



HUMAN SERVICES

AGENCY OF

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

August 17, 2023

Mr. Willem Leenman, Administrator
47 Main Street
Po Box 38, 706 Main Street
Castleton, VT 05735-0038

Dear Mr. Leenman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 24, 2023**. 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Disability and Aging Services	Blind and
Licensing and Protection	Vocational
Rehabilitation	

Visually Impaired

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2023
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NAME OF PROVIDER OR SUPPLIER 47 MAIN STREET	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 38, 706 MAIN STREET CASTLETON, VT 05735
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(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 on-site re-licensure survey was conducted by the Division of Licensing and Protection on 7/24/23. The following regulatory violations were identified:	T 001		
T 036 SS=F	V.5.8.b Resident Care and Services 5.8 Medication Management 5.8.b The manager of the residence is responsible for ensuring that all medications are handled according to the residence's policies and that designated staff are fully trained in the policies and procedures. The manager shall assure that all medications and drugs are used only as prescribed by the resident's physician, properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, there was a failure to maintain medications in a locked cabinet and failed to ensure only authorized personnel have access to the medication keys. Findings include: During the environmental tour of the TCR on 7/24/23 at 9:20 AM, the medication room was found to be open and within the room the medication storage box was found to be unlocked with the keys to the medication storage box and controlled medications observed sitting on the medication workstation, making them accessible to residents or visitors. This was confirmed by the Assistant director at time of finding.	T 036	5.8 Medication Management In consultation with our consulting RN, all staff will be re-trained in safe medication management, especially with regards to keeping medications always locked up. Medication keys will be required to be locked in the locked medication box unless the keys are in the physical possession of staff. The above corrective action will take effect immediately and will be monitored regularly by our consulting RN, Director and Assistant Director Tag T036 accepted on 8/15/23 - S. Ross, RN <i>William [unclear], DIRECTOR</i>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

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T 187	Continued From page 1	T 187		
T 187 SS=F	IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c Each residence 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 record review and staff interview there was a failure to provide documentation of fire drills conducted during the previous 12 months. Findings include: Per record review on 7/24/23 staff were asked to demonstrate via documentation that they were conducting fire drills on a quarterly basis and rotating times among morning, afternoon, evening, and night. Although fire drills are being conducted the TCR failed to rotate times in which they are done. Additionally 6 out of 12 fire drills found did not list times as to when they were conducted. This was confirmed by the assistant director on 7/24/23 at 11:40 AM.	T 187	9.11 Disaster and Emergency Preparedness We will conduct fire drills on a rotating basis among morning, afternoon, evening, and night. Our documentation will show for each fire drill the time when the drill occurred. The above will go into effect as of August 1, 2023. Compliance with fire drills will be monitored by our Director, or Assistant Director and will be reviewed monthly by our consulting RN.	
T999 SS=C	Final Comments	T999	Tag T167 accepted on 8/15/23 - S. Ross, RN <i>William Leman</i> DIRECTOR	

Division of Licensing and Protection

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T999	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: 4.13 (f) The residence shall make current written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The residence shall post a notice of the availability of all other written reports in a prominent place. If a copy is requested and the residence does not have a copy machine, the residence shall inform the resident or member of the public they may request a copy from the licensing agency and shall provide the address and telephone number of the licensing agency.</p> <p>This requirement is NOT MET, as evidenced by: Based on observation and staff interview there was a failure to ensure a current written report with results of inspection was readily available to residents. The residence shall make current written report results from inspection readily available to residence and to the public in a place readily accessible to residence where individuals wishing to examine the results do not have to ask to see them. Findings include: During a tour of the facility on 7/24/23 a copy of a current written inspection report was not posted and available to the public and residents. This was confirmed by the TCR assistant director on 7/24/23 at 12:30 PM stating "I am not sure where it would be".</p>	T999	<p>4.13 Inspection Reports posting</p> <p>As of August 1, 2023, we will post a notice that current and past survey results by Licensing and Protection are available by calling the licensing agency at 802-241-0480. Or by mail at: Agency of Human Services, Dept. of Disabilities, Aging and Independent Living. Division of Licensing and Protection. HC 2 South, 280 State Drive. Waterbury, VT 05671-2060.</p> <p>We will post a copy of the current survey results and POC underneath our current license.</p>	
		Tag T999	accepted on 8/15/23 S. Ross, RN <i>W. L. Ross, RN</i> <i>DIRECTOR</i> <i>8/1/23</i>	