VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

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

June 25, 2025

Maria King, Manager
Cathedral Square Senior Living
3 Cathedral Square
Burlington, VT 05401-4429

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 10, 2025**. 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
	1001	A. BUILDING: _____ B. WING _____	06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHEDRAL SQUARE SENIOR LIVING	3 CATHEDRAL SQUARE 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)	(X5) COMPLETE DATE
R100	Initial Comments On June 10, 2025 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following deficiencies were identified:	R100		
R358 SS=E	6.10 Resident's Rights The resident's right to privacy extends to all records and personal information. Personal information about a resident must not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records are subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure resident's right to privacy related to records, including private health information. Findings include: Per the facility's Medication Administration Policy, procedures are in place to maintain the confidentiality of resident information. Per observation during the facility tour beginning at 9:14 AM on June 10, 2025, the Controlled Substance Documentation Book was found unsecured and unattended on top of the locked medication cart in the first- floor hallway. This book contained individually labeled pages identifying residents who were prescribed controlled substances, including each resident's	R358	See attached plan of correction.	

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R358	Continued From page 1 name, the specific medication, dosage, scheduled administration times and staff signitures verifying administration. At 9:35 AM the same Controlled Substance Book was again observed unsecured on the second-floor hallway. In both instances, the book was accessible to residents, visitors and unauthorized personnel, constituting a failure to safeguard protected health information in violation of State Rules. Per interview conducted with the Medication Technician and the Manager, both confirmed that the facility routinely leaves the Controlled Substance Documentation Book unsecured on top of the medication cart. Following the discussion, the Manager acknowledged the requirements of the applicable State Rule pertaining to the protection of resident health information and reported that staff were instructed to begin storing the Controlled Substance Documentation Book in the locked medication cart going forward.	R358		
R401 SS=C	9.1.a Environment The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This includes outdoor areas that are used by residents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to provide care in a sanitary, comfortable and homelike environment, as required, due to a persistent and strong odor of cat urine detected	R401	See attached Plan of Correction.	

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R401	Continued From page 2 on the main floor of the facility. Findings include: Per the facility's Assisted Living Residence Admissions Agreement, it states that the residence reserves the right to prohibit a pet if the resident is not able to care for the pet. The agreement also states that all residents are responsible for being respectful of others using shared common areas. During the environmental tour conducted at approximately 9:11 AM on June 10, 2025, a strong odor of urine was detected immediately upon exiting the elevator and entering the main floor, a central area accessed by all residents, staff and visitors. The odor was noted in the common hallway directly in front of the elevator and extended toward the entrances of six resident rooms. The Manager confirmed that the odor was caused by cat urine and that the resident occupying the middle room among these six was the owner of the cat associated with the odor. Per interview with the Nurse, is was confirmed that the resident's cat is intermittently cared for by the resident's relative; however, the relative is not consistently able to provide ongoing care. The Nurse stated that, despite these efforts, a persistent odor of cat urine is continuously present in the hallway. The Nurse further reported staff have made multiple attempts to address and eliminate the odor, but the issue remains unresolved. This ongoing condition compromises the rights of other residents to a clean, sanitary and comfortable living environment, as required by state rules and the facility's own policies. The persistent and strong odor of cat urine in the area surrounding the central elevator and	R401		

Division of Licensing and Protection

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R401	Continued From page 3 extending across the entrances of six resident rooms was confirmed by the Manager at 10:06 AM on June 10, 2025.	R401		

Deficiency Statement Plan of Correction (POC)

Survey Date: 6/10/2025

Facility Name: Cathedral Square Senior Living (*Assisted Living*)

Page: 1

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R358	On 6/10/2025, the two Controlled Substance Books were removed from the top of both medication carts and are now being stored inside the locked medication cart.	6/10/2025	All Medication Passers and Nurses have been educated and informed that going forward, the Controlled Substance Book must be stored in the locked Medication Carts, where it is not accessible to residents, visitors and unauthorized personnel. The RN Supervisor and LPN's will perform random monthly audits to ensure all documents with resident information (including the Controlled Substance book) is stored properly when not in use.	The RN Supervisor and LPN's R358 Accepted on 6-25-25 Susan Gregoire RN

Maria K. Kuz

LTC Administrator

6/23/2025

Deficiency Statement Plan of Correction (POC)

Survey Date: 6/10/2025

Facility Name: Cathedral Square Senior Living (*Assisted Living*)

Page: 2

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R401	The Administrator and Resident Service Coordinator will schedule a care plan meeting with the resident and support person. At this meeting the following will be discussed: • The state survey results in regard to the cat's urine odor negatively impacting the community hallways. • The resident's inability to care for the cat's litter box, resulting in a urine odor in the hallway. • The residents support options with the litter box. • In order for the resident to continue to keep the cat, the designated support person needs to come onsite daily or every other day to clean out the litter box and ensure the apartment is sanitary. o The Administrator and Resident Service Coordinator will reevaluate the litter box condition and odor both inside and outside of the apartment, on a monthly basis. If it is identified that the plan to care for the litter box is unable to be upheld, we will work with the resident to rehome the cat, allowing it to receive proper care and the smell of cat urine to be removed from the apartment and hallways.	The Care Plan meeting will take place prior to 8/15/2025	The Administrator and/or Resident Service Coordinator will complete quarterly check-ins with all pet owners to ensure that pets are being properly cared for as outlined in the pet policy and admissions agreement. These check ins will ensure that the pet is being properly cared for and that the resident's living areas (pet owners' apartment and community hallways) are clean, sanitary, comfortable, and free of pet odors. Any resident that is identified to be unable to properly care for their pet, has not designated someone nor does not have someone to designate to care for that pet, will be asked to rehome that pet. The facility will help the resident in rehoming this pet.	The Administrator and Resident Service Coordinator T401 Accepted on 6-25-25 Susan Gregoire RN

Marie L. Kuz
LTC Administrator
6/23/2025