



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

March 1, 2024

Elizabeth Childs, Manager
Crisis Stabilization & Inpatient Diversion Program
195 Stratton Road, Building A
Rutland, VT 05701-0222

Dear Ms. Childs:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 7, 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,

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

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: 0606	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2024
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NAME OF PROVIDER OR SUPPLIER CRISIS STABILIZATION & INPATIENT DIVERSION PRC	STREET ADDRESS, CITY, STATE, ZIP CODE 195 STRATTON ROAD, BUILDING A RUTLAND, VT 05701
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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 2/07/2024 to determine compliance with the Vermont Therapeutic Community Residences (TCR) Licensing Regulations effective 3/1/22.	T 001		
T 054 SS=F	V.5.9.d Resident Care and Services 5.9 Staff Services 5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the residence as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on staff record review and interview the TCR failed to obtain criminal background checks for the respective state of the facility upon hire for	T 054		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *X. Gray* TITLE: *Manager of CSID* (X6) DATE: *2/29/24*

STATE FORM 18T511 If continuation sheet 1 of 2

Division of Licensing and Protection

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T 054	<p>Continued From page 1</p> <p>2 out of 5 staff of the applicable sample. Findings include:</p> <p>Per staff record review background check requirements were incomplete for 2 out of 5 staff of the applicable sample. Criminal background check for the state of Vermont were not completed upon hire.</p> <p>The facility policy titled " Background Check" indicates the process of obtaining background checks stating " The agency will adhere to the background check clearance expectations set for by the Department of Mental Health, the CRT Manual, the Division of Developmental Services, and the Department of Disabilities, Aging and Independent Living.."</p> <p>An interview with the Manager on 2/7/24 at 11:30 AM confirmed the background check records on file for 2 staff did not include a criminal record check for the State of Vermont.</p> <p>This deficient practice is a potential risk of more than minimal harm to residents of the facility, due to the need to ensure staff can maintain a safe and caring environment.</p>	T 054		

E. Childs Manager of CSID 2/29/24

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