

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

July 13, 2018

Angela Zizza, Manager Valley Terrace 2820 Christian Street White River Junction, VT 05001-9822

Dear Ms. Zizza:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 27**, **2018**. 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

ulaMCotaPN

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 1004 06/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2820 CHRISTIAN STREET VALLEY TERRACE WHITE RIVER JUNCTION, VT 05001 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite relicensing survey, complaint investigation, and a self-reported incident investigation was conducted by the Division of Licensing and Protection from 6/26 to 6/27/18. The following is a regulatory finding. R181 R181 V. RESIDENT CARE AND HOME SERVICES R181 6/28/18 The background checks, Adult and SS=D Child abuse registry for the 2 5.11 Staff Services employees in question were completed on 6/28/18. Both employee 5.11.d .The licensee shall not have on staff a records came back with no findings person who has had a charge of abuse, neglect on the Adult and Child abuse or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or registries. one who has been convicted of an offense for An audit of all employee files took actions related to bodily injury, theft or misuse of place on 6/29/18, by the Executive funds or property, or other crimes inimical to the Director, and completed on 6/30/18. public welfare, in any jurisdiction whether within All employees presently working in or outside of the State of Vermont. This provision the facility have all the required shall apply to the manager of the home as well, regardless of whether the manager is the background checks in a personnel file. licensee or not. The licensee shall take all All new employees will have reasonable steps to comply with this requirement, background checks completed before including, but not limited to, obtaining and an official offer of employment is checking personal and work references and made. contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to The Business Manager will complete see if prospective employees are on the abuse the background checks and report the registry or have a record of convictions. results to the Executive Director. An audit on background checks for new employees will be reported to the This REQUIREMENT is not met as evidenced Quality Assurance committee on a Based on review of background checks of current quarterly basis. employees and staff interviews on 6/27/2018, the assisted living home failed to obtain the necessary background checks for 2 of the 5 employees reviewed. The specifics are detailed Division of Licensing and Protection LABORATORY DIRECTOR'S OB PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

RISI POCaccepted 7/11/18 KCampos RN/ PME

Division	of Licensing and Pro	tection			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		1004	B. WING		C 06/27/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	
VALLEY	TERRACE		RISTIAN STRE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
R181	Continued From pa	ige 1	R181		
	below:				
	Per review of 5 current employee personnel records, the home failed to assure that they had				
	hire. One employe	ed background checks prior to ee had no background checks or Child registry, and the		a a	
	second employee to check. The Execu- interview on 6/27/2	was missing the Child registry tive Director confirms, during 018, that the necessary			
	these 2 employees	s were not all completed for s.			
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