VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

October 21, 2014

Ms. Susan Sweetser, Administrator
Ethan Allen Residence
1200 North Avenue
Burlington, VT 05408-2777

Dear Ms. Sweetser:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 23, 2014.** 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

PC:jl

PRINTED: 10/07/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0128		C 09/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ETHAN ALLEN RESIDENCE	1200 NORTH AVENUE BURLINGTON, VT 05408

(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: An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 9/23/14. The following violations were identified:	R100	**PLAN OF CORRECTION** 1. 5.5 RESIDENT CARE AND HOME SERVICES	
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and medical record review, the facility failed to provide or arrange to meet Resident #1's personal, psychosocial, nursing and medical needs. The findings include the following: Per medical record review on 9/23/13 at 9 AM, Resident #1 was admitted on 1/23/14 with diagnoses to include Dementia with Behavioral Disturbances, Anxiety and Depression, Memory Loss and Diabetes. Per medical record review of Resident Assessment dated 1/23/14, Resident #1 has short and long term memory that is severely impaired and has difficulty remembering. Care plan dated 7/16/14 identifies that Resident #1 has cognitive deficit with anxiety and will be relieved with 1:1. Based on evidence gathered, Resident #1 was not accompanied by appropriate, qualified staff during 2 off-site appointments.	R126	**ACTION:** We are reviewing our resident population, identifying those who are not reliable reporters and have determined that any resident who is not a reliable reporter will be accompanied to all appointments by either a family member or, if a family member is not available, by an Ethan Allen Caregiver who will be attendant with the resident at all times during their appointment. Complete Date: October 31, 2014 **MEASURES:** Ethan Allen will maintain an appointment logbook and will require family pre-notification and coordination (or, in the alternative, if a family member is not available, will require Caregiver accompaniment to the appointment). Complete Date: October 31, 2014	10/31/2014 10/31/2014

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 10/20/2014

R126, R145 + R200 POC's accepted 10/21/14 MBertrand RN/PMC

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R126	Continued From page 1 1. Per medical record review, nurses notes from an offsite appointment identify that on 3/14/14 at 10:30 AM, Resident #1 went to an appointment for a cardiac stress test without qualified staff to accompany him/her. The notes state: "patient arrived in stress accompanied by van driver, but in testing room alone. Patient unable to follow directions of walking on treadmill. Patient unable to walk on treadmill. Test is aborted." 2. Nurses notes identify that Resident #1 had a witnessed fall on 8/22/14 at 6:30 PM with no injures noted by Licensed Practical Nurse on duty at that time. 8/27/14 a bruise of unknown origin was discovered on the right hand of Resident #1 during a shower. Family and physician notified. MD requested that an appointment be made at the office. Being the Labor Day weekend, the appointment was made for 9/2/14 for exam and an x-ray. No qualified staff went with the resident to the appointment to assist. Per physician communication dated 9/5/14, Resident #1 is usually accompanied to appointments by her/his son as s/he is unable to effectively communicate. The resident is unable to determine how the large bruise on her/his hand could have happened. Per interview with the RN Director of Nurses (DNS) and the Registered Nurse Educator on 9/22/14, confirmation is made that there is no documentation in the medical record that evidences that Resident #1's son was requested to transport to the appointments, or that qualified staff accompanied the resident. Confirmation is also made that the van driver was the only staff person to accompany Resident #1 to the physician appointments and remained in the waiting room. It is not the responsibility of the family/guardian to always be available for medical	R126	**MONITORING:** Ethan Allen will have an interdisciplinary team monthly review (the team will include, at a minimum, the Director of Nursing or the House Nurse, the Administrator and the Awakening Sanctuary Director of Education) of this process. This process will become part of the Director of Nursing's or the House Nurse's weekly Operational Reporting. In addition, the entire Wellness Team will be instructed on how to use the new Appointment Form for a resident who has been identified as an unreliable reporter and will be accountable for completing the form accurately and completely (a copy of which is attached to hereto). Complete Date: October 31, 2014 and ongoing. 2. V. RESIDENT CARE AND HOME SERVICES **ACTION:** All Care Plans and Medical Assessments will be	10/31/2014

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R126	Continued From page 2 appointments, as the Residential Care Home is required to provide sufficient numbers of qualified personnel to provide necessary care to the residents.	R126	up to date and accurately reflect current resident health status, along with an explanation of what action Ethan Allen is taking to address that health status. All Care Plans and Medical Assessments will continue to be updated as required. Complete Date: COMPLETED - All Care Plans and Medical Assessments were reviewed and updated by 10/18/2014.	10/18/2014
R145 SS=D	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 observation, medical record review and staff interviews for 2 of 3 sampled residents, (Resident #1 & #3) the facility failed to update Care Plans after numerous documented falls to assure the care plans describe the care and services necessary to assist the resident to maintain well-being. The findings include the following: 1. Per medical record review on 9/23/13 at 9 AM, Resident #1, who was admitted on 1/23/14 with diagnoses to include Dementia with Behavioral Disturbances, Anxiety and Depression, Memory Loss and Diabetes. Per medical record review of nurses notes, for Resident #1, identifies a witnessed fall on 8/7/14, an unwitnessed fall on 8/10/14 and a witnessed fall on 8/22/14. All falls are documented to reflect no injuries to the resident and due to loss of balance.	R145	**MEASURES:** Ethan Allen is creating a Master Spreadsheet tracking when the last assessment and Care Plan was done and scheduling when the next update/review/revision of that plan and/or assessment is due by. Complete Date: A draft of the Master Spreadsheet will be completed by 10/27/2014. The Master Spreadsheet will be fully implemented by 10/31/2014 **MONITORING:** The Director of Nursing or the	10/31/2014

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R145	Continued From page 3 Per Care Plan dated 7/16/14, there is no evidence that falls are a problem for Resident #1 and no interventions to prevent further falls or prevent injuries from falling. Director of Nurses (DNS) and Registered Nurse Director of Education both confirm, on 9/23/14 at 10 AM, that the care plan does not reflect resident falls and/or initiatives to avoid injury. 2. Per medical record review on 9/23/14 at approximately 1 PM, Resident #3 was admitted on 1/10/13 with diagnoses to include Fractured Distal End of the Radius, Fractured Left Hip, Atrial Fibrillation, Coronary Atherosclerosis, Congestive Heart Failure, Pacemaker Implantation and Chronic Kidney Disease. Per medical record review of incident reports and nurses notes, Resident #3 had unwitnessed falls on 1/12/14, 2/11/14, 6/4/14, 7/8/14, 8/11/14, 9/8/14, 9/10/14 and 9/15/14. The resident has also had witnessed falls on 4/14/14, 7/1/14, and 8/3/14. Per interview with Director of Nurses (DNS) and Registered Nurse Director of Education on 9/23/14 the resident refused medical review at the time of the falls. Physician progress notes identify that the resident was last seen on 7/8/2013. Confirmation is made by the DNS that the care plan has not been updated since 6/10/14 and does not address the numerous falls or initiatives to avoid injury that have occurred over the past nine (9) months.	R145	House Nurse will monitor all resident status changes weekly and Care Plan and Assessment reviews monthly. Complete Date: Monthly and ongoing. 3. 5.15 POLICIES AND PROCEDURES **ACTIONS:** A policy and procedure regarding the safe transportation to and from physician and other appointments has been adopted (a copy of which is attached). Complete Date: 10/20/2014 **MEASURES:** The policy and procedure has been adopted. Complete Date: 10/20/2014 **MONITORING:** A review of this policy and procedure will be incorporated in the regular policy and procedures in-service provided to our caregivers annually. Complete Date: Ongoing	10/20/2014 10/20/2014 Ongoing
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES	R200		

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R200	Continued From page 4	R200		
	5.15 Policies and Procedures			
	Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.			
	This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to have policies and procedures available on request to ensure that residents are safe and well provided for during transfer to physician or various other appointments. The findings are as follows:			
	Request made on 9/23/14 at 9 AM to the Director of Nurses (DNS) and the Registered Nurse Director of Education for copies of Policies and Procedures regarding the safe transfer of residents to and from physician appointments or various other locations.			
	Per interview with DNS and the RN Director of Education, confirmation is made that the facility does not have any policies and procedures regarding the safe transport of residents to and from physician appointments or to various other locations.			

Policy and Procedure Regarding safe transportation of residents

Ethan Allen Residence is often called upon to transport our residents. This often occurs when a resident has a physician or other appointment outside of the facility. The following procedure shall be used by Ethan Allen Caregivers whenever scheduling an appointment for a resident.

1. The Caregiver will determine if the Resident is on the currently maintained list of Ethan Allen Unreliable Reporters ("UR List").
2. If the Resident is on the UR list, then the Caregiver will contact the resident's designated responsible family member to request that the family member take the resident to the appointment. If the family member is not available to take the resident to the appointment, then Ethan Allen will designate a Caregiver to accompany the resident to the Appointment.
3. It will be specifically noted in the Resident Appointment LogBook the name of the Caregiver who scheduled the appointment, the name of the family member the Caregiver contacted, the date the family member was contacted and by what medium (phone, email, text, etc.), the family member's response (agreeing to take the resident to the appointment or indicating that they could not take them to the appointment and the action requested [EA providing a caregiver accompaniment to the appointment or a requested rescheduling of the appointment to a time when the family member would be available to accompany the resident]).
4. A copy of the entry from the Resident Appointment LogBook will be placed in the Resident's Patient File at Ethan Allen
5. Ethan Allen will make every effort to arrange for safe and reliable transportation for a resident to an appointment and will provide Liability Insurance coverage to any authorized Ethan Allen driver. Ethan Allen may use its designated driver, a designated caregiver, a taxi or other appropriate livery service or SSTA to transport a resident to and from an appointment
6. When a resident who is an unreliable reporter is accompanied to an appointment by an Ethan Allen Caregiver, the Caregiver will remain with the resident throughout the appointment and will make every effort to assist the resident during the appointment as appropriate.

Ethan Allen Residence

Appointment & Transportation Form

Name of Resident: _____ Current Date: _____

Location of Medical Appointment: (address, office suite) Date of Appt: _____

_____ Time of Appt: _____

_____

_____

Family notified of appointment ☐ Yes ☐ No Name of person notified: _____

Will family transport and attend appt: ☐ Yes ☐ No (if no, identify who will transport and attend below)

Will family transport only, not attend: ☐ Yes ☐ No (if yes, identify who will attend below)

Family unable to transport, or attend: ☐ Yes ☐ No (if yes, identify who will transport and attend below)

EAR Caregiver/Employee scheduled to transport: and attend appointment with resident _____

Medical visit attended: ☐ Yes ☐ No (if no, state reason why)

_____

Printed Name: _____

Signature: _____ Date: _____

EAR Caregiver/Employee completed the documentation above, confirming attendance and transport for medical appointment for the resident stated above.