

February 7, 2011

Mr. William Spalding, Administrator  
Gazebo Apartments At Pillsbury Manor  
1510 Williston Road  
South Burlington, VT 05403

Dear Mr. Spalding:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite licensing survey conducted on **January 11, 2011**. 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>GAZEBO APARTMENTS AT PILLSBURY MANC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1510 WILLISTON ROAD SOUTH BURLINGTON, VT 05403</b>		
(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 licensing survey was conducted on 1/11/11 by the Division of Licensing and Protection to determine compliance with the State of Vermont Residential Care Home regulations (10/3/2000). Findings include:	R100		
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: Per staff interview and record review, the Registered Nurse failed to assure that each resident's plan of care addressed all of the identified needs for 1 of 7 residents in the total sample. (Resident #1) Findings include:  Per record review on 1/11/11, Resident #1's care plan did not address the resident's history of falls and continued fall risk. This was confirmed during interview with the Manager and the Charge Nurse at 2:45 PM the same day.	R145	5.9. Resident #1 - was updated on her care plan - as a fall risk - We also have fall tracking sheets - Safety of our residents are an utmost concern + we will make sure all such risks are document - Responsibility of Nurse Manager Felicia Stinchfield LPN + administrator  Deborah Fomeny RN	1/14/11
R175 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.h (3)	R175	R145 2-7-2011 POC accepted. C. Laraway, RN	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Administrator*  
*Deborah Fomeny RN*

STATE FORM

6899

TCIC11

If continuation sheet 1 of 3

Division of Licensing and Protection

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R175	Continued From page 1  Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission.  This REQUIREMENT is not met as evidenced by: Based on interviews and observation, the home failed to assure that the self-administered medications of Resident #7 were securely stored. Findings include:  1. Per interview on 1/11/11 at 1:30 PM, Resident #7 confirmed that s/he self administers his/her own medication. Per observation, medications were stored in an open box in the living room area of the resident's apartment. The resident stated that this is the usual storage method for these medications, which included medications for mood enhancement, blood pressure control, blood thinner/pain reliever, vitamins, sinus medication, medication for vertigo control, a respiratory inhaler, and digestive aids. The resident also stated that the door to his/her apartment is not locked when the resident leaves the room for meals, activities, or appointments. During interview with the Charge Nurse immediately following the resident interview, it was confirmed that there is no secure storage in place for this resident's medications.	R175	<i>Cont'd</i> <i>Resident #7 - now knows she must keep her door locked because she wants her medications in her room in her basket</i> <i>There is a sign on the back of her door - Caregivers then double check it is on their assignment Plus care planned</i> <i>Responsibility is nurse manager Felicia Stendfield LPN</i> <i>Administrators Deborah Lemery RN</i> <i>R175 2-7-2011 POC accepted</i> <i>C. Lanning, RN</i>	1/11/11
R302 SS=E	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness	R302		

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R302	Continued From page 2  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure required fire drills were completed and/or documented. Findings include:  1. Per record review on 1/11/11, staff had completed 5 fire drills during the previous 12 months with 3 drills in the first quarter of the year and 2 drills in the fourth quarter of the year. Four of the five completed drills had no time indicated in the record. During interview that afternoon at 1:15 PM, the Maintenance Director confirmed that drills had not been completed during all four quarters as required and that documentation of the time of drills performed was not available for 4 of the 5 completed drills.	R302	9.11 Maintenance Supervisor aware + it has been reinforced the need to carry out state required drills - EVERY quarter + at different times - Date, time + those that participated needs to be clearly documented - Cathy Hudson - Operations Manager + Nurse Manager Felicia J. Stinchfield LPN + Administrator will keep him accountable which will be ongoing  Deborah Lemore RW R302 2-7-2011 POC accepted. C. Laraway RW	