



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

July 13, 2018

Ms. Jo Evans, Manager
Lakeview Community Care Home
322 St Paul Street
Burlington, VT 05401-4647

Dear Ms. Evans:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 20, 2018**. 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 black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/20/2018
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL 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: The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey and investigation of an entity self-reported incident on 6/20/2018. There were no regulatory findings related to the self-reported incident. The following regulatory findings were identified related to the re-licensure survey.	R100		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all residents received an assessment by a licensed nurse annually for 1 out of 4 residents in the sample (Resident #1). Findings include: Resident #1 had a Resident Assessment last completed on April 9, 2017. There was no evidence that a re-assessment had been completed in 2018 within the 365 day required timeframe. The Manager confirmed the above findings during an interview at 2:30 PM on 6/20/2018.	R136		

Division of Licensing and Protection

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

[Signature] TITLE Nurse/Program Manager

(X6) DATE 7/9/18

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAKEVIEW COMMUNITY CARE HOME

322 ST PAUL STREET
BURLINGTON, VT 05401

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R167	Continued From page 1	R167		
R167 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH nurse failed to ensure there was a written behavioral plan for the use of PRN (as needed) psychoactive medications which: Describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication and educates the staff for the desired effects or undesired effects the staff must monitor for 2 of 2 applicable residents. (Residents # 3 & #4) Findings include:</p> <p>1. Resident #3 has a physician's order for the administration of Lorazepam 0.5 mg PRN one tablet every 6 hours for "anxiety", not to exceed 2 tablets in 24 hours. Per review of Resident 3's</p>	R167		

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R167	Continued From page 2 record, a behavioral plan had not been developed to direct unlicensed delegated staff regarding specific behaviors which would benefit from the administration of Lorazepam. 2. Resident #4 has a physician's order for the administration of Lorazepam 1 mg PRN every four hours for "anxiety". A behavioral plan had not been developed to direct unlicensed delegated staff regarding the specific behaviors that would warrant the administration of this medication every 4 hours. Both instances of the absence of behavioral plans for PRN prescribed psychoactive medications was confirmed by the RN/Manager on the afternoon of 6/20/18.	R167		
R179 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 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: (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;	R179		

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R179	Continued From page 3 (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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all direct care staff completed training in the topic areas as required by the Vermont Residential Care Home Licensing Regulations for 4 out of 5 employees. Findings include: Per review of documented staff trainings for the last 12 months, 4 out of 5 direct care staff failed to complete annual training in First Aid and resident emergency response procedures. The Manager confirmed the above findings at 1:00 PM on 6/20/2018.	R179		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations, the residence failed to	R266		

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R266	<p>Continued From page 4</p> <p>ensure that all areas of the home were maintained to provide a clean, sanitary and homelike environment. Findings include:</p> <p>During an environmental tour of the home at 9:15 AM on 6/20/2018, the following areas were observed to be soiled and not maintained in homelike condition:</p> <p>First floor- The light colored flooring in the hallways and resident bathrooms was observed to be visibly soiled with a build up of black grime in areas of heavy foot traffic. Perimeters of the flooring of the bathrooms and hallways were also visibly soiled with black areas of build up. The resident bathroom off the common area had a large area of flooring ripped up, exposing bare floorboard underneath. The bathroom flooring appeared worn with dark areas of build up around the edges of the wall bases. A smell of urine was present in both resident bathrooms on the first floor of the residence. In Room #2, part of the covering to the baseboard heating unit was off, exposing sharp edges of the heating unit underneath.</p> <p>Second floor- The flooring of the upstairs hallway was visibly soiled with a build up of dark grime around the edges near the wall bases. A smell of urine was present in the second floor resident bathrooms and the flooring appeared dark with visible grime. A coating of dust was visible on the small refrigerator in Room #8, and the trash was observed to be overflowing with contents on the floor. There were numerous large spots of sticky, dark grime on the flooring in Room #15 and in the hallway nearby.</p> <p>During an interview at 2:30 PM on 6/20/2018, the Manager stated that the floors of the common</p>	R266			

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R266	Continued From page 5 areas had started to be replaced within the last year, however replacement had ceased due to issues with the quality of the installation process.	R266			
R275 SS=D	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.h Each bed shall be in good repair, with a clean, comfortable mattress that is at least 6 inches thick, and standard in size for the particular bed, a pillow, bedspread, and a minimum of one (1) blanket, two (2) sheets, and one (1) pillowcase. This REQUIREMENT is not met as evidenced by: Based on observations, the residence failed to ensure that all residents' beds included a mattress that was clean and in good condition. Findings include: During an environmental tour, the mattress in Room #2 was observed to be soiled and odorous. A large stain was present on the mattress and several flies were observed on and around the stain. The room smelled of urine. The observations of the condition of the mattress in Room #2 was confirmed with the Manager at 2:30 PM on 6/20/2018.	R275			
R285 SS=D	IX. PHYSICAL PLANT 9.4 Recreation and Dining Rooms 9.4.d Smoking shall be permitted only in designated areas and the home must ensure that	R285			

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R285	Continued From page 6 residents who object to smoke have "smoke free" dining or recreation space. This REQUIREMENT is not met as evidenced by: Based on observations, the residence failed to monitor designated smoking areas to ensure cigarettes were disposed of safely. Findings include: During an environmental tour, the cigarette disposal container in the smoking area was observed to be overflowing with numerous cigarette butts on the floor of the porch. During an interview at 2:30 PM on 6/20/2018, the Manager confirmed there was no process in place for Residential Care staff to frequently monitor and empty the cigarette disposal containers.	R285		
R290 SS=F	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.c All plumbing fixtures shall be clean and free from cracks, breaks and leaks. This REQUIREMENT is not met as evidenced by: Based on observations, the residence failed to ensure that all plumbing fixtures were clean and free from leaks. Findings include: During an environmental tour of the residence at 9:30 AM on 6/20/2018, the toilets on the first and second floors of the home used by residents had a visible ring of fluid around them. There was a space between the flooring and toilet base	R290		

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R290	Continued From page 7 observed in the large resident bathroom on the first floor of the residence, creating an opening for potential corrosion and damage to the floorboards below. All the bathrooms smelled of urine. The findings were reviewed with the Manager at 2:30 PM on 6/20/2018.	R290			
			<p>POC accepted R136/R167/R179/R266/ R275/R285/R290 fletcher RN 7/4/18</p>		

LAKEVIEW COMMUNITY CARE HOME PLAN OF ACTION RESPONSE TO LICENSING SURVEY ON 6/20/18

	Actions to correct the deficiency	Measures put into place/systemic changes to ensure deficient practice does not recur	Monitoring put into place to ensure deficient practice does not recur	Date the corrective action will be completed
<p>R136 5.7 C Resident assessments to be completed annually and whenever there is a mental/physical change</p> <p>*Resident #1 last assessment available in EHR was dated 4/9/17</p>	<p>Due to deficiencies in Psych Consult Health Record discussed with Surveyors on day of site review paper copies of all assessments will be stored in a common binder in facility office.</p>	<p>A schedule of annual assessment due dates will be kept in the Assessment binder.</p> <p>Psych Consult is scheduled to be replaced this year.</p>	<p>Schedule of annual assessments will be updated and monitored monthly.</p>	<p>08/01/18</p>
<p>R167 5.10 D (5) Staff other than a registered nurse may administer PRN psychoactive medications only when there is a written plan describing specific behaviors medication is intended to correct/address; specific indications for use of the medication; desired effects of medication and undesired effects staff must monitor for; and documentation of timing of, reason for, and effects of medication use.</p>	<p>Resident specific behavioral plans for all psychoactive PRN medications will be added to individual resident's sections of the MAR book.</p>	<p>Full review of all PRN orders to identify residents who require individualized plans for PRN psychoactive medication administration.</p>	<p>Continued monitoring for changes that require updates in individualized PRN behavioral plans.</p>	<p>08/01/18</p>

LAKEVIEW COMMUNITY CARE HOME PLAN OF ACTION RESPONSE TO LICENSING SURVEY ON 6/20/18

*Residents #3 and #4 did not have specific behavioral plans for administration of lorazepam				
R179 5.11 b Training requirements include annual training in first aid and emergency response for all staff responsible for direct care of residents. Four out of five staff surveyed failed to complete this training.	Staff will receive notification of requirement to attend Howard Center first aid training annually with expectation of completing next available training. Nurse/Program manager will provide additional required training during staff meetings.	Request has been made to change HC training policies to reflect licensing requirements. Currently HC staff are required to complete first aid training every two years.	Training completed by Lakeview staff will be monitored quarterly by Nurse/Program manager.	09/01/18
R266 9.1 a The home must provide a safe, functional, sanitary, homelike and comfortable environment. *First floor flooring in the hallways and resident bathrooms were visibly soiled. *First floor resident bathroom had a large area of floor ripped up exposing the floorboard underneath, with	Property manager (CHT) has agreed to resume renovations of flooring and immediately, estimated date of completion has not been received as of this writing. The area referred to as floorboard in the first floor bathroom is a concrete like surface that was installed to improve the flow	A request was made to increase number of cleaning hours by Howard Center Janitorial Services. Staff will continue to do weekly cleanings in resident rooms and assist HC janitorial services with cleaning of common areas of facility.	Each staff member is responsible for checking their primary client's rooms weekly to ensure they are kept clean and in order. Program manager will check in with staff during weekly meeting to ensure the rooms are being appropriately cleaned.	Room 8 and 15 will be completed by 7/14/18. Flooring replacement and other facility repairs are expected to be completed by 8/31/18.

<p>bathroom flooring appearing worn with dark areas of build up around the edges of the wall bases. A smell of urine was present in both first floor bathrooms.</p> <p>*In room 2 part of the cover of the baseboard heating unit was off, exposing sharp edges of the heating unit underneath.</p> <p>*Second floor upstairs hallway flooring was visibly soiled with build up of dark grime around the edges of the wall bases.</p> <p>*A coating of dust was visible on the small refrigerator in room 8.</p> <p>*There were numerous large spots of sticky, dark grime on the flooring in room 15 and the hallway nearby.</p>	<p>of water from the shower to the drain.</p> <p>Areas of darkness and grime due to heavy traffic will be re-placed with new flooring. Odor of urine is being addressed by janitorial staff using cleaners which are more appropriate for eliminating urine.</p> <p>Work orders were placed for repair of all facility baseboard heaters.</p> <p>Fridge in room 8 has been cleaned.</p> <p>Room 15 and surrounding hallways are being cleaned during the week of July 9th.</p>		<p>Program manager will meet with janitorial staff frequently to review cleanliness and discuss needs with janitorial staff.</p>	
<p>R275 9.2 Each bed shall be in good repair, with a clean comfortable mattress.</p> <p>*Mattress in room 2 was soiled and</p>	<p>The mattress in room 2 is privately owned by the resident who lives in that room. He has agreed to replace the mattress. A new mattress was</p>	<p>All facility mattresses are being examined to determine which ones need to be replaced. Plan is in place to replace worn mattresses and</p>	<p>Staff will check mattresses during weekly room cleanings and report any issues/concerns to program manager.</p>	<p>7/15/18</p>

LAKEVIEW COMMUNITY CARE HOME PLAN OF ACTION RESPONSE TO LICENSING SURVEY ON 6/20/18

odorous. A large stain was present in the mattress and several flies were observed on and around the stain. The room smelled of urine.	purchased from Wendell's and delivery is expected before the middle of July.			
<p>R285 9.4d Smoking shall be permitted only in designated areas and the home must ensure that residents who object to smoke have "smoke free" dinging or recreation space.</p> <p>*The disposal container in the smoking area was observed to be overflowing with numerous cigarette butts on the floor of the porch.</p>	<p>Locking ashtrays are being ordered to prevent residents from dumping contents on the porch</p>	<p>Check for cleanliness of smoking area per shift to be added to checklist for each shift.</p> <p>Program manager is meeting with residents to discuss importance of putting cigarettes out in the ash trays provided and keeping area safe and clean.</p>	<p>Program manager to review checklists to ensure area is being checked daily and kept free of cigarette butts and other debris.</p>	8/1/18
<p>R290 9.6 c All plumbing fixtures shall be clean and free from cracks, breaks, leaks.</p> <p>*Toilets on the first and second floors had visible ring of fluid around them. There was space between the flooring and the toilet base in the large first floor bathroom, creating an</p>	<p>Toilets and seals are to be repaired when flooring is replaced.</p> <p>Odor of urine is being addressed by janitorial staff using cleaners which are more appropriate for eliminating urine.</p>	<p>Check of bathroom floors for water and urine added to shift checklists.</p>	<p>Program manager to review checklists to ensure area is being checked every shift.</p>	8/31/18

LAKEVIEW COMMUNITY CARE HOME PLAN OF ACTION RESPONSE TO LICENSING SURVEY ON 6/20/18

opening for potential corrosion and damage to the floorboards. All bathrooms smelled of urine.				
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