VERMONT

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
http://www.dail.vermont.gov
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

January 3, 2025

Dawn Palowski, Manager
The Gary Residence
171 Westview Meadows Road
Montpelier, VT 05602

Dear Ms. Palowski:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 29, 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 of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0130	A. BUILDING: _____ B. WING _____	C 10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARY RESIDENCE	171 WESTVIEW MEADOWS ROAD MONTPELIER, VT 05602

(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: On 10/29/24 the Division of Licensing and Protection conducted an unannounced on -site investgitation of one facility reported incident and one complaint. The following reguatory deficiencies were identified:	R100	The submission of this plan of correction does not imply agreement with the existence of a deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of our Residents lives.	
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete Resident Assessments in response to significant behavioral changes for 2 applicable residents (Residents #1 and #2). Findings include: 1. Per record review, an admission assessment completed on 1/16/24 is the only Resident Assessment on file and available for review for Resident #1. This resident assessment indicates Resident #1 was "Never" physically abusive on admission to the home. Progress Notes on file for Resident #1 document a significant change in his/her behavior including episodes of physically abusive behaviors as follows: a. Resident #1 demonstrated physically abusive behaviors towards other residents on 8/12/24,	R136	R136 Resident #1, & #2, assessments have been updated by the Executive Director. The RN has reviewed and updated the assessments. The Executive Director has reviewed all resident assessments to ensure they are all current. Any updates needed have been completed by the RN. Going forward at our standing weekly resident status review meetings which includes, Manager, Assistant Manager, RN and Resident and Family Services Director, items to review and discuss includes, ensuring assessments have been updated if necessary. Copies of meeting minutes will be kept on file with the Assistant Manager.	10/30/2024

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R136	Continued From page 1 8/27/24 and 9/10/24. b. Resident #1 demonstrated sexually aggressive and abusive behaviors towards staff on 3/29/24, 4/13/24, 4/15/24, 4/17/24, 4/27/24, 5/16/24, 5/19/24, 6/27/24, 8/21/24, 8/22/24, and 8/31/24. c. Resident #1 demonstrated physically abusive behaviors towards staff on 7/4/24, 7/16/24, 9/10/24, 9/20/24, 9/21/24, and 10/4/24. 2. Per record review, an admission assessment completed on 11/17/23 is the only resident assessment on file and available for review for Resident #2. This resident assessment indicates Resident #2 was "Never" verbally or physically abusive, and "Never" socially inappropriate on admission to the home. Progress Notes on file for Resident #2 document significant changes in his/her behaviors as follows: a. Resident #2 demonstrated socially inappropriate behavior including episodes of yelling/screaming at other residents on 4/3/24, 4/4/24, 4/24/24; and behaviors documented as getting into other resident's faces and yelling on 5/9/24, 5/15/24, and 5/21/24. b. Resident #2 demonstrated verbally abusive behavior on 4/30/24 when s/he threatened to punch another resident in the face on 4/30/24. c. Resident #2 demonstrated physically abusive behaviors evidenced by grabbing another resident's arms, shaking the other resident's arms "in [his/her face]" and yelling on 5/3/24, and using both hands to shove another resident "in the chest with force" on 5/8/24.	R136	Please note: While the State Assessment was not completed, internal communication logs and care plans were written to assist staff with these behaviors common with residents with dementia/ alzheimer's. Staff are trained on how to handle these behaviors and additional training was provided. Family members of these loved ones were communicated with and PCP notified to assist with addressing these behaviors. Repeated checks in with staff on their well being was done by the RN, Assistant Manager and Executive Director.	

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R136	Continued From page 2 At 3:04 PM on 10/29/24 the Executive Director confirmed significant change assessments were not completed in response to significant behavioral changes demonstrated by Residents #1 and #2. Please refer to tag 208	R136	R136 Plan of Correction accepted by Jo A Evans RN on 1/3/25	
R208 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to report a pattern of abusive behaviors to the licensing agency related to one applicable resident's (Resident #1's) reported incidents of physical and sexual aggressions towards other residents and staff.; and a failure to develop a plan to to address Resident #1's reported physically and sexually aggressive behaviors Findings include: 1. Resident #1 is a resident of the home's memory care center who is diagnosed with Alzheimer's Disease and living with the signs and	R208	R208 Moving forward the facility will continue to report all Resident to Resident abuse to the licensing agency. The Executive Director, Assistant Manager, RN and Resident and Family Services Director will meet weekly to go over all residents' care needs to ensure there are no residents exhibiting patterns of abuse or behaviors. If any patterns are identified they will be reported to the licensing agency. The Assistant Manager and RN will continue to have Mandatory training with all nursing staff that will include. Proper documentation training and incident reporting While these incidents were not reported, internal communication logs and care plans were written to assist staff with these common behaviors that are exhibited in residents with dementia/ alzheimers. Staff are trained on how to handle these behaviors and additional training was provided.	11/7/2024

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R208	Continued From page 3	R208		

symptoms of advanced dementia. Per review of Progress Notes, between 3/29/24 and 10/4/24 Resident #1 was noted to have multiple incidents during which s/he demonstrated aggressive and intrusive behaviors of a physical and/or sexual nature directed towards other residents and staff. A single incident of resident-to-resident abuse during which Resident #1 struck another resident repeatedly on 8/12/24 was reported to the licensing agency; however a pattern of abusive behaviors demonstrated by Resident #1 leading up to and following the incident on 8/12/24 was not reported to the licensing agency as required.

While it is important to recognize physically and sexually aggressive behaviors are common symptoms of the progression of Alzheimer's Dementia; Vermont Residential Care Home Licensing Regulations effective 10/3/2000 require a pattern of abusive behaviors to be reported to the licensing agency.

The following incidents of physical and sexual aggressions are documented in Resident #1's Progress Notes:

a. Resident #1 demonstrated physically abusive behaviors towards other residents on 8/12/24, 8/27/24 and 9/10/24.

b. Resident #1 demonstrated sexually aggressive and abusive behaviors towards staff on 3/29/24, 4/13/24, 4/15/24, 4/17/24, 4/27/24, 5/16/24, 5/19/24, 6/27/24, 8/21/24, 8/22/24, and 8/31/24.

c. Resident #1 demonstrated physically abusive behaviors towards staff on 7/4/24, 7/16/24, 9/10/24, 9/20/24, 9/21/24, and 10/4/24.

At 3:09 PM on 10/29/24 the Executive Director

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R208	Continued From page 4 confirmed this pattern of abuse documented in Resident #1's Resident Record was not reported to the licensing agency as required. 2. Per record review, the Plan of Care on file and available for review for Resident #1's Plan of Care on 10/29/24 does not identify physically and sexually aggressive behaviors as an area of focus, or include goals and interventions to address these behaviors. This finding was confirmed by the Executive Director at 3:04 PM on 10/29/24.	R208	R208 Plan of Correction accepted by Jo A Evans RN on 1/3/25	