

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

October 13, 2020

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

Dear Ms. Obering:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 19, 2020**. 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,



Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/19/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW COMMUNITY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 ST PAUL STREET BURLINGTON, VT 05401</b>
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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	Initial Comments:  An unannounced onsite Infection Control Assessment based on a complaint was conducted by the Division of Licensing and Protection on 8/19/2020. The following deficiency was identified.	R100	<i>Please see attached plans of correction.</i>	
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 observation, record review, and staff interview, the home failed to ensure that the home protocols were maintained to provide a safe and sanitary environment to prevent the introduction and spread of novel coronavirus (COVID-19). Findings include:  1. Per interview on 8/19/20 at 10:00 AM, the staff on duty stated that Resident #1 was hospitalized for behavioral and mental status changes that required an inpatient stay, and that that resident did not quarantine for 14 days before returning to the home. According to the home manager, Resident #1 had refused to take a COVID-19 test at the hospital before discharge to the residential care home on 8/14/2020. Prior to readmission, the resident was not required to quarantine away from the home, nor was the resident able to appropriately quarantine at the residential care home. Per the offsite Infection	R266		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lisa Martiny</i>	TITLE Assistant Director, Community Support Program	(X6) DATE 09/14/20
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*R266 - POC accepted 9/24/20 K Campos RLL/PMC*

Division of Licensing and Protection

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R266	<p>Continued From page 1</p> <p>Control Assessment completed on 8/4/2020, the protocol was stated to be having a resident quarantine at an offsite location for 14 days before returning to the care home. Per interview on 8/19/2020 at 11:30 PM, the manager of the home confirmed that Resident #1 had returned directly from the hospital to the care home, had not taken a test for COVID-19 before returning, and did not quarantine at the facility for 14 days post readmission.</p> <p>2. Per interview on 8/19/2020 at 11:40 AM, the home manager stated that a few of the residents are now allowed to walk independently around the city without supervision. The offsite Infection Control Assessment completed on 8/4/2020 stated that at that time no residents were allowed to leave the property. According to the manager, they go into stores, go to the beach, and walk around the city at will. The manager stated they are given masks to wear, however they are not always compliant with wearing them when in public, as reported to the manager by community members and agency staff who have observed this. Per the manager, there is no written policy regarding allowing residents to leave the property unsupervised, expectations of behavior while out in the community, nor expectations of performing hand hygiene upon return to the home. Per interview on 8/19/20 at 10:15 AM, the staff on duty stated that they ask the residents to wash their hands when they come back from a walk, but do not always see these residents when they return to ensure that they perform hand hygiene before re-entering the residence.</p> <p>3. Per interview with the staff and manager, the current staff at the home are not fit-tested for N95 masks, and PPE (Personal Protective</p>	R266		

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R266	<p>Continued From page 2</p> <p>Equipment) is not available to them. The agency has a COVID-19 trained response team who has been fit-tested and trained to wear full PPE, but they do not work on site at the residential care home.</p> <p>Many residents at this home have impaired decision making, and many require reminders to perform hand hygiene and do not adequately distance themselves from each other. They are not required to wear masks, and still sit together in the dining room for meals at the same table within a few feet of each other. The facility has not yet notified the Division of Licensing Protection of being in Phase 2 of reopening, but are allowing communal dining, non-medically necessary trips outside of the home, and co-mingling of residents, which are Phase 2 allowances. According to a document Long Term Care Facilities Re-Start Plan, released 7/14/2020 by VDH and the Department of Disabilities, Aging, and Independent Living (DAIL), it states that "A facility shall Notify DAIL's Division of Licensing and Protection as it enters each phase. Each facility shall have documentation and policies regarding movement between phases, which shall be readily available per request of DAIL or VDH".</p> <p>Per the home manager, the residents used to be required to stay at the home, only going outside in the yard and not walk into town. Although the home received a Low Risk rating on the August 4, 2020 Infection Control Assessment, those protocols have changed or are not being followed as before. The risk of a resident bringing a case of COVID-19 into the home and spreading the virus to other residents and staff has increased, both with the lack of quarantining readmitted</p>	R266		

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R266	Continued From page 3  residents, as well as the policy of allowing the residents to walk into the city unsupervised and possibly be exposed in the community.	R266		



September 14, 2020

Ms. Pamela M. Cota, RN  
Licensing Chief – Division of Licensing and Protection  
280 State Drive – HC 2 South  
Waterbury, VT 05671-2010

Dear Ms. Cota,

Below please find our response to the Plan of Correction requested after the Infection Control survey was completed at Lakeview Community Care Home, 322 St. Paul Street, Burlington, VT 05401 on August 19th, 2020.

Areas identified in the survey included Environment 9.1.A: The Home must provide a safe, functional, sanitary homelike comfortable environment. The report noted that based on observation, record review, and staff interview, the home failed to ensure that the home protocols were maintained to provide a safe and sanitary environment to prevent the introduction and spread of the novel coronavirus (COVID-19). Findings include:

**Finding #1:**

Resident #1 did not quarantine for 14 days before returning to the home following an inpatient hospitalization at UVMHC. Resident #1 did not have a COVID-19 test at the hospital before discharge to the residential care home on 8/14/20.

**Plan of correction for finding #1:**

Howard Center makes every attempt to follow guidance from VDH and DAIL in regards to residents of a Residential Care Home being discharged from an inpatient hospitalization (length of stay  $\geq$  48 hours). Moving forward, Howard Center will inform the hospital medical care team and case managers/social workers of the requirement for a resident to have a COVID-19 test prior to discharge and will inform resident and their hospital care team of the quarantine requirements when the client is discharged. If the medical/psychiatric staff at the hospital or Howard Center feels that the resident's health or safety would be compromised by the requirement, the team will weigh the risks and benefits of all available options for quarantine (inside or outside of the home), and contact DLP for guidance if alternate arrangements are necessary. If the resident refuses to allow hospital staff to collect specimen for a COVID-19 test prior to discharge, the medical/psychiatric staff at the hospital and Howard Center will weigh the risks and benefits of resident returning to Lakeview, consulting with DLP and DMH when further guidance is needed.



**Accountability measures to ensure the deficient practice of finding #1 does not recur:**

Howard Center will document that the expectations for discharge were provided to the resident and their hospital care team in the early stages of the discharge planning process. Howard Center residential manager and/or RN will document in the resident's electronic health record that communication with the medical/psychiatric care team during the hospitalization.

**Monitoring corrective actions so the deficient practice of finding #1 does not recur:**

Residential manager, case manager and the RN responsible for delegation and oversight will participate in the discharge planning meetings and discussions and document that the information was provided to hospital staff accordingly.

**Date this corrective action will be completed:**

Immediately.

**Finding #2:**

Some residents independently walk into the city without supervision. The report notes that there is no written policy regarding allowing residents to leave the property unsupervised, expectations of behavior while out in the community, nor expectations of performing hand hygiene upon return to the home.

**Plan of correction for finding #2:**

The RN responsible for delegation and oversight did a walkthrough of the facility to assess what is in place. There is signage around the building and at the primary entrance/exit of the building to remind the residents to maintain social distancing, perform hand hygiene, and notify the staff when they are leaving or re-entering the home. To address the finding noted in the report, the RN and residential manager will meet with each resident to review the ways to prevent the spread of COVID-19. The RN and residential manager will also review expectations of safety measures for residents in the home and for those who choose to access the community independently. These expectations will be written up as a policy, which will include notifying staff when leaving and upon returning to Lakeview, performing hand hygiene upon return, avoiding crowded spaces and maintaining social distance from others, wearing a mask when leaving the premises (and staff providing resident with a mask if needed), and reporting any exposures with individuals in the community who are known to have COVID-19.

**Accountability measures to ensure the deficient practice of finding #2 does not recur:**

RN and residential manager will present the new policy with the residential staff at the next staff meeting on Wednesday, 9/16/20, so that they can prompt the residents and provide additional educational reinforcement as needed.



**Monitoring corrective actions so the deficient practice of finding #2 does not recur:**

Residential manager will review progress towards improving hygiene and safety practices at weekly staff meetings and during regular supervision times.

**Dates this corrective action will be completed:**

Residential manager and RN will meet with all residents of Lakeview by Friday, 9/18/20.

**Finding #3:**

Current staff at the home are not fit-tested for N95 masks. Staff reported that PPE is not available to them. Residents have impaired decision making, do not adequately distance themselves from each other, do not wear masks, and still sit together in the dining room for meals.

**Plan of correction for finding #3:**

Howard Center has a system in place to monitor use of PPE and COVID-19 supplies at all residential programs. A survey is completed weekly to inform the facilities staff of the inventory on site and to request additional stock as needed for any PPE or supplies. The survey is currently completed weekly every Monday by residential staff. Going forward, the residential manager will be copied on the inventory survey response to ensure leadership awareness of PPE and COVID-19 supplies and needs. The residential manager will incorporate questions about inventory and any issues related to PPE as a standing agenda item at the weekly residential team meeting to ensure supplies/stock remain sufficient for current utilization rates. If PPE or COVID-19 supply utilization increases unexpectedly during the week and additional inventory is needed, the residential manager or staff can request additional stock through the facilities department during business hours.

Howard Center has determined that residents who are suspected as having COVID-19 will not remain on site at the Lakeview Community Care Home. Residents who are suspected of having COVID-19 will be referred and transported to the offsite isolation location (Harbor Place) via approved transport provider if a higher level of medical care is not indicated.

Staff had already been trained but are undergoing retraining on infection prevention and control measures and transmission based precautions. The RN will reinforce the principles of Hierarchy of Controls and Universal Precautions during staff meetings. RN will also review transmission based precautions and answer staff questions about use of PPE at weekly staff meetings.

Howard Center has ordered and received a fit-testing kit and will initiate steps to get each residential staff person at Lakeview screened for medical clearance to wear an N95 respirator, fit tested, trained on the agency's Respiratory Protection Program and proper use and handling of the N95





respirators. Staff will close off the resident's room for a minimum 48 hours prior to cleaning, but will wear appropriate PPE when cleaning and disinfecting any surfaces in the common areas that were utilized by a resident who shows symptoms of COVID-19 or other infections.

Lakeview Community Care Home has met the criteria for Phase 3 of the LTC facility COVID-19 re-start plan as outlined on the 7/14/20 guidance document released by AHS, VDH, and DAIL. The residential manager and RN responsible for delegation and oversight will review the agency's documentation and policies regarding movement between phases in Residential Care Homes and notify DLP in writing of the current phase by Wednesday, 9/16/20.

Although tables and seating were rearranged in the dining room to maximize distance between residents in the dining area, the RN and residential manager will specifically address this concern when they meet with each resident to review the ways to prevent the spread of COVID-19. The RN and residential manager will also include distancing in the dining room as part of the expectations of safety measures policy that is reviewed with each resident by 9/18/20.

**Accountability measures to ensure the deficient practice of finding #3 does not recur:**

Residential manager will be copied on the weekly PPE/supply inventory survey and any PPE or COVID-19 related supply requests.

**Monitoring corrective actions so the deficient practice of finding #3 does not recur:**

Residential manager will review the current process for the inventory survey and supply requests at the weekly staff meeting on Wednesday, 9/16/20.

**Dates this corrective action will be completed:**

Residential manager and RN will discuss concerns re: access to PPE and COVID-19 supplies with staff at weekly meeting on 9/16/20. Residential manager and RN responsible for the delegation and oversight at Lakeview will work with Howard Center's Nursing Supervisor and Safety/Claims Manager (HR) to initiate fit-testing process by Friday, 9/18/20.

Residential manager and RN will meet with all residents of Lakeview to provide additional education and explanation of policy on safety measures to prevent the spread of infection by Friday, 9/18/20.

Sincerely,

Lisa Martiny  
Assistant Director of Community Support Program