VERMONT

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

August 23, 2023

Ms. Melinda Hurlburt, Manager
Safe Haven
4 Highland Avenue
Randolph, VT 05060

Dear Ms. Hurlburt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 26, 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,

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

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
	0529	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN	4 HIGHLAND AVENUE RANDOLPH, VT 05060

(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 onsite re-licensure survey was conducted on 7/25/23 by the Division of Licensing and Protection and completed on 7/26/23. The following regulatory violations were identified:	T 001		
T 037 SS=E	V.5.8.c Resident Care and Services 5.8 Medication Management 5.8.c Staff shall not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's or other licensed health care provider's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review, there was a failure to obtain physician's orders for medications prescribed for residents who are presently residing at the TCR (Therapeutic Community Residence) for 2 applicable residents. (Resident #1, 2) Findings include: 1. Per review on 7/25/23 of the Medication Inventory and Assessment Form for Resident #1 noted s/he self medicates with Tizanidine 4 mg every 6 hours PO (orally) for muscle spasms. No physician order could be found to validate this order. 2. Resident #2 self medicates with the following medications and per the Medication Inventory and Assessment Form: Quetiapine 100 mg (antipsychotic) 1 tablet x 2 PO as needed; Vitamin B-12 1000 mcg. tab PO; Bupron (for	T 037	T 037 SS=E V.5.8.c Resident Care and Services Acute Care Coordinator or House Manager will review all guest charts after admission to ensure completed and signed medication orders are present for all listed medications. A review of medication orders will be done monthly with guest when management and guests have their monthly goals and progress meeting. At this time any medication changes will be documented and any new medication orders will be obtained. All efforts will be made to secure allmissing medication orders by end of August 2023. Tag T037 accepted on 8/23/2023 - C. Scott	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Melinda Hurlburt Acute Care Coordinator of Residential and Housing Services 8/23/23

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T 037	Continued From page 1 depression) 150 mg 3 x PO daily; Quetiapine 200 mg. 1 PO in the AM; Daily multi-vitamin 1 tablet PO daily; Senna 8.6 mg 1 tablet PO every AM; Topiramate (for migraine headaches) 100 mg 1 tablet PO every morning; Quetiapine 300 mg 1 tablet PO at bedtime; Ibuprofen 800 mg 1 tablet PO every 8 hours; and Hydroxya (for allergies) 25 mg 1 tablet PO at bedtime. Per interview on the afternoon of 7/25/23 the TCR manager confirmed physician orders could not be located and further review on 7/26/23 also noted the orders had not been obtained.	T 037		
T 052 SS=E	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;	T 052	T 052 SS=E V. 5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9.b. The Acute Care Coordinator or Housing Manager will be responsible for ensuring all required education and training requirements are met and available to staff. A training will be held or made accessible monthly for all staff and Acute Care Coordinator or Housing Manger will review employee training records quarterly to ensure completion of required trainings. To remedy this discrepancy educational trainings on infection control and respectful and effective communication will be held and made available to all staff by end of August 2023. Tag T052 accepted on 8/23/2023 - C. Scott	

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T 052	Continued From page 2 (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on interview and record review, the TCR failed to ensure all staff providing direct care to residents receive at least 12 hours of training each year. Findings include: Based on staff interview and facility education/training file review on 07/25/2023, the TCR failed to demonstrate by documentation that 5 out of 5 staff members reviewed had received at least (12) hours of annual training. Specifically training to include Respectful Effective Communication and Infection Control had not been provided. One staff member had not completed training in Abuse/Neglect. Per interview on 7/25/23 at 4:00 PM the Manager confirmed the missing required trainings for 5 out of 5 staff included in the sample.	T 052	T 187 SS=E IX.9.11.c Physical Plant Disaster and Emeregency Preparedness 9.11.c Acute Care Coordinator or House Manager will ensure that fire drills are held monthly. with a minimum of two nighttime drills held between the hours of 12:00am and 5:00am yearly. To remedy the absence of this drill Safe Haven and Chris's Place will hold a nighttime drill between the hours of 12:00am and 5:00am in the month of August 2023.	
T 187 SS=E	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	T 187	Tag T187 accepted on 8/23/2023 - C. Scott	

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T 187	Continued From page 3 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 staff interview and record review the Manager failed to ensure fire drills were completed on a quarterly basis with rotating times of day. Findings include: Per review of the facility fire drill records for the past 12 months noted a Fire drill was not conducted during the night hours, as required. Per interview on 7/26/23 at 4:00 PM the manager, confirmed the fire drill had not been conducted.	T 187		