>11.1 Manager/Administrator and DON have re-educated themselves on the regulation. Manager or delegated person will have written request form readily available for all residents and/or representatives. It will be presented for signature upon admit or at any other time requested. Manager is in contact with residents and/or representatives to ensure all residents with money being held by EAR get the written request form completed. To be completed by A binder will be held in the manager's office with quarterly review to ensure it is kept up to date and current by the manager or representative.</p> <p>Tag R313 accepted by Carol Scott-LTCM 11-6-23</p>	12-6-2023



6899 B04011
Administrator