

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 12, 2011

Ms. Janine Paradee, Administrator
East Terrace - Howard Community Services
71 East Terrace
South Burlington, VT 05403

Dear Ms. Paradee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 27, 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: 0508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EAST TERRACE - HOWARD COMMUNITY SER	STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403
--	--

(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
T 001	INITIAL COMMENTS An unannounced onsite re-licensing survey was conducted on 6/27/11 by the Division of Licensing and Protection. Findings include:	T 001	See attached paperwork	
T 002	IV.A.1 Resident Care and Supervision General The Director shall provide every resident with the personal care and supervision appropriate to his/her individual needs. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to assure that all medication orders were complete. Findings include: 1. Per record review on 6/27/11, the record of Resident #1 contained an order (dated 4/7/11) for lactulose 10 gm (grams)/15 ml (milliliter) every HS (bedtime). The resident's MAR (Medication Administration Record) contained the instruction that lactulose 10 gm/15 ml was to be administered PRN (as needed). During interview at 12:55 PM, the Director confirmed that the MAR did not match the ordered dosing and that the resident was not receiving this medication on a daily basis as ordered. 2. Per record review on 6/27/11, the record of Resident #1 contained an order (dated 12/3/10) for Warfarin 1 mg (milligram) "take one (1) tablet by mouth daily on Wednesday only." Per review of the MAR, Resident #1 is currently taking Warfarin 2mg daily at 5PM on Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, and the resident is taking Warfarin 1 mg at 5PM on Monday. The record contained no order	T 002		

Division of Licensing and Protection

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

Tracy Schroeder

TITLE

Senior Manager

(X6) DATE

8/5/11

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2011
NAME OF PROVIDER OR SUPPLIER EAST TERRACE - HOWARD COMMUNITY SER		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(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
T 002	Continued From page 1 indicating a change in administration dates since the original order. During interview at 12:40 PM, the Director confirmed that Warfarin is being administered per the MAR, that frequent changes in dosing occur based on lab values for blood levels of this blood thinner and that telephone orders for changes in this dosing are not written in the resident record nor received in written form from the ordering physician. 3. Per record review on 6/27/11, the record of Resident #2 contained a physician order (dated 12/2/10) for Polyethylene Glycol 1 capful in 8 ounces of water daily PRN (as needed). The MAR (Medication Administration Record) also included the instruction "except on Monday and Friday". During interview that afternoon, the Director stated that a prior order for this medication was to administer every other day except Monday and Friday and confirmed that the order was unclear and should have been clarified. 4. Per record review on 6/27/11, the record of Resident #2 contained a physician order (dated 3/21/11) for Lorazepam 0.5mg 1-2 tabs daily PRN-Anxiety. There was no instruction advising staff when to give 1 tablet versus when to give 2 tablets. During interview at 3:00 PM, the Director confirmed that there were no clear parameters advising staff when to give either 1 or 2 tablets of this medication. 5. Per record review on 6/27/11, the record of Resident #2 contained a physician order for Ibuprofen (200mg tablets) 1-2 tablets every 4-6 hours PRN for pain, fever. There was no instruction to advise staff when to give 1 versus 2 tablets or with a spacing of 4 versus 6 hours. During interview at 3:00 PM, the Director confirmed that there were no clear parameters	T 002		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2011
NAME OF PROVIDER OR SUPPLIER EAST TERRACE - HOWARD COMMUNITY SER		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(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
T 002	Continued From page 2 instructing staff in the proper administration of this medication.	T 002		
T 009	IV.B.1 Physical Environment General a. The residence must meet all appropriate provisions of local building codes and zoning ordinances and regulations of the Vermont State Fire Code. b. The residence shall provide a comfortable, sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to provide a safe environment for all residents. Findings include: 1. Per observations during initial tour on 6/27/11, a bottle of Clorox and other cleaning chemicals were in the handicapped access bathroom. Numerous cleansers and chemicals were located under the kitchen sink in an unsecured cabinet. During interview at the time of observation, the Director confirmed that there were residents who frequented these areas and that the chemicals observed were not stored securely.	T 009		
T 034	IV.B.4.1.a. Physical Environment Safety: In exceptional cases, non-ambulatory residents may be accepted on an individual basis if approved by the licensing agency. Criteria to be considered would include: · a determination that the program of the	T 034		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2011
NAME OF PROVIDER OR SUPPLIER EAST TERRACE - HOWARD COMMUNITY SER.		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(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
T 034	Continued From page 3 Residence is appropriate for the person and that there does not exist at the time another readily accessible more appropriate facility. a determination that the physical characteristics of the facility in regards to living, sieeping, eating and other social activities, and particularly in regards to the person's access to exits, do not constitute, in the opinion of the licensing and inspecting agencies, a distinct hazard to the person's safety or health, nor prevent the resident from participating fully in the activities of the treatment program. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to obtain approval from the Division of Licensing and Protection to retain 2 non-ambulatory residents (Resident #3 and Resident #4). Findings include: 1. During entrance interview on 6/27/11, the Director stated that the home's resident population includes 3 residents who are non-ambulatory. Observation throughout the day confirmed that Resident #3 and Resident #4 were immobile, both required mechanical transfer devices to move from bed to wheelchair and would be unable to evacuate independently in an emergency. Per record review that afternoon and confirmed by interview at that time, the Director confirmed there were no approved variance requests to retain these 2 non-ambulatory residents.	T 034		
T 035	IV.B.4.1.b. Physical Environment Safety:	T 035		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2011
NAME OF PROVIDER OR SUPPLIER EAST TERRACE - HOWARD COMMUNITY SER		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(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
T 035	Continued From page 4 In order to ensure maximum protection and assistance for approved non-ambulatory residents, the Residence shall develop a written plan based on the specific needs of such residents, identifying responsibility, procedures and actions to be undertaken to assure an orderly, quick and safe evacuation. This plan is subject to the approval of the licensing agency. This REQUIREMENT is not met as evidenced by: Based on record review, the home failed to provide the licensing agency with a plan for evacuation of 3 non-ambulatory residents (Resident #1, Resident #3, and Resident #4). Findings include: 1. Per onsite record review on 6/27/11, the home had developed a general emergency plan to evacuate all residents. There was no specific plan for evacuation of each of the 3 non-ambulatory residents based on their individual needs. During interview that afternoon, the Director confirmed that no resident specific evacuation plan had been developed for these residents.	T 035		
T 036	IV.B.4.2. Physical Environment Safety: The Director shall ensure that adequate staff are available at all times to assist residents to evacuate in an emergency situation. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Director failed to assure adequate	T 036		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2011
NAME OF PROVIDER OR SUPPLIER EAST TERRACE - HOWARD COMMUNITY SER		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(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
T 036	Continued From page 5 staff are available at all times to assist resident evacuation in emergency situations. Findings include: 1. Per record review on 6/27/11 and confirmed during interview by the Director, the night shift is staffed by one person. There are 3 mobile residents and 3 non-mobile residents in the home. The Director confirmed that a single staff person is available during the night shift and that s/he is unsure if a timely evacuation could be executed in all situations.	T 036		

Pamela Cota, RN
Licensing Chief
103 South Main Street, Ladd Hall
Division of Licensing and Protection
Waterbury, VT 05671-2306

RECEIVED
Division of
AUG 6 8 11
Licensing and
Protection

August 5, 2011

Dear Ms. Cota:

Listed below are the plans of correction for each deficiency cited in the onsite re-licensing survey at 71 East Terrace TCR of HowardCenter Developmental Services.

T 002 IV.A.1. Resident Care and Supervision

1. The MAR and medication administration regime for Resident #1 has been corrected to reflect the ordered dosing for Lactulose. The physician's order has changed from a daily dose to PRN (as needed).
2. Written orders have been obtained and are in the record for Resident #1's correct dosage of Warfarin and the MAR and medication administration regime reflect the written orders.
3. The order for Polyethylene Glycol for Resident #2 has been changed by the physician from a PRN to a routine medication. The MAR and current physician's orders reflects this change.
4. The Lorazepam PRN for Resident #2 has been discontinued by the physician. There is a D/C notice on the MAR to reflect this change along with the corresponding physician orders.
5. The MAR, medication regime, and physician order for Ibuprofen for Resident #2 has been corrected to provide specific parameters. The doctors orders now read: administer two tablets of Ibuprofen PRN every six hours for pain or fever.

To ensure that deficient practices do not recur, the Resident Administrator (Director) for East Terrace, Janine Paradee, will review all medication orders and MARS as medication changes are made to assure that the MAR and administration of medication reflect accurately the physician's orders and those deficiencies do not recur. Monthly, the Developmental Services nurse will meet with the Resident Administrator (Director) for East Terrace, Janine Paradee to review all MARs, physician orders, and administration practices to monitor compliance and ensure that deficient practices do not recur. All staff receive annual medication re-delegation and special care procedure re-delegation and case conferences on annual basis or more frequently as needed.

T002 POC Accepted 8/8/11 C.LarawayRN/DMcotaRN

T 009 IV.B.1 Physical Environment

1. The Clorox and other cleaning chemicals have been relocated to a locked cabinet in the handicapped access bathroom and also to a locked cabinet under the kitchen sink. Staff have been instructed to keep all such materials in the secured area. To ensure that deficient practices do not recur, the Resident Administrator (Director) for East Terrace, Janine Paradee, will monitor the above practice. Compliance will also be monitored through a monthly safety check of the home.

T009 POC Accepted 8/8/11 C.LarawayRN/DMcotaRN

T 034 IV.B.4.1.a Physical Environment

1. A request of variance was submitted to the Division of Licensing and Protection for resident # 4 on March 20, 2008. Attached is the original variance and a new current variance request is attached as well.

A request of variance for resident # 3 is also attached.

Resident Administrator (Director) for East Terrace, Janine Paradee and I, are aware of situations that require variances. We will monitor and assure that variances are requested if there is ever the need for future residents.

T034 POC Accepted 8/8/11 C.LarawayRN/DMcotaRN

T 035 IV.B.4.1.b Physical Environment

1. There have been specific evacuation procedures in place for residents #1, #3, and #4 for some time. The South Burlington Fire Department has been consulted and has aided in evacuation planning and practice for the home since opening in 2006. Attached are the specific individualized evacuation plans for these residents.

T 035 IV.B.4.2.b

Physical Environment

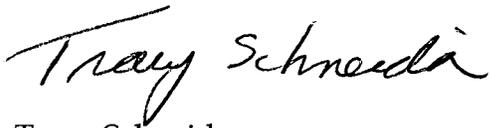
Effective August 5, 2011, there will be two staff on shift in the residence each night. There will be an awake and asleep overnight staff during the night shift. All night staff will be trained on the evacuation plan to ensure a safe and timely evacuation.

TO35 POC Accepted 8/8/11 CLarawayRN / DMcotRN

We look forward to future conversations as needed about Level IV licensure.

Please contact me with any questions or comments.

Sincerely,



Tracy Schneider
Senior Manager
HowardCenter
(802) 488-6532