



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 12, 2019

Mr. Adam Lawrence, Manager
The Residence At Quarry Hill
465 Quarry Hill Road
South Burlington, VT 05403

Dear Mr. Lawrence:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 3, 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 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: 1012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/03/2019
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT QUARRY HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD 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)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of a Complaint and a Facility Reported Incident was conducted on 6/3/2019. There were regulatory deficiencies cited as a result of the investigation. Findings include.	R100	R100: Initial Comments. The submission of this plan does not constitute any admission of wrong doing. Rather, this plan of correction is submitted in the spirit and in the letter of cooperation to demonstrate the Residence of Quarry Hill's commitment to continued quality.	
R178 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to assure a sufficient number of staff are available at all times to ensure a safe environment, and to assure resident's needs are met. Findings include: Per observation, the facility has a licensed capacity of 120 residents and there are currently 94 residents in the facility . There are resident rooms on 4 floors including a secure Dementia unit (Reflections) housing 25 residents. In interview on 6/3/19 at 1:05 PM, the Residential Care Director (RCD) confirmed that the facility has identified that the staffing on the night shift (11 AM-7 PM) has been inadequate and that new staffing goals have been set. The issue that was identified by the surveyor and by the facility is that having 3 unlicensed RCAs on duty to provide care and supervision for 94 residents, which includes 25 residents in a secured unit, cannot	R178	<i>Beant 7.11.19 mm/s</i>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Adam Lawrence

[Signature]

TITLE
Executive Director

(X6) DATE

6/7/19

STATE FORM

2096

T48511

Division of Licensing and Protection

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R178

provide a RCA for every resident area.

In a review of information requested from the Reflections Care Director, the secure unit includes 2 residents who require a Hoyer Lift. The use of a mechanical lift requires 2 staff. There are 3 residents who are receiving Hospice services. All residents require some level of assistance with personal care. There are 17 residents who have some level of incontinence which requires assistance. There are also 5 residents who exhibit various behaviors, however many of the residents are at risk for behaviors related to their Dementia diagnoses. There are also a number of residents in the facility at risk for falls.

The facility is presently recruiting to fill these shifts. The Executive Director of the facility confirmed that information at 1:27 PM. In a review of actual schedules, provided by the facility, for the dates 5/26-6/3/19, 4 of the 8 completed night shifts had only 3 Residential Care Assistants (RCAs) on duty. All night shift totals include one RCA who is also a Medication Technician (MT). That RCA is responsible for administering any medications needed during that shift. There are no licensed nurses on duty during the 11 PM-7 AM shift, there is a nurse on-call. For the projected 13 day period of 6/3-15/19 there are 8 night shifts with 3 RCAs on duty.

In an interview on 6/3/19 at 1:45 PM the Reflections Care Director (RCD), who is responsible for the staffing schedule, stated that there no accurate schedules available prior to the 5/26/19 date, and that all schedules, going forward, are in progress. It is also noted that there are times when staff are assigned to 16 hour shifts.

R178 Action to Correct Deficiency:

The Community will maintain records of actual staff on duty for a minimum of 30 days prior.

R178 Steps to Prevent Recurrence:

The Community will implement and utilize new scheduling function through the Community's HRM system that will track actual staff on duty electronically.

R178 Monitoring of Future Systems:

The Community will be able to monitor the use of this scheduling system in real time via the existing HRM system.

Complete Date: 8/1/19

Doc ament 7.11.19 RH/S

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R183 Continued From page 2
R183 V. RESIDENT CARE AND HOME SERVICES
SS=C

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R183

5.11 Staff Services
5.11.f There shall be at least one (1) staff member on duty and in charge at all times. In homes with more than fifteen (15) residents, there shall be at least one (1) responsible staff member on duty and awake at all times. There shall be a record of the staff on duty, including names, titles, dates and hours on duty.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview there are not accurate records of actual staff on duty, including names, titles, dates and hours on duty. Findings include:

Per interview on 6/3/19 at 1:45 PM the Reflections Care Director (RCD), who is responsible for the staffing schedule, stated that there no accurate schedules available prior to the 5/26/19 date. S/he stated that a new scheduling process is being adopted.

R183 Action to Correct Deficiency:
Night shift staffing levels (11pm - 7am) will be set to adequately provide a safe environment for all residents in all assisted living areas. These staffing levels will take into consideration the number of residents on services in Assisted Living and all residents in the Special Care (Memory Care) Neighborhood including their acuity into the equation.

R183 Steps to prevent Recurrence:
The community will consider all viable options to ensure adequate staffing is available including internal staff, agency staff, and staff available from other LCB Senior Living communities.

R183 Monitoring of future systems:
The Community will review staffing levels on a daily basis to ensure adequate levels on the night shift (11pm - 7am) moving forward.

* Complete Date *
7/1/19
Doc count m h 186
7.11.19