



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

June 15, 2021

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

Dear Ms. Martiny:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 12, 2021**. 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:  <b>0177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/12/2021</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:  The Division of Licensing and Protection conducted unannounced onsite investigations of 2 complaints on 5/12/21. The following regulatory violation was cited as a result:	R100		
R191 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12 Records/Reports  5.12.c A home must file the following reports with the licensing agency:  5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file.  5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file.  5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.  5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal	R191	<i>see attached POC</i>	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Ang Mastony, CSP assistant Director 6/1/21*

STATE FORM 6899 HG6011 If continuation sheet 1 of 2

*R191 POC accepted 6/3/21 RTremblay RN/PMC*

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>C</b> <b>05/12/2021</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
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R191	<p>Continued From page 1</p> <p>course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to file a report of any unexplained absence of a resident (Resident #1) from a home for more than 12 hours. Findings include:</p> <p>Resident # 1 was unaccounted for by the facility for a period greater than 12 hours, and the facility failed to file the required reports. Record review, confirmed by staff, shows that Resident # 1 has a long history of wandering and absences from the facility. Resident # 1 was last seen by staff at approximately 4:00 PM on 4/16/21. A room check by overnight staff was done at 11:00 PM on 4/16/21. This staff member stated during interview that Resident # 1 was not in his/her room or anywhere in the building at that time. At 8:16 AM on 4/17/21, Resident # 1 was found by the Colchester Police Department approximately 6 miles from the facility and was returned to the facility at 9:45 AM. On 5/12/21 at 11:03 AM, the facility Manager confirmed the above.</p>	R191		
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HOWARD  
CENTER  
Help is here.

May 28, 2021

Ms. Pamela M. Cota

Division of Licensing and Protection

HC 2 South, 280 State Dr. Waterbury, VT 05671-2010

Dear Pamela,

Please find our Plan of Correction requested following the site visit to Lakeview Community Care Home, 322 St. Paul St., Burlington, VT 05401 on 5/12/21.

Areas identified in the survey included R191 V. Resident Care and Home Services, 5.12 Records/Reports:

5.12c (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.

Following the visit it was determined that this requirement was not met by our facility.

What action will you take to correct the deficiency?

- Immediately following the licensing visit on 5/12/21 the facility's Missing Person's policy was reviewed with all staff. An email was sent to all staff at that time and the policy was reviewed at length in staff meeting the following day.

300 Flynn Avenue, Burlington, VT 05401

T: 802.488.6200 | F: 802.488.6201

[HowardCenter.org](http://HowardCenter.org)

Member Agency of United Way of Chittenden County



- This resident frequently leaves the facility for long periods of time without letting staff know when she will return. She spends much of her time off-site with her elderly mother who lives in a subsidized, one-bedroom apartment one block from Lakeview. In addition to reminding this resident to check in with staff before leaving the facility we have also requested the assistance of our Agency's Street Outreach team to connect with this resident if they see her in the community and to report to our facility any interactions they have with this resident. When they see her they will call our facility to let us know that they have had contact with her and they also encourage her to return to Lakeview.
- All sightings of this resident in the community and communication with our Street Outreach team is shared via email to the whole staff group and is documented in daily shift notes.

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?

- As previously stated our existing Missing Persons policy was reviewed with staff and discussed as a safety issue that required immediate attention and action.
- We have implemented enhanced room check documentation. Previous checklists only indicated whether room checks had been completed throughout a shift. The new document also includes a written statement regarding the outcome for each resident during a room check; whether the person was in their room, in the building, or off-site. This information is reviewed at each shift cross over so staff are aware of how long a resident has been off-site.

How will the corrective actions be monitored so the deficient practice does not recur?

- All staff have familiarized themselves with the existing Missing Person's policy and understand that any unexplained absence of a resident for 12 hours requires the notification of the local police department to file a missing person's report, an agency incident report, and a notification to licensing. This has been reviewed in subsequent staff meetings following the survey visit.



The dates the corrective action will be completed –

- These changes were implemented immediately following the licensing visit on 5/12/21 and are ongoing.

Sincerely,

*Lisa Martiny, LCSW*

Lisa Martiny

Assistant Director of Community Support Programs