

PRINTED: 08/05/2021
FORM APPROVED

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 08/03/2021
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: The Division of Licensing and Protection conducted unannounced onsite investigations of 2 facility self reports and 1 complaint on 7/27/21. The complaint was completed offsite on 8/3/21. A regulatory violation related to the complaint was cited as a result.	R100	The Interim Executive Director sent the records to the daughter as requested. The records were emailed per the daughter's request.	August 5, 2021
R223 SS=A	VI. RESIDENTS' RIGHTS 6.11 The resident has the right to review the resident's medical or financial records upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility to provide medical or financial records upon request for 1 applicable resident (Resident # 1). Findings include: Resident # 1's legal representative requested medical records from the facility. These records have not been received to date. On 3/2/21, during a conference call with the facility's previous Executive Director (ED), Resident #1's family requested medical records from 2/2/21 forward. The ED stated that h/she would need to check with corporate before providing the records. On 4/16/21, the family sent a letter to LCB Senior Living Chief Operating Officer (COO) again requesting the medical records. On 8/3/21, a family member confirmed that they have yet to receive any of Resident #1's records from the facility. On 8/3/21 at 10:29 AM, the facility's current ED confirmed that the medical records were not sent as requested.	R223	<i>Kelly D. Mazza</i> Interim Executive Director	08/17/21

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

TITLE

(X8) DATE