VERMONT

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

December 9, 2022

Ms. Sara Faucher, Manager
The Residence At Quarry Hill
465 Quarry Hill Road
South Burlington, VT 05403

Dear Ms. Faucher:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 28, 2022.** 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1012	A. BUILDING: _____ B. WING _____	C 09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT QUARRY HILL	465 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403

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R100	Initial Comments: An unannounced on-site complaint investigation was conducted on 9/21/22 and completed on 9/28/22. The following regulatory violations were identified associated with the complaints investigated:	R100		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse failed to develop and update a written plan of care describing the care and services necessary to maintain the wellbeing of 3 applicable residents (Residents #1 & #2) Findings include: 1. Resident #1 was admitted to the home in July of 2016 with diagnoses including Arthritis and Osteoporosis (joint pain/stiffness and bone loss), Pain, Impaired mobility, history of spinal fracture, Tremors, Asthma/Emphysema. Glaucoma, difficulty communicating verbally, Resident #1 was 100 years old and admitted into hospice care in 2/19/22. Resident #1's plan of care failed to address pain intervention; and his/her needs and wishes for hospice care during the end of life	R145		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nora Faucher — TITLE: Executive Director — (X6) DATE: 11/9/22

R145 - R266 POC's accepted 11/14/22 FMcIntosh RN/BSN

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R145	Continued From page 1 process. 2. Resident #2 was admitted to the home in December of 2021 with diagnoses including Spinal Stenosis (spinal column narrowing that puts pressure on the spinal nerves), Cardiovascular Disease, Cardiac Dysrhythmia, Gout, Ataxia (neurological damage causing poor coordination), and Depression. Resident #2's plan of care failed to address interventions for pain related to his/her diagnoses of Spinal Stenosis and Gout; and to address his/her risk for falls. Resident #2 had a history of 5 falls between 12/17/21 and 5/20/22. On the afternoon of 9/27/22 the Executive Director acknowledged the individual needs not addressed in Resident #1, #2's plans of care.	R145		
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure an RN delegated the responsibility for the administration of specific medications to designated staff for designated	R164		

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R164	Continued From page 2 residents. Findings include: Per interview on the afternoon of 9/27/22 the Executive Director disclosed the RN who was responsible for the delegation of specific staff to administer medications to the ALR designated residents had resigned effective 9/6/22. Presently, the process to re-delegate staff by an employed RN has not been conducted, resulting in 18 designated staff performing medication administration under the license of the previous RN, which is not permitted.	R164		
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.	R165		

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R165	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the nurse failed to ensure the proper administration of medications for 1 applicable resident (Resident #2) who demonstrated inability to self administer medications and was determined to require medication administration according to the Resident Assessment tool provided by the licensing agency and Nursing Notes. Findings include: Per record review Resident #2 was admitted to the home on 12/15/21. An initial Resident Assessment dated 12/16/22 indicated Resident #2 did not know how often to take medications, and a re-assessment dated 3/18/2022 indicated Resident #2 had problems taking medications as instructed/prescribed. The instructions on the Resident Assessment tool provided by the licensing agency state if the resident does not know how often to take medications, and if the resident has problems taking medications as instructed/prescribed, then the resident needs medication administration. Despite the instructions indicating Resident required medication administration, according to the Resident Assessment dated 12/16/22 Resident #2 controlled his/her own prescribed medications, and according to the Resident Assessment dated 3/18/22 Resident #2 controlled his/her own prescribed and over the counter medications. Per review of Nursing Notes on 3/6/22 Resident #2 reported Med Techs were not administering his/her antidepressant, and stated Resident #2's medications were self administered. A note on	R165		

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R165	Continued From page 4 3/10/22 stated Resident # 2 manages his/her own medications, but at times runs out of medications due to not letting staff know supplies are running low. On 4/24/22 Resident #2 complained of a cough attributed to acid reflux, and the Nurse's Note stated Resident #2 "has Pepcid in his/her room that s/he forgot s/he had" and was advised by the nurse to take it once daily. On 5/19/22 it was reported a caregiver noticed Resident #2 doesn't always take prescribed "memory or gout pill". Resident #2 stated sometimes s/he was unable to reach them and sometimes didn't think s/he needs them every day. This note again indicated Resident #2 self administers medications and "is independent with meds". On 6/10/22 it was noted Resident #2 continued to complain of gout and wanted to take his/her gout medication. The note stated "It is next to [him/her] in a pile of cards. When given [his/her] pile of med cards [s/he] said 'here it is' while holding [his/her] aspirin", which was not prescribed for gout. For three days Resident #3 was unable to reach his/her medications, and when offered staff administration of medication Resident #2 refused. On the afternoon of 9/27/22 the Executive Director acknowledged the nurse failed to implement medication administration despite indications on admission and throughout Resident #2's residence at the home that Resident #2 was unable to self administer medications as instructed/prescribed.	R165		
R207 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to	R207		

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R207	Continued From page 5 report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the ALR failed to conduct its own internal investigation after a reported incident of bruising of unknown origin was identified on a resident. (Resident #1) Findings include: On 9/1/22 Resident #1 was found to have dark bruising on his/her right arm, left hand and left leg. The bruising was noted by 2 LNAs (Licensed Nursing Assistance) who are part of Hospice team delivering end of life care to Resident #1. The Hospice agency filed a report with APS (Adult Protective Services) on 9/1/22 followed by a Entity Reported Incident filed with the Licensing Agency on 9/2/22, as required. However, during an on-site at the ALR on 9/27/22, evidence of an internal investigation regarding potential causes or incident resulting in bruising was not conducted. Although the ALR has a process to conduct its own investigation, there was a failure to utilize this process in the case of resident bruising of unknown origin. This was confirmed by the Executive Director on the afternoon of 9/27/22.	R207		
R249 SS=E	VII. NUTRITION AND FOOD SERVICES	R249		

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R249	Continued From page 6 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure food handling and storage techniques are consistent with safe food handling practices. Findings include: 1. During at tour of the facility commencing at 9:43 on 9/21/22 food items in the kitchenette in the memory care center were observed to be improperly stored . A stainless steel box containing several pounds of single serving butter pats was stored at room temperature on the shelves below the service counter, and a bowl of cooked bacon covered with plastic cling wrap was placed in a cabinet drawer. The refrigerator in the kitchenette contained items not labeled with the date they were opened including ketchup, balsamic glaze, dessert toppings, 2 open bottles of juice, and a bottle of ginger ale. An open bottle of Pedialyte was dated 9/13/22, which was 8 days before the tour. The Pedialyte web site states this product should be discarded 48 hours after opening. The freezer in the kitchenette contained a gallon container of ice cream was missing a lid exposing the contents of the container to the open air inside the freezer. Similar findings were observed in the "Bistro" kitchen where butter pats were stored in a cabinet drawer; an unlabeled partially consumed single serving bottle of water was placed in the refrigerator with unopened bottles of water, and a	R249		

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R249	Continued From page 7 container of whipped cream was stored in the fridge without a lid covering the top. During the course of the facility tour commencing at 9:43 on 9/21/22 the Executive Director confirmed the presence of improperly stored food items in the memory care center kitchenette and the Bistro kitchen.	R249		
R258 SS=D	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly.. Garbage or trash in the kitchen area must be placed in lined containers with covers. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all garbage or trash in the kitchen area is collected and stored in containers with covers. During the facility tour on the morning of 9/21/22 at 10:10 AM accompanied by the ALR Administrative Director a trash receptacle was observed to be uncovered in the food prep area of the kitchenette on the Memory Care Unit. The Administrative Director confirmed the presence of uncovered trash receptacle during the tour.	R258		
R266 SS=F	IX. PHYSICAL PLANT	R266		

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R266	Continued From page 8 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the ALR staff failed to maintain a safe and sanitary environment related to poor repair, lack of cleanliness, and unsafe food storage methods in the memory center kitchenette; unsafe storage of hazardous infectious waste in overflowing used sharps container; risk for injury due to a missing door handle into the kitchenette; and staff failure to follow required Covid precautions by properly wearing required face masks. Findings include: 1. During at tour of the facility commencing at 9:43 on 9/21/22 the kitchenette in the memory care center was observed to be in need of cleaning and repairs. The handle on the outside of the half door between the dining room and kitchenette was missing a handle leaving the sharp metal edge of the door lock cylinder housing protruding approximately 2 inches from the door. In the kitchenette the counters and cabinet facings were dirty, and there were coffee stains in the cabinet drawers located below the coffee machines. The cabinets located under the food service counter were missing doors. A stainless steel box containing several pounds of single serving butter pats was stored at room temperature on the shelves below the service counter. A bowl of cooked bacon covered with plastic cling wrap was placed in a cabinet drawer, and the kitchen trash can was missing a lid.	R266		

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R266	Continued From page 9 The refrigerator in the kitchenette contained items not labeled with the date they were opened including ketchup, balsamic glaze, dessert toppings, 2 open bottles of juice, and a bottle of ginger ale. An open bottle of Pedialyte was dated 9/13/22, which was 8 days before the tour. The Pedialyte web site states this product should be discarded 48 hours after opening. The freezer in the kitchenette contained a gallon container of ice cream was missing a lid exposing the contents of the container to the open air inside the freezer. Similar findings were observed in the "Bistro" kitchen where butter pats were stored in a cabinet drawer; an unlabeled partially consumed single serving bottle of water was placed in the refrigerator with unopened bottles of water, a container of whipped cream was stored in the fridge without a lid covering the top; and a trash can was overflowing with discarded items. During the course of the facility tour commencing at 9:43 on 9/21/22 the Executive Director confirmed the kitchenette cabinetry in need of cleaning and repairs, the missing handle on the half door at the entrance of the kitchenette, the presence of improperly stored food items, and missing garbage can lid in the memory care center; as well as the improperly stored food items and overflowing trash can in the Bistro kitchen. 2. The "sharps" hazardous waste storage container attached to the medication cart in the memory care center dining room was observed to contain a full plastic sharps container with a second full sharps containers placed on top of it. The second full container was not locked in a secured compartment, and the safety mechanism designed to prevent access to used sharps was	R266		

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R266	Continued From page 10 disabled. This container was filled beyond capacity and used syringes protruding from the container were accessible to the memory care center residents, many of whom do not have the capacity to understand and avoid this risk of exposure to this hazardous waste. During the course of the facility tour on the morning of 9/21/22 the Executive Director confirmed the risk of exposure to hazardous medical waste due to improper disposal of used sharps in the memory care center. 3. During the course of the complaint investigations on 9/21/22 and 9/27/22 facility Residential Care and Nursing staff were repeatedly observed not wearing masks and/or wearing masks improperly. On the afternoon of 9/21/22 all of the memory care staff caring for residents in the dining area were observed wearing their masks below their noses while providing resident care, and staff were observed in an open office without masks on. At approximately 2 PM on 9/21/22 the Wellness Nurse in the memory care center confirmed staff were not in compliance with masking requirements and instructed staff to properly place their masks above their noses. At 1:40 PM on 9/27/22 an LNA (Licensed Nursing Assistant) and a Residential Care staff were observed providing close contact residential care with their masks placed below their noses. The two staff confirmed their masks were improperly placed and moved their masks above their noses. At 1:45 PM a Nurse was observed working in an office with the door open without a mask on.	R266		

Corrective Action Plan

The Residence at Quarry Hill

Investigation of September 28, 2022

R145, Written Plan of Care, 5.9.c(2)

All nursing staff will be retrained on assessments and service/care plan policies to include falls, hospice and pain management and will sign off on the LCB policies and procedures by 11/4/2022. The Resident Care Director (RCD) or RN Designee will review all assessments and service/care plans including assessments due to change of status as of 9/28/22 and ongoing.

Quarry Hill's (QH)contract with Bayada Home Health and Hospice includes full fall risk assessments on Residents on move in and after falls in the community currently and ongoing. Communication to QH nursing staff occurs during weekly "huddle meetings" currently and ongoing. Nursing staff will be reeducated to consistently add the risk assessments to the service/care plans and the RCD will review the updated service plans from 11/4/22 and ongoing.

R164, Medication Management, 5.10.d

Medication delegation was completed by a trained/licensed RN that has been on staff participating in ongoing training and competencies of Med Techs. New RCD/Designee to complete new competencies by 11/11/22 and ongoing.

R165, Medication Management, 5.10.d

All nursing staff to be retrained on medication administration per state regulations and the documentation of Resident's ability to self-administer by 11/11/22 by the RCD. LCB policy on medication administration will be reviewed and signed off by all nursing staff by 11/11/22. Weekly Resident Care tracking meeting will continue to identify high risk Resident issues which the new RCD will attend/chair and review documentation of communication/interactions between staff and the Resident, Resident's physician, and family.

R207, Reporting of Abuse, Neglect or Exploitation, 5.18.b

All Department Leaders will be reeducated on the LCB Investigation Policy and Procedure by regional support by 11/11/22 and the leadership will sign off on the policy.

R249, Food Safety and Sanitation, 7.2d

The kitchen in Reflections is scheduled for professional deep clean on 10/27/22. Environmental Rounds with the attached checklist (Attachment 1) will be done by the Reflections Director daily for 2 weeks through 10/21/22, two times per week through 11/11/22, and weekly ongoing. Executive Director to make spot checks from 9/29/22 and ongoing. Reflections staff to be reeducated on kitchen "hygiene" and their responsibilities and will review current infection control policies by the Reflections Director by 11/11/22. The new Director of Restaurant Operations will continue the Culinary Department's kitchen cleaning schedule attached (Attachment 2) from 11/11/22 and ongoing.

The Bistro is included on the Culinary cleaning checklist (Attachment 3) and all cookware and equipment is removed, cleaned, and stored effective 11/11/22 and ongoing.

R258, Food Storage and Equipment, 7.3h

The trash receptacle lids have been ordered and will arrive on or before 11/4/22.

R266, Environment, 9.1a

The handle on the Reflections kitchen door was scheduled for replacement on 10/19/22. Professional cleaners were scheduled for deep clean of Reflections kitchen on 10/27/22. Reflections staff will be reeducated on proper food handling and storage through in-services by the Reflections Director by 11/11/22. Cabinet doors in Reflections kitchen to be repaired or on order by 11/11/22.

Sharps containers are now audited weekly in Reflections and in the AL/IL communities by RCD or nurse designee. Please see attached revised forms (Attachment 4,5).

All staff to be retrained on current infection control policy which includes masking, and will sign off on the policy reviewed by 11/11/22.

Sara Faucher, Executive Director

Sara Faucher 11/9/22

Attachment #1

Reflections Environmental Rounds

Quality Assurance - Privileged and Confidential

Round completed by: _____Date: _____Reviewed by Executive Director on: _____

Area	Interpretive Guideline	Observations
Exits	• Exits are secured and alarm if opened without the security code- where applicable • All gates are secured, lock releases when the fire alarm is activated	
Alarms	• Associates respond immediately to security alarms and check for any elopement	
Windows	• Window are secured and do not tilt or open more than 4"	
Hazard free	• Dangerous, toxic, sharp or ingestible objects or substances such as uncovered electrical outlets, exposed wires, cleaning solutions, medications, kitchen knives, small objects, hot beverage dispensers, steam tables, etc. are not accessible to residents (check doors to Kitchen, Janitor's closet, etc)	
Apartment	• Beds linins are clean • Beds are made • Mattress protection pads are being used when applicable • General odors • Towels and facecloths are restocked • Curtains and blinds are in good repair • Low lists are up and items are stored in tote • Toothbrushes are labeled and stored with cover • Equipment in good repair • Electric panels are secure • Call system tested • Light bulbs in working order • Night lights in bathrooms • Carpet free from stains and/or odor • Toilet seats are a contrasting color avoiding the color black • No trip hazards	
Sound Levels	• Radios, televisions and other sources of sound and music are used for specific interventions and are appropriate to the task, i.e. constant TV or radio music is not playing that distracts or agitates residents • Pagers and other devices are not so loud that they create a • distraction or irritation to residents	
Lighting	• All light fixtures are working and all bulbs are in working order • All lights are florescent natural light illuminants • Color tints are the same in all fixtures. Blue and not soft white	
Program Areas	• Seasonal or other decorations are adult-oriented • Reflection stations are available at all times and are appropriately equipped	

Attachment #2

Week of_____ *This must be initialed and completed weekly.

Deep Cleaning Duties	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Reflections Kitchenette Bistro Walk tru							
Detail Hot Window , steam table and surrounding walls							
Detail Stove Top and detail tray							
Detail Flat top and grill.-above and below the appliances							
Back Wall and Hoods							
Detail Prep Area -walls, tables and shelving							
Prep Coolers, Walk in cooler and freezer (Dates, floors)							

Attachment #3

Week of_____ *This must be initialed and completed weekly.

Deep Cleaning Duties	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Reflections Kitchenette Bistro Walk tru							
Detail Hot Window, steam table and surrounding walls							
Detail Stove Top and detail tray							
Detail Flat top and grill.-above and below the appliances							
Back Wall and Hoods							
Detail Prep Area -walls, tables and shelving							
Prep Coolers, Walk in cooler and freezer (Dates, floors)							

Attachment # 4
Reflections

WEEKLY NURSING AUDIT CHECKLIST

DATE/TIME	NAME	SHARPS	NARCOTICS	INSULIN	Notes

Attachment #5

WEEKLY NURSING AUDIT CHECKLIST

DATE/TIME	NAME	SHARPS	NARCOTICS	INSULIN	Notes