

**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 <u>http://www.dail.vermont.gov</u> 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,

Carolyn Scott, LMHC, MS State Long Term Care Manager Division of Licensing & Protection

Division o	of Licensing and Protect	ction										
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY							
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED							
			-		c							
			B. WING		07/22/2024							
		1012			0112212024							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
465 QUARRY HILL ROAD												
THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403												
		SOUTH	BURLINGTON, VI	PROVIDER'S PLAN OF CORRECTIO								
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID									
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP								
TAG	REGULATORY OR		140	DEFICIENCY)								
			_									
R100	Initial Comments:		R100									
	An unnannounced or	nsite relicensure survey was										
		ision of Licensing and										
		4. Regulatory deficiencies										
	were identified. Findi											
	were identified. Find	nga muluue.										
			Daga									
R266	IX. PHYSICAL PLAN	т	R266	R266 The action taken to cor	rect							
SS=E				these deficiencies and ensure								
	9.1 Environment			deficient practice does not re								
				along with dates of correction	1.							
	9.1.a The home must provide and maintain a											
	safe, functional, sani	tary, homelike and		Resident #1: on 7/22/24 lami								
	comfortable environment.			oxygen in use and no smokir	ng							
				signage was posted at the er	ntry of							
				the Reflections neighborhood	d to							
		L is not met as evidenced		prevent recurring removal by								
	This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the ALR			memory care residents. To e	nsure							
				this deficiency does not recu	r II							
		in a safe environment within		auditing of signage has been								
				added to our daily shift round	le							
	the memory care. Fin	ndings include.										
	D	an at 11:05 AM available was		completed by the clinical tea								
	During the facility tol	ur at 11:05 AM oxygen was										
	observed in use by H	Resident #1. The hallway of										
		e room, and the interior of the		R266 Acce								
NFPA 101 Life Safet Facility Code, it is re		oper signage posted. Per		Jenielle St	nea, RN							
				9/3/24								
		n is in use. In addition, per										
		h addition Administering										
	Oxygen by Nasal Ca	Innula Procedure Guideline										
	10-14; page 244: "Po	erformance phase 1. Post										
		on the patient's door and in										
	view of the patient and visitors".											
	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.											
Additionally an observation Reflections at												
Division of Lin	ensing and Protection											
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE	(X6) DATE							

6899

12.14

STATE FORM

Executive Director BFRR11

8 If continuation sheet 1 of 2

## PRINTED: 08/15/2024 FORM APPROVED

VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403 CUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	Division of Licensing and Prote STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 07/22/2024	
465 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403         PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY)       (X) (COMPET DEFICIENCY         R266       Continued From page 1 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.       R266       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 confirmed the cloking 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 stored within his/her office area that is secure at all times, and was unaware of the alcohol stored in the cabinet.       Reflections to be completed by 9/1/24 for all current and new associates.         Per interview on 7/22/24 the Executive Director confirmed the facility has a policy title "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.       R 266 Accepted Jenielle Shea, RN			1012				
THE RESIDENCE AT QUARRY HILL       SOUTH BURLINGTON, VT 05403         (M) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDENS PLAN OF CORRECTION (EACH DEFICIENCY ACTOR SPORATE DEFICIENCY)       PROVIDENS PLAN OF CORRECTION (EACH DEFICIENCY)       COMPLET DEFICIENCY)         R266       Continued From page 1 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.       R266       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 as the point of entry to the kitchen was not in proper operation to secure the door. The Memory Care Director explained alcohol stored in the cabinet.       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.	IAME OF PR	OVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
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