



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

February 21, 2019

Mr. Kenneth Bridges, Manager
Memory Care At Allen Brook
412 Farrell Street Suite 100
South Burlington, VT 05403

Dear Mr. Bridges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 29, 2019**. 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 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: 0656	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2019
NAME OF PROVIDER OR SUPPLIER MEMORY CARE AT ALLEN BROOK		STREET ADDRESS, CITY, STATE, ZIP CODE 412 FARRELL STREET SUITE 100 SOUTH BURLINGTON, VT 05403	
(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)
R100	Initial Comments: An unannounced on-site re-licensing survey was completed by the Division of Licensing and Protection on 1/29/19. The following regulatory violation was found.	R100	Please see attached Plan of Correction
R179 SS=C	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; (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 training record	R179	

Division of Licensing and Protection

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

K. B...

Manager

TITLE

MCAB

(X6) DATE

2/15/19

STATE FORM

6899

ANH511

If continuation sheet 1 of 2

R179 POC accepted 2/20/19 MB/HORN/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0656	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2019
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R179	<p>Continued From page 1</p> <p>reviews, the facility failed to assure that all staff had completed all seven of the required annual trainings as stated in the Residential Care Home Licensing Regulations, effective October 3, 2000. Findings include:</p> <p>Per review of the staff training records for the previous 12 month period on 1/29/19, 3 of the 5 training records in the sample lacked evidence of one or more of the seven required annual trainings. The incomplete training records were confirmed during interview with the home's Manager at 6:15 PM on 1/29/19.</p>	R179		
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February 15, 2019

Pamela Coda
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671

Dear Pam:

Here is the Plan of Correction to address the deficiency, R179 found during survey on 1/29/19. This was a problem, which I could have avoided with proper procedure. I believe the new procedures will ensure compliance now and in the future.

1. All training records have been reviewed and staff have been brought up to date on all training mandatories. 5.11 Staff Services this was completed on 2/17/2019
2. For all new hires going forward, all mandatories will be completed before new staff works in patient care.
3. Monthly assignments/reminders and quarterly review of staff trainings to ensure continued compliance.

We have made a point of doing 8 hours of Best Friends Approach to Alzheimer's care before care staff works with residents. We will include mandatories in this orientation process as well to ensure compliance.

Completion date 2/20/19

Manager of MCAB will monitor and ensure compliance.

Sincerely,



Ken Bridges

Manager, Memory Care at Allen Brook
802 -859-8885
bridges@cathedralsquare.org