

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

July 31, 2015

Ms. Joyce Touchette, Manager  
Converse Home  
272 Church Street  
Burlington, VT 05401-4695

Dear Ms. Touchette:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 16, 2015**. 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  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/16/2015
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NAME OF PROVIDER OR SUPPLIER  
**CONVERSE HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**272 CHURCH STREET  
BURLINGTON, VT 05401**

(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)	(X6) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 6/15/15 and 6/16/15. The following regulatory violations were identified	R100		
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the home failed to assure that the care plan reflected the current status and needs for 1 of 9 residents reviewed. (Resident #2). Findings include:</p> <p>Per record review Resident #2 sustained a fractured arm as the result of a fall on 5/1/15 requiring medical evaluation and treatment including use of a sling. A nurse's note on 5/1/15 stated that the resident had returned from the clinic with "orders to wear sling at all times" and the Urgent Care discharge instructions stated; "...should be kept in the arm sling. This will help with pain and will allow gravity to help with the fracture that is impacted ..."</p> <p>A progress note on 6/12/15 indicated communication had occurred at that time with the resident's primary care provider to discuss pain management and new orders had been obtained for medication. The note further stated...."Take</p>	R145	<p>A Nursing Staff meeting will be held on July 22<sup>nd</sup> to discuss the survey results and outline the corrective action plan for the identified deficiencies.</p> <p><u>R145 5.9.c (2) Resident Care and Home Services</u></p> <p>Resident #2 sustained a fall which was documented on the care plan. A fracture was diagnosed later that evening after a visit to the Urgent Care Clinic. Treatment information, while well documented in RN notes, did not get carried over the resident's care plan.</p> <p>At the nurse's meeting on July 22<sup>nd</sup>, staff will be re-educated regarding the requirement to document any changes in health status on the resident's care plan.</p>	<p>7/2015</p> <p>See - 72</p>

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joyce Tarabetti Director TITLE: \_\_\_\_\_ (X6) DATE: 7/9/2015

STATE FORM 0000 SYFU11 If continuation sheet 1 of 3

PRINTED: 06/25/2015  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/16/2015
NAME OF PROVIDER OR SUPPLIER  CONVERSE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 272 CHURCH STREET BURLINGTON, VT 05401		
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R145	Continued From page 1  sling off at HS ...." However there was no evidence of a physician order to remove the sling at night and a PT (physical therapy) note, on 6/15/15) indicated that the resident, "...should still be wearing sling at all times except for care ...." During interview, on the afternoon of 6/16/16, the RCA (Resident Care Associate) responsible for Resident #2's care stated s/he had applied the sling to the resident that morning upon the resident's awakening as it had been off while the resident was in bed. Per review of the resident's kardex, which was used by RCAs as a tool to assist in providing appropriate care, the RCA confirmed there were no parameters identified regarding use of the sling. The unit RN (Registered Nurse) confirmed the lack of physician order to remove the sling at bedtime and stated parameters around the use of the sling should be clarified with the resident's physician.  Although the resident had sustained a fall with injury the care plan did not reflect the the fall, interventions to reduce the risk of any further falls or any parameters around the use of the sling. This was confirmed by the DNS (Director of Nursing Services) during interview on the afternoon of 6/16/15.	R145	Additionally, the Converse Home is in the process of implementing an electronic medical record which will allow us to easily link progress notes to our care plans. The DON will be responsible for reviewing the dally shift report and ensuring health status changes are appropriately updated to the resident's care plan.	9/2015  ongoing
A 708 SS=A	VII Policies and Procedures  7.2 Quality Improvement  At a minimum, the licensee shall:  7.2.a Have a internal quality improvement committee that shall:  7.2.a(i) consist of the director of the assisted living residence, a registered nurse, at least one	A 708		

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A 708	<p>Continued From page 2</p> <p>other direct care staff member, a resident and other representatives as needed to achieve program objectives;</p> <p>7.2.a(ii) meet at least quarterly to identify issues with respect to quality improvement, to develop and implement appropriate plans of action and to review and act upon resident satisfaction surveys.</p> <p>7.2.a(iii) allow residents to have meaningful opportunities to provide input, to discuss grievances and to review plans of action.</p> <p>This Statute is not met as evidenced by: Based on staff interview the home failed to develop a formal internal quality improvement committee that includes the home's director, a registered nurse, one other direct care provider and a resident, and that meets on a quarterly basis. Findings include:</p> <p>Per interview, on the afternoon of 6/16/15, the home's Administrator stated that although quality improvement projects have been implemented, as a result of information garnered through venues such as the annual resident satisfaction survey, and input from Resident Council meetings, the home does not have a formal quality improvement committee that includes a resident, registered nurse and one other direct care provider, and that meets on a regular basis.</p>	A 708	<p><u>A 708 7.2 Quality Improvement Policies and Procedures</u></p> <p>The Converse Home supports and pursues continuous quality improvement through annual resident/family satisfaction surveys as well as independent QI projects.</p> <p>A Quality Improvement committee that consists of the director, an RN, an RCA and one resident has been identified and will be meeting in July, September and December. It will meet quarterly thereafter and address issues identified in our annual survey.</p> <p style="text-align: right;"><i>7/2015</i> <i>ongoing</i></p>

*R145 + A708 POCs accepted 7/29/15 BHoweRN/ML*