



**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

March 8, 2024

Ms. Mindy Kilburn  
Memory Care At Allen Brook  
99 Allen Brook Lane  
Williston, VT 05495

Dear Ms. Kilburn:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 17, 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:  <b>0656</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEMORY CARE AT ALLEN BROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>99 ALLEN BROOK LANE WILLISTON, VT 05495</b>
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R100	Initial Comments:  On 1/17/24 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	R100		
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete a Significant Change Assessment following significant physical decline for one applicable resident (Resident #1). Findings include:</p> <p>Per review of the facility's Policies and Procedures manual section 5.0 Assessment states, "The Resident will be reassessed annually and at any point in which there is a change in the resident's physical or mental condition."</p> <p>Per record review, Resident #1 was transported to the hospital on 12/26/23 due to signs and symptoms of stroke. While a stroke was ruled out as the cause for his/her presentation, Resident #1 was diagnosed with Covid -19 infection and admitted to the hospital for 10 days. On return to the home Resident #1 was noted to have</p>	R136	<p><b>R136</b></p> <p>A Resident Assessment for Resident #1 was completed by RN due to change of condition. This was completed on 1/18/24. Education was given to the LPN's regarding any change in condition from previous baseline will need a new Resident Assessment to be completed. This was reviewed for all staff to be aware of at our staff meeting on 2/6/2024. Going forward, this RN will review each resident monthly to ensure that assessments and care plans are reflective of current state of health.</p> <p>R136 Plan of Correction accepted by Jo A Evans on 3/8/24.</p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Mindy Hill RN</i>	RN / Interim Manager 3/8/24	02/13/24

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R136	<p>Continued From page 1</p> <p>significant weakness and change in his/her ability to perform Activities of Daily Living. His/her significant physical decline resulted in Resident #1 requiring a 2 person assist and admission to home based Physical Therapy. Per review of Resident Assessments on file and available for review for Resident #1, a Significant Change Assessment was not completed by the Registered Nurse (RN) in response to Resident #1's hospitalization, physical decline, and initiation of Physical Therapy.</p> <p>In the afternoon of 1/17/24 the Registered Nurse and Manager of the home confirmed this finding.</p> <p>In conclusion, this deficient practice is a potential risk for more than minimal harm for all facility Residents due to the failure to identify and instruct staff regarding changes in resident needs.</p>	R136		
R147 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (4)</p> <p>Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure PRN (as needed) medication orders for 3 out of 3 sampled</p>	R147	<p><b>R147</b></p> <p>See following page.</p>	

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R147	<p>Continued From page 2</p> <p>residents (Residents #1, #2, and #3) include a specific dose and frequency of administration. Findings include:</p> <p>Per review of the facility's Medication Administration Policies and Procedures manual effective 6/3/22, Part II section 1 states, "All PRN meds must include the minimum number of hours between doses..."; however the policy does not include the requirement for medication orders with a specific dose.</p> <p>Per review of the January 2024 Medication Administration Records (MARs) for a sample of 3 residents (Residents #1, #2, and #3), the MARs for all three residents included orders for PRN medications which did not list the specific dose and frequency of administration to include the amount of time required between doses as follows:</p> <p>1. For Resident #1:</p> <p>a. "Bismatrol 30 ml by mouth twice daily as needed for GI distress for loose stools", which does not include the specific amount of time required between doses</p> <p>b." Docusate SOD LIQ 50 mg/5 ml 5 ml by mouth twice daily as needed for constipation", which does not include the specific amount of time required between doses.</p> <p>c. "Medicated Pads (i.e. Preparation H) Apply topically three times daily as needed for rectal pain/itch"; which does not include a specific dose (number of pads that can be applied) and the specific amount of time between application or the symptoms which indicate need for additional doses.</p> <p>2. For Resident #2</p> <p>a. "APAP 325 mg tabs (i.e. Tylenol) 1-2</p>	R147	<p><b>R147</b></p> <p>On 2/7/24 RN revised all admitting/standing orders, including those listed on the Primary Care Provider MD Orders, so going forward they will be correct. RN has rewritten all PRN orders that needed changing, on every resident, and have faxed these to all MD's to sign (these were all faxed 2/7/24 evening). When we receive these orders back signed, we will fax to Pharmacy to change them on their end, and change on each residents MAR as well. Nursing staff will ensure that all medication orders are checked and contain: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects. In addition, we have included in both the order and as a separate written document the vital instructions for administering Epinephrine. The staff have been asked to read the written document and sign that they have read it. RN will review and ensure all staff have read and signed the document by 2/16/24.</p> <p>R147 Plan of Correction accepted by Jo A Evans RN on 3/8/24</p>	

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R147	<p>Continued From page 3</p> <p>tablet(s)by mouth every 4 hours as needed"; which does not include a specific dose, and the symptoms or condition this medication is intended to treat.</p> <p>b. "Bismatrol 30 ml by mouth twice daily as needed for GI distress for loose stools", which does not include the specific amount of time required between doses.</p> <p>c. "Epinephrine 0.3 mg/0.3 ml Pen Inject 0.3 ml Intramuscularly as needed for [food] allergy"; which does not include the specific amount of time between applications and the life-threatening symptoms which indicate need for initial and subsequent doses including facial swelling and difficulty breathing or swallowing. Additionally, this order does not list vital instructions related to administration of this medication including instructions to call emergency services when this medication is administered due to risk of subsequent life-threatening allergic reaction occurring when this short acting medication wears off; ensuring resident is seated or lying down when administered; and the importance of avoiding accidental injection into the hands and feet.</p> <p>d." Docusate SOD LIQ 50 mg/5 ml 5 ml by mouth at bedtime as needed for Loose Stools *Hold for Loose Stools*. While this medication order contains a specific dose and frequency of administration, the instructions for administration as unclear as this medication is used to treat constipation, not loose stools, and the indication for use is the same reason listed which indicates need to hold the medication.</p> <p>3. For Resident #3</p> <p>a. "Bismatrol take as directed by MD" which does not include a specific dose, frequency of administration, or indication of the symptoms of condition the medication is intended to treat.</p>	R147		

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R147	<p>Continued From page 4</p> <p>b. Carbidopa/Levodopa 25/100 IR tablets "1/2 tablet by mouth as needed before exercise", which does not include the specific frequency of administration including the amount of time required for administration between scheduled and PRN doses, and the symptoms or condition this medication is intended to treat.</p> <p>c." Quetiapine 25 mg ¼ tab (6.25 mg) by mouth twice daily as needed for Hallucinations", which does not include the specific amount of time required between doses</p> <p>d. Saline Nasal Spray "Use 1 spray in each nostril as directed as needed for congestion" which does not include the medication strength, and the frequency of administration including the amount of time required between doses.</p> <p>e. "Milk of Magnesia Mint (i.e. Magnesium Hydroxide Susp 400) 30 ml by mouth daily as needed", which does not include the symptoms or condition the medication is intended to treat.</p> <p>4. For all sampled residents (Residents #1, #2, and #3):</p> <p>a." Ear Drops DRO 6.5 % (i.e. Clearcanal Earwax Softene R) Use per package instructions at bedtime as needed for 7 days". *Nurse to irrigate as needed*; which does not include the specific dose (number of drops to be administered) or indication of symptoms or condition this medication is intended to treat.</p> <p>b. "Loperamide 2 mg tablet Take one tablet by mouth up to 4 times daily as needed for Diarrhea.", which does not include the specific amount of time required between doses or the symptom which indicates need for additional doses (loose stools) as is typically included in orders for this medication.</p> <p>These findings were confirmed by the Director of Nursing on the afternoon of 1/17/24.</p>	R147		

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R147	Continued From page 5  In conclusion this deficient practice is a risk for more than minimal harm for all residents due to administration of PRN medications at a dose and/or frequency that is ineffective or in excess of the amount required to address the symptoms the medication is intended to treat.	R147		
R167 SS=F	<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 there was a failure to develop written plans for the administration of Psychoactive PRN (as needed) medications by staff other than a nurse for all facility residents prescribed PRN psychoactive medications. Findings include:</p> <p>Per review of the facility's Policies and</p>	R167	<p><b>R167</b></p> <p>On 2/5/24 A Resident Specific Written Treatment Care Plan for those on Psychotropic PRN medications has been created by the RN. These have been shared with staff verbally at our staff meeting on 2/6/24, and printed out in the MAR book and in the Care Charting Binder on 2/5/24.</p> <p>R167 Plan of Correction accepted by Jo A Evans RN on 3/8/24.</p>	

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R167	<p>Continued From page 6</p> <p>Procedures manual, Section 22.06 Psychotropic Medication Orders states, "Psychotropic medications ordered 'as needed' by the Duly Authorized Practitioner (DAP) will not be administered unless that DAP has provided detailed behavior-specific written instructions including :</p> <p>A, symptoms that might require use of the medication                      B. exact dosage                      C. exact time frames between dosages                      D. the maximum dosage to be given in a 24 hour period of time"</p> <p>Section 22.06 further states, "All residents receiving psychotropic medications will be monitored for adverse signs and symptoms using observation and tracking tools such as the AIMS form. Any signs and symptoms of adverse effects will be reported to the RN and DAP"; however the facility's policies and procedures do not include the requirement for the development of a written plan for the administration of PRN psychoactive medications by staff other than a nurse.</p> <p>On the morning of 1/17/24 the Director of Nursing was requested to provide written plans for the administration of psychoactive PRN medications for review. At 11:42 AM on 1/17/23 the Director of Nursing confirmed the required written plans had not been developed for all facility residents prescribed PRN psychoactive medications.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to administration of PRN psychoactive medications without monitoring the medication's effect, and potential medication errors including misuse.</p>	R167		



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R179  R179 SS=F	Continued From page 7  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 there was a failure to ensure completion of all required trainings for 6 out of 7 sampled residents. Findings include:  Per review of the facility's Policies and Procedures manual , Section 40.0 Staff Services	R179  R179	<b>R179</b>  On 2/9/24 Memory Care Management provided a tracking sheet for all required trainings and communicated with staff that all required trainings as listed in 5.11b and on this tracking sheet need to be completed by 3/1/2024.  On 2/9/24 Memory Care Management communicated with current staffing agency Compliance Manager. It was communicated that their staff need to complete all required trainings as listed in 5.11b. When Memory Care starts a new staff contract with agency staff, we will review the staffs compliance packet and ensure all required trainings have been completed prior to their start date. Any current agency staff have been requested to complete any incomplete required trainings by 3/1/24 and provide record of this completion. Agency agreed to this request on 2/9/2024.  On 2/9/24 Memory Care Management communicated with Cathedral Square HR department regarding new staff on-boarding and completion of trainings. For all new hires going forward, all mandatory trainings as listed in 5.11b will be completed during the HR & IT on-boarding, before new staff works on-site at Memory Care.  Monthly assignments/reminders and quarterly review of staff trainings will be completed by Memory Care Management to ensure completion of trainings and continued compliance.  R179 Plan of Correction accepted by Jo A Evans RN on 3/8/24	

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R179	<p>Continued From page 8</p> <p>states, " The RN will ensure that direct care staff demonstrate competency in the skills and techniques they are expected to perform before providing direct care to residents. The Residence will provide at least (12) hours of training each year to staff providing direct care to residents . This training will be documented and must include, but is not limited to, the following:</p> <p>A. Communication skills specific to persons with Alzheimer's Disease or other types of dementia...</p> <p>B. Resident rights</p> <p>C. Resident emergency response procedures such as the Heimlich maneuver, CPR, accidents, police or ambulance contact and first aid</p> <p>D. General supervision and care of residents."</p> <p>Section 40.0 Staff Services also states trainings in fire safety and emergency evacuation, and mandatory reporting of abuse, neglect, and exploitation; however it does not include the required infection control training.</p> <p>On the morning of 1/17/24 the Manager was requested to provide documentation of the required trainings completed by a sample of facility staff for review. Per review of the training documentation provided on request, 6 out of 7 sampled staff had not completed all required trainings. This finding was confirmed by the Manager at 4:11 PM on 1/17/24.</p> <p>This deficient practice is a risk for more than minimal harm for all residents due to inadequate staff education and training to safely and effectively provide resident care.</p>	R179		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES	R247		

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R247	<p>Continued From page 9</p> <p><b>7.2 Food Safety and Sanitation</b></p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure perishable food items were labeled and dated as required. Findings include:</p> <p>The facility's Policies and Procedures manual Section 15.0 Food Services states, "The Residence follows Food Safety and Sanitation guidelines as required by the licensing agency."</p> <p>During a tour of the facility's kitchen on the morning of 1/17/24 the following perishable foods and beverages were observed to be without the required labels including the dates the items were opened or prepared:</p> <ol style="list-style-type: none"> <li>1. Frozen items: Ice cream, hot dogs, breaded chicken, chicken breast filets, fish sticks, a container of unidentified resident leftovers, and tubs of bacon and sausage.</li> <li>2. Refrigerated items: Milk, half and half, heavy cream, 8 types of cheese, 3 bags pepperoni, ham, chopped garlic, condiments, sauces, juices, chocolate syrup, dressings, whipped cream, apple butter, and concentrated stock.</li> <li>3. Pantry items: honey, various types of sugar, oils, sauces, bulk herbs and spices.</li> </ol>	R247	<p><b>R247</b></p> <p>On 1/17/2024, the chef did a complete review of the refrigerator, freezer and pantry with the food service manager.</p> <p>Refrigerator – on 1/17/24 the food service manager and chef have ensured that all open unlabeled foods have been properly labeled including the food item and date opened. Freezer – on 1/17/24 the chef and food service manager labeled freezer items.</p> <p>Pantry – on 1/17/24 the food service manager and chef have ensured that all open unlabeled foods have been properly labeled including the food item and date opened.</p> <p>The Food Service Manager will provide food storage labeling education to all cooks. We will also add a refrigerator, freezer and pantry review to the daily checklist for the closing cook to complete. This will include ensuring all open products are labeled and covered properly in both the refrigerator, freezer and pantry.</p> <p>R247 Plan of Correction accepted by Jo A Evans RN on 3/8/24</p>	

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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
R247	Continued From page 10  These findings were confirmed by the Chef and Long Term Care Administrator during the kitchen tour on the morning of 1/17/24.  In conclusion, this deficient practice is a potential risk for more than minimal harm due to food borne illness for all facility residents.	R247		
R291 SS=F	IX. PHYSICAL PLANT  9.6 Plumbing  9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview water temperatures in areas of the home accessible to residents were in excess of 120 degrees Fahrenheit.  The facility's Policies and Procedures manual Section 28.0 Plumbing, Heating, Water Supply and Ventilation states, "Water temperature in all patient care areas will not exceed 120 degrees. "  During the tour of the facility on the morning of 1/17/24 water temperatures were tested and observed to be greater than 120 degrees Fahrenheit (F) in the following areas:  a. Bathroom by Dining Area 129.7 b. Shower Room 122.5 degrees F c. Apartment # 4 133.9 degrees F d. Apartment # 5 133.0 degrees F e. Apartment #11 130.1 degrees F	R291	<p><b>R291</b></p> <p>On 1/17/2024 the maintenance technician was called by management to come on-site and adjust water temperatures. The technician adjusted the facility boiler ensuring that the water temperatures did not exceed 120 degrees fahrenheit.</p> <p>On 2/7/2024 the Manager of Maintenance communicated with Memory Care Management that a new mixing valve "brain" has been ordered and will be installed upon arrival. This part will ensure that the water will remain within the temperature threshold of 120 degrees fahrenheit.</p> <p>On 2/12/24 Management communicated with CSC maintenance department that when they complete the bi-weekly water temperature checks, the temperatures needs to read under 120 degrees fahrenheit for resident safety. If the water temperature is above 120 degrees fahrenheit, Memory Care management and the manager of Maintenance need to be notified immediately, and the boiler will be adjusted and temperatures will be re-taken.</p> <p>R291 Plan of Correction accepted by Jo A Evans RN on 3/8/24</p>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0656</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/17/2024</b>
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R291	<p>Continued From page 11</p> <p>f. Apartment #12 129.4 degrees F</p> <p>Immediate corrective actions taken by the Manager, who contacted the Maintenance department immediately following facility tour. Following adjustments to the temperature controls on the facility boiler made by maintenance staff, water temperatures in affected areas were observed to be sustained below 120 degrees Fahrenheit. This was confirmed with Manager at 2:00 PM.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to the risk for burns associated with water temperatures above 120 degrees Fahrenheit and increased risk for burns with injuries resulting for vulnerable adults.</p>	R291		