



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

September 3, 2024

Lydia Raymond, Manager
The Residence At Quarry Hill
465 Quarry Hill Road
South Burlington, VT 05403

Dear Ms. Raymond:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 22, 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: 1012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/22/2024
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NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT QUARRY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403
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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
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R100	Initial Comments: An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 7/22/24. Regulatory deficiencies were identified. Findings include:	R100		
R266 SS=E	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the ALR failed to provide care in a safe environment within the memory care. Findings include:</p> <p>During the facility tour at 11:05 AM oxygen was observed in use by Resident #1. The hallway of the room, entry to the room, and the interior of the room did not have proper signage posted. Per NFPA 101 Life Safety & NFPA 99 Health Care Facility Code, it is recommended signage is needed when oxygen is in use. In addition, per Lippincott Manual 8th addition Administering Oxygen by Nasal Cannula Procedure Guideline 10-14; page 244: "Performance phase 1. Post NO SMOKING signs on the patient's door and in view of the patient and visitors".</p> <p>At 11:35 AM the Director of Nursing confirmed signage is to be posted when oxygen equipment is in use to maintain a safe environment.</p> <p>Additionally an observation Reflections at</p>	R266	<p>R266 The action taken to correct these deficiencies and ensure the deficient practice does not recur along with dates of correction:</p> <p>Resident #1: on 7/22/24 laminated oxygen in use and no smoking signage was posted at the entry of the Reflections neighborhood to prevent recurring removal by memory care residents. To ensure this deficiency does not recur auditing of signage has been added to our daily shift rounds completed by the clinical team.</p> <p>R266 Accepted Jenielle Shea, RN 9/3/24</p>	

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

Judi Raymond

TITLE

Executive Director

(X6) DATE

8/28/24

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 07/22/2024
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R266	<p>Continued From page 1</p> <p>approximately 3:30 PM, the entrance to the kitchenette area, by a half door was open and unsecured and an unsecured cabinet (within the kitchenette) was observed to store varying brands of alcohol.</p> <p>An interview at 3:35 PM the Memory Care Director confirmed the storage of alcohol bottles. S/he confirmed the cabinet is unsecured, and confirmed the locking mechanism to the half door as the point of entry to the kitchen was not in proper operation to secure the door. The Memory Care Director explained alcohol is stored within his/her office area that is secure at all times, and was unaware of the alcohol stored in the cabinet.</p> <p>Per interview on 7/22/24 the Executive Director confirmed the facility has a policy titled "Secured Storage of Hazardous Materials in Reflections". The ED acknowledges the policy does not identify, alcohol specifically, however is an item that is expected to be stored in a secure manner.</p>	R266	<p>R266 continued from page 1: On 7/22/24 the lock on Reflection kitchen half door was immediately fixed and alcohol was relocated to the traditional main kitchen to ensure it remains stored per policy. To ensure this deficiency does not recur auditing of the Reflections kitchen half door has been added to our daily shift rounds completed by the clinical team. Additionally, in servicing on Secured Storage of Hazardous Materials in Reflections to be completed by 9/1/24 for all current and new associates.</p> <p style="color: red; text-align: right;">R 266 Accepted Jenielle Shea, RN 9/3/24</p>	