



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

August 1, 2024

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 **June 26, 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: 0128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/26/2024
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NAME OF PROVIDER OR SUPPLIER ETHAN ALLEN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408
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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	<p>Initial Comments:</p> <p>On 6/26/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident. The following regulatory deficiencies were identified:</p> <p>R179 SS=F V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ol style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there</p>	R100	<p style="font-size: 2em; text-align: center;">Please see attached # 1</p>	

Division of Licensing and Protection

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

TITLE

(X6) DATE

[Signature]

Administrator

8/1/2024

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>was a failure to ensure one applicable staff (Staff #1) demonstrated competency in the skills he/she was expected to perform before providing direct care to residents. Findings include:</p> <p>The home's Personal Care Aid Job Description includes a Position Summary which states staff in this position are responsible for the provision of resident services including assistance with personal care, and outlines Responsibilities which include "Provides personal services to residents as assigned and as indicated on resident Services Plans."</p> <p>Per record review Staff #1 was assigned care for residents including Resident #1 who requires assistance with personal hygiene including perineal care as identified in his/her plan of care. On 6/21/24 the Director of Nursing received a report from Resident #1 that Staff #1 was providing personal care in a way that was physically invasive and performed incorrectly. Per review of the Director of Nursing's (DON's) written statement on 6/21/24, Resident #1 informed the DON that Staff #1 stated s/he was trained to perform perineal care in the way that Resident #1 reported as invasive. In a written statement regarding Resident #1's report, the DON stated Resident #1 indicated Staff #1 needed education on how to correctly perform perineal care. During an interview commencing at 2:40 PM on 6/26/24 the DON stated Resident #1 repeatedly expressed Staff #1 needed more training and did not appear to be incorrectly performing his/her care with intention of harm or abuse. Per interview commencing at 3:45 PM on 6/26/24, Resident #1 stated Staff #1 performed perineal care in a way that was upsetting and caused pain. Resident #1 stated when s/he informed Staff #1 his/her method for providing</p>	R179		

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Administrator

8/1/2024

Division of Licensing and Protection

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R179	<p>Continued From page 2</p> <p>perineal care caused pain and discomfort Staff #1 responded that was how s/he was trained to perform this nursing task.</p> <p>Per record review Staff #1 was hired on 11/13/23. During an interview commencing at 1:35 PM on 6/26/24 the Director of Nursing, who was not employed by the home when Staff #1 was hired, stated an LPN (Licensed Practical Nurse) had provided instruction to Staff #1 regarding perineal care in March of 2024. Documentation of Staff #1's skills training and competencies was requested by the Surveyor during this interview. During an interview with the Executive Director, Director of Nursing, and Case Manager commencing at 2:40 PM on 6/26/24, it was reported Staff #1 was trained to perform care in the beginning of December 2023 by a Patient Care Attendant or a Licensed Nursing Assistant who was a "traveler" no longer employed at the home. The Executive Director confirmed documentation of Staff #1's skills training and competencies in the skills s/he is required to perform were not maintained on file and available for review by the home.</p> <p>During an interview commencing at 4:51 PM on 6/26/24 Staff #1 stated s/he did not have prior caregiver experience and was "absolutely new to this field" when hired by the former Director of Nursing. Staff #1 described his/her skills training process as provided by Patient Care Attendants who were "amazing at their jobs", however at the time they were short staffed and the coworkers who provided skills training were "very busy and trying to get their own work done." Staff #1 recalled receiving verbal instructions from an LPN "a few months ago"; and confirmed "there was never a time when I was training that the RN taught me how to do this care."</p>	R179		

Ethan T

6899 S1MP11
Administrator

If continuation sheet 3 of 4
8/1/2024

Division of Licensing and Protection

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R179	Continued From page 3 This deficient practice is a potential risk for more than minimal harm for all facility residents due to inadequate staff education and training to safely and effectively provide resident care.	R179		
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete all required criminal record checks for one applicable staff (Staff #1). Findings include:</p> <p>On the morning of 6/26/24 the Director of Nursing was requested to provide documentation of criminal record and abuse registry checks completed for one applicable staff (Staff #1). Per record review, a National Criminal Background Check was not completed for Staff #1 as required. This finding was confirmed by the Executive Director on the afternoon of 6/26/24. Additionally, the Executive Director confirmed National Criminal Background Checks had not been completed for all facility staff.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all residents, as the requirement for criminal background and abuse checks is intended to ensure all residents are free from the risk of harm.</p>	R190	<p>Please see attached #2</p>	

[Handwritten Signature]

Administrator

8/7/2024

#1

R 179

5.11.b

DON has re-educated themselves on regulation. New policy started on caregiver orientation process including skills demonstration check off that is to be completed by RN upon completion of orientation and then again annually. Policy is in place for all new caregivers starting from this date forward. Current staff will be signed off by RN by 09/01/24. Facility RN to be responsible for ensuring process continues to meet compliance.

R179 Plan of Correction accepted by Jo A Evans RN on 8/1/24

#2

R 190

5.12.b

The Executive director reeducated self on this regulation, as well as administrator and director of operations. National background checks will be run, starting now until all staff have been completed. This will be done for every newly hired employee moving forward. Director of operations will be responsible for ensuring the process is continued to meet compliance. Date for completion of corrective action will be, 09/01/2024

R190 Plan of Correction accepted by Jo A Evans RN on 8/1/24