

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

December 3, 2019

Ms. Peggy Degoosh, Manager Frances Atkinson Residence For The Retired 4717 Main Street Newbury, VT 05051

Dear Ms. Degoosh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 5, 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

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Licensing Chief

DIVISIO	on of Licensing and Pr		V 19 19 19 19 19 19 19 19 19 19 19 19 19		FORM APPROVE
AND PL	TENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TPLE CONSTRUCTION NG:	(X3) DATE SURVEY COMPLETED
		0004	B. WING_		
NAME Q	F PROVIDER OR SUPPLIER	STREET	DDDESS OFF	V CTATE TIE	11/05/2019
FRANC	ES ATKINSON RESIDE	4717 MA	IN STREET	Y, STATE, ZIP (C DE	
		NEWBU	RY, VT 050		× 2
(X4) ID PREFIX	TEACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID	PRIVILER'S PLAN OF	COERECTION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CONTRECTIVE ACT CROSS REFERENCED TO I DEFICIENCE	TON SHOULD BE COMPLETE THE APPROPRIATE DATE
R10	0 Initial Comments:		R100	Manager Conti	acted the VT
	An unannounced or	nsite relicensing survey was	·	AGENCY OF H	ruman Services
	Countricted by the D	VISIOD Of Licensian and		Aduct and Ch	ild Protection
	deficiency was ident	9. The following regulatory	1	on 11-5-19.7	
	denote it was ident	inea.	Ĺ		
R181		E AND HOME SERVICES	: R181		eceivers Change
SS=C	THE SERVICES		, KIOI		rrn was
	5.11 Staff Services			CC	mpleted and
	200 St. 100 100 100 100 100 100 100 100 100 10			Submitted	Eark to the
	5.11.d The licensee	shall not have on staff a			0 m 1 n 4 m 1
	or exploitation subst	a charge of abuse, neglect antiated against him or her,		ACENCY S	· <u>-</u>
74	as defined in 33 V.S.	A. Chapters 49 and 60 or		mila unicon	or Registry on
5, 1	one who has been co	invicted of an offence for		11-6-19 Conf	MUNICIPAL OF
İ	funds or property, or	dily injury, theft or misuse of other crimes inimical to the		Author 70tio	n tor our
ļ	hong wellare in any	Illrisdiction whother with:		arear a tine	to submit
9.	or aniside of the 21st	e of Vermont. This provision nager of the home as well,		Organ Land	chacke oo
	regardless of whether	The manager is the		back ground	OKORSON
	incensee of not. The li	Censee shall take all		Mark Di leve	UNIAGO MOD
1.	morading, but not not non	omply with this requirement,		granted on 11	18-70.
3	checking personal and	d work references and		dim near on it	1 Colonial
8.4	COLITACTING THE DIVISION	of Licensing and nee with 33 V.S.A. §6911 to	ic in	Manager requ	16369 Channer
	ace in broshective ewit	DIOVERS are on the abuse	0- 14	background ch	ecks from
r	registry or have a reco	ord of convictions.		Luckard Land	Adult 1
				the Villagency	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7	This REQUIREMENT	is not met as evidenced		Abase and Chik	d Protection
~	Jy.	personnel file review, the		Registry for al	1 Stoff
• •	TOTAL TOTAL TO DEUNIUS	Aludance that all was a second			m 2016 to
~	CONGROUND CHECKS WE	Te completed for 5 of 6		A. M1	
	bioyees reviewed.	Findings include:	1	present You	1 of Correction
P	er record review of er	nployee files, five staff	(omploted 11-25-1	19
		SUPPLIER REPRESENTATIVE'S SIGNAT			
		SIGNAT	URE	Don Miller	(X5) DATE
EFORM		onop	-/-	THE SUBLE	11-75-19
			(68	Directa	If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	rotection (X1) PROVIDER/SUPPLIER/CLIA	T 1122		FORM APPRO	
ψž.	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	0004	B. WING		te fall of	
AME OF PROVIDER OR SUPPLIER	STREETA	DORESS, CITY, STATE, ZIP CC		11/05/2019	
RANCES ATKINSON RESIDI	ENCE FOR THE R 4717 MA	IN STREET	<u>) :</u>		
TO THE STATE OF TH	NEWBUR	RY, VT 05051			
THE IN . (DIGHT DEFICIENCE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	TAGEN (EA)	VILLER'S PLAN OF COFRECTI COTRRECTIVE ACTION SHOUL IS TRENCED TO THE APPRO DEFICIENCY)	D DE	
R181 Continued From pa	ige 1	R181 S			
members employed direct care to reside completion of backgemployees had a Verence (VCIC) check on file the Adult and Child completed, with the who had a Child About was sent in on pape 11/5/19 at 2:45 PM, confirmed that they included the Child ar was not aware it was Home Manager called	d at the home who provide ents were reviewed for ground checks. All five ermont Criminal Information e. There was no evidence that Abuse registry checks were exception of one employee, use registry check on file that er years ago. Per interview on the Home Manager thought the VCIC check and Adult Abuse Registry, and is a separate website. The end to inquire about becoming registries online and is in the	ensure practi are: Agens	2 min 1 min	tent trecur vale been lectifie informati packet und chec	