



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

June 30, 2023

Mr. Kevin Hamel, Manager
Valley Vista
23 Upper Plain
Bradford, VT 05033-9016

Dear Mr. Hamel:

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


A handwritten signature in cursive script that reads "Pamela M. Cota RN".

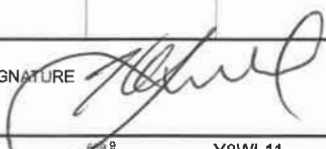
Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

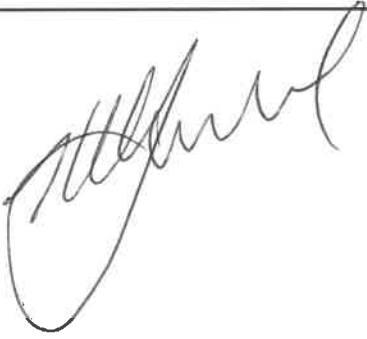
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0540	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/27/2023
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NAME OF PROVIDER OR SUPPLIER VALLEY VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 23 UPPER PLAIN BRADFORD, VT 05033
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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 On 3/27/23 the Division of Licensing and Protection conducted an unannounced on-site investigation of two complaints. The following regulatory deficiencies were identified:	T 001		
T 052 SS=F	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; (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	T 052	T052 5.9 Accepted by Carolyn Scott	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **VP** **6/26/2023** (X6) DATE

Division of Licensing and Protection

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T 052	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure completion of at least 12 hours of training each year for staff to include trainings in Resident rights; Fire Safety and Emergency Evacuation; Resident Emergency Response Procedures and First Aid; Mandatory Reports of Abuse, Neglect and Exploitation; Respectful and Effective Interaction with Residents; Infection Control; and General Supervision and Care of Residents. Findings include: At 2:34 PM on 3/27/23 the Vice President of Nursing and Clinical Services confirmed the facility did not provide Resident Rights training to all facility staff; and confirmed the following additional trainings were not completed by Staff #1, #2, #3, and #4 during the previous year: 1. The trainings transcripts for Staff #1 and Staff #2 did not document Resident Emergency Response Procedures and First Aid trainings during the previous year. Staff #1 and Staff #2's transcripts documented a total of 6.25 hours of training during the previous year. 2. Staff #3's training transcripts did not document any trainings completed during the previous year. 3. The training transcript for Staff #4, who is a contracted employee, did not document trainings in Fire Safety and Emergency Evacuation and Resident Emergency Response Procedures and First Aid during the previous year.	T 052		

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T 054 T 054 SS=E	<p>Continued From page 2</p> <p>V.5.9.d Resident Care and Services</p> <p>5.9 Staff Services</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written documentation stating the decision to hire a direct service employee (Staff #1) with multiple felony and misdemeanor criminal convictions did not pose a threat to residents. Findings include:</p> <p>On 3/27/23 the Vice President of Nursing and Clinical Services was requested to provide employee criminal background checks for review. The results of criminal background checks</p>	T 054 T 054	 <p>T054 5.9.d.Accepted by Carolyn Scott</p>	

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T 054	Continued From page 3 indicated Staff #1 had multiple felony and misdemeanor criminal convictions related to theft and drug possession in 2019; a misdemeanor careless or negligent vehicle operation conviction in 2015; and misdemeanor convictions related to alcohol use, appearance in court, and parole violation in 2012. While it is important to note potential benefits of peer support and life experience in addiction treatment, on the afternoon of 3/27/23 the Vice President of Nursing and Clinical Services confirmed the facility administration failed to ensure documentation stating the decision to hire Staff #1 did not pose a threat to residents receiving addiction treatment at the Therapeutic Community Residence.	T 054		
T 105 SS=F	VI.6.21 Residents' Rights VI. Residents' Rights 6.21 The obligations of the residence to its residents shall be written in clear language, large print, given to residents on admission, and posted in an accessible, prominent and public place on each floor of the residence. Such notice shall also state the residence's grievance procedure and directions for contacting the designated Vermont protection and advocacy organization. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to include directions for contacting the designated Vermont protection and advocacy organization in the posting of the facility's grievance procedure. Findings include:	T 105	T0105 6.21 Accepted by Carolyn Scott	

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T 105	Continued From page 4 At 12:29 PM on 3/27/23 the Vice President of Nursing and Clinical Services confirmed the posting of the facility's grievance procedure did not include directions for contacting the Vermont Long Term Care Ombudsman Program, which is the designated Vermont protection and advocacy organization.	T 105		
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6/26/2023

Re: Site Visit Response

Below are the responses to the Valley Vista Bradford statement of deficiencies:

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

- 1) Employee 1,2,3 and 4 have been given copies of patient rights and signed that they have received. All employees will be distributed copies and sign by 7/31/2023. All new employees will be given a copy and sign for it upon hire.
- 2) Valley Vista has added a Emergency response and first aid training into our Learning management system. This will be completed by 12/31/2023. Staff # 1 had 40 hours of recovery coaching completed in May 2022 that was not in his file. Staff # 2 is not a clinical staff member, does not provide patient care and works out of our administrative building.
- 3) Staff # 3 did not complete training in 2022. This was an oversight by our HR Department. System now will notify supervisor if employee education not completed. HR will also be reviewing in December of each year to verify trainings of employees.
- 4) Staff # 4 who is a contracted employee, is contracted by driving and does not work inside our buildings.

T 105 VI.6.21 Resident Rights

This is now posted on a dedicated board in a common area shared by all residents.

T 054 V.5.9.d

All employees that have criminal backgrounds now have letters in files regarding acknowledgment and acceptance of charges and that we accept them as an organization and feel the individual will benefit patients through hire.

Kevin Hamel BSN, RN, CPXP
VP Medical and Clinical Services