

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 Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 31, 2019

Mr. Robert Bride, Manager Crisis Stabilization & Inpatient Diversion Program Po Box 222 Rutland, VT 05702-0222

Dear Mr. Bride:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 30, 2019.** 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

amlaMCotaPN

If continuation sheet 1 of 3

Division of Licensing and Pro STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	otection (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	0606	B. WING		04/30/2019			
NAME OF PROVIDER OR SUPPLIER CRISIS STABILIZATION & INPATIENT DIVERSIC RUTLAND, VT 05702							
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE			
T 001 Initial Comments		T 001					
conducted by the I Protection on 4/30/ with the Licensing the Therapeutic Co	on-site re-licensure survey was Division of Licensing and /19 to determine compliance and Operating Regulations for ommunity Residences (TCR). Patory violations were identified						
T 052: V.5.9.b.1.2.3.4.5.6 SS=E ¹	.7 Resident Care and Services	T 052		?			
5.9 Staff Services							
demonstrate comp techniques they ar providing any direc be at least twelve for each staff pers	nce must ensure that staff betency in the skills and se expected to perform before ct care to residents. There shall (12) hours of training each yea on providing direct care to ning must include, but is not wing:	ı r					
(1) Resident right	s;	,					
(2) Fire safety and	d emergency evacuation;						
such as the Heiml or	rgency response procedures, ich maneuver, accidents, police ontact and first aid;	ę					
(4) Policies and p reports of abuse, i	rocedures regarding mandator neglect and exploitation;	у .					
(5) Respectful an residents;	d effective interaction with	:					
limited to, hand wa maintaining c pathogens and un	rol measures, including but not ashing, handling of linens, lean environments, blood born iversal precautions; and						
Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S S	IGNATURE	TITLE	1X6) DATE 5/11/19			

STATE FORM

MLZP11

Division	of Licensing and Pro	otection			
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0606	B. WING		04/30/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
CRISIS S	STABILIZATION & INP	PATIENT DIVERSK PO BOX 2 RUTLAND	222 D, VT 05702		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO OEFICIENCY)	LOBE COMPLETE
T 052	Continued From pa	ige 1	T 052		HIN-MAN AND SO-THE COMMENTAL PROPERTY.
The state of the s	(7) General superv	vision and care of residents			
	by:	NT is not met as evidenced			
Approximation of the control of the	TCR failed to demo	eview and staff interview, the onstrate that 5 of 5 staff were sipated in the annual twelve			
	hours of training as	required by TCR regulation. st be specific to resident rights,			
	fire safety and eme	rgency evacuation; first aid; exploitation; respectful		!	
communication; infection control, and general care and supervision. Findings include:					
Per record review on 4/30/19, there was a lack of evidence that required training was provided on			1		
	was confirmed by b	5 applicable employees. This both the TCR manager and the	T T T T T T T T T T T T T T T T T T T		
	Director of Residen afternoon of 4/30/19	itial Services during the 9.	PROSET ON 1887-A Abronomenous		
T 187 SS=E	IX.9.11.c Physical P	Plant	⊤ 187		
	9.11 Disaster and E	Emergency Preparedness		r Í	
: I		nce shall have in effect, and diresidents, written copies of	200		
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 t	basis and shall rotate times of	ļ		:
	night. The date and	g, afternoon, evening, and d time of each drill and the			
	names of participati	ing staff members shall be	:		
	documented.		,		

PRINTED: 05/08/2019 FORM APPROVED

Division of Licensing and	Protection			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTIO		(X3) DATE SURVEY COMPLETED
	0606	B, WING		04/30/2019
AND OF PROMOTE OF CUERNIE	CTREET A	DDBCCC CITY	STATE, ZIP CODE	
NAME OF PROVIDER OR SUPPLIE			STATE, ZIF CODE	
CRISIS STABILIZATION & I	NPATIENT DIVERSIC PO BOX RUTLAN	222 ID, VT 05702		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE
T 187 Continued From	page 2	T 187		
by: Based on staff in TCR failed to rot conducting requi Per review of the a failure to conduction. This was	terview and record review, the late times of day when red fire drills. Findings include: TCR fire drill records, there was lot a fire drill during evening confirmed on the afternoon of CR manager and Director of ces.			
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Crisis Stabilization & Inpatient Diversion Survey Plan of Correction

May 20, 2019

T 187 IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness

CSID Program Coordinator is tracking all scheduled fire drills planned by Site Safety Officer and following up with scheduled staff on shift beforehand to ensure drills are executed in accordance with the regulations. Complete drill sheets are now reviewed and tracked by Risk Management. This will be put into effect 6/1/19.

T 052 V 5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services

Community Care Network is in the process of changing their company-wide training resource to an online system, Relias, which will allow employees easier access to training material on demand. Internally at CSID, a new tracking spreadsheet has been created that documents the date and amount of time each staff member has participated in trainings in each of the required areas. This tracking spreadsheet was put into effect immediately after the licensing visit on May 1, 2019 and Relias is slated to go-live for Community Care Network this summer.

Robert Bride

Program Coordinator, Crisis Stabilization & Inpatient Diversion

Community Care Network

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Rutland, VT 05701

Ph: (802) 282-1187