



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

May 3, 2021

Ms. Nicole Fortier, Manager
The Village At White River Junction
101 Currier Street
White River Junction, VT 05001

Dear Ms. Fortier:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 30, 2021**. 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: 0660	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/30/2021
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NAME OF PROVIDER OR SUPPLIER THE VILLAGE AT WHITE RIVER JUNCTION	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001
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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
R100	Initial Comments: An unannounced onsite investigation into one complaint and two facility reported incidents was conducted by the Division of Licensing and Protection from 3/29/21 to 3/30/21. The following regulatory deficiencies were identified.	R100	<i>Please see attached.</i>	
R181 SS=H	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.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 home 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 in accordance with 33 V.S.A. §6911 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 record review and interview, the home failed to ensure that a person criminally convicted of theft, and also substantiated for financial exploitation on the Adult Abuse Registry was prevented from working at the home.	R181		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE *Executive Director* (X6) DATE *7.27.21*

R181 - AG21 POC's accepted 4/29/21 rmatzen

Division of Licensing and Protection

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R181	Continued From page 1 Findings include: Per review of the Executive Director's documentation, Resident #1 on 3/6/21 reported that they were missing some jewelry and cash from their apartment. During the internal investigation which included checking the history of key fob access to resident apartments, a potential suspect was identified. As the investigation proceeded with the police involved, it was discovered that the contracted agency employee had criminal charges on their record that included Grand Larceny, Financial Exploitation of a Vulnerable Adult, and Identity Theft. This person was also listed on the Adult Abuse Registry for the substantiated Exploitation of a Vulnerable Adult. The home utilizes contract staffing agencies to supplement their staffing, and upon reviewing the background checks for agency staff, there were no abuse registry checks on file for these persons. Per interview on 3/30/21 at 1:15 PM, the Executive Director confirmed that they conduct background checks on their own employees, including criminal and abuse registry checks, but have relied on the staffing agencies to do this for contracted staff they send and did not have copies of those background checks on file. Upon further investigation by the facility, a total of 6 residents reported missing money or valuables, see R224.	R181		
R190 SS=H	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse	R190		

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R190	<p>Continued From page 2</p> <p>registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Per record review and interview, the facility failed to maintain and keep on file the background checks for contract staff employees. Findings include:</p> <p>Per review of contracted staff background checks, there were no Child and Adult Abuse registry checks and Vermont criminal background checks on file for multiple staff from three different agencies utilized by the facility. Contract staffing agency #1 had completed both the Vermont Criminal checks and the Child and Abuse registry checks on the employees they sent to the facility; however, the E.D. (Executive Director) stated that they had not requested them from the agency until after the theft allegations. There was currently one person working at the facility from that agency.</p> <p>Contract staffing agency #2 had completed Criminal Background checks on their employees; however, told the E.D. that they did not know they had to do the Adult and Child Abuse Registry checks as part of the hiring process, and were never run as a result. The facility listed seven employees from that agency working at the facility. The E.D. of the facility confirmed that these criminal background records were not at the facility until after the theft allegations when requested from the staffing agency.</p> <p>Contract staffing agency #3 is the one who employed the person who had serious convictions on their record as well as having been substantiated for Exploitation of a Vulnerable Adult and was on the state registry as well,</p>	R190		

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R190	Continued From page 3 prohibiting them from being able to work with the vulnerable population. This person was sent to work shifts at the facility since November 2020. Not including that employee who was no longer at the facility, there were three staff persons working at the facility from that agency. The E.D. stated that the criminal background checks were sent to the facility after the theft allegation was made, and that multiple requests to the staffing agency for the rest of the background checks on their employees had gone unanswered by the owner of the staffing agency. Per interview on 3/29/21 at 2:20 PM, the E.D. of the facility stated that they thought the staffing agencies were responsible for running the background checks on their employees, and also stated that the facility did not have a record of those in the facility at the time those staff were deployed to the facility to work. Upon further investigation by the facility, a total of 6 residents reported missing money or valuables, see R224.	R190		
R224 SS=H	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that residents were free from	R224		

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R224	<p>Continued From page 4</p> <p>financial exploitation for 6 residents sampled (Residents #1, 2, 3, 4, 5, and 6). Findings include:</p> <p>Per record review, Resident #1 reported to the E.D. (Executive Director) of the facility on 3/6/21 that they were missing \$200.00 in cash from their apartment, as well as two pieces of gold jewelry. This started an investigation that uncovered other missing items from multiple residents. Resident #1 reported a few days later that they were missing a debit card as well.</p> <p>Resident #2 reported missing two gold and diamond rings.</p> <p>On 3/16/21 after returning from a leave of absense, Resident #3 reported missing \$300.00 to \$400.00 in cash from the nightstand, and an lpad charger.</p> <p>Resident #4 reported missing \$240.00 in cash missing from their apartment.</p> <p>Resident #5 reported missing a pearl necklace and two rings from their apartment.</p> <p>Resident #6's family reported that there was an lpad missing from the belongings of the resident, and that someone had changed the password and turned off the tracking function on the device.</p> <p>Per interview on 3/29/21 at 2:30 PM, the E.D. of the facility confirmed that these items were missing from resident apartments. Based on an internal investigation, it was suspected that a contracted employee had been the person stealing from the residents, and that they had a criminal history and were on the Adult Abuse Registry for financial exploitation.</p>	R224		

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A 621	Continued From page 5	A 621		
A 621 SS=E	<p>VI Resident Care and Services</p> <p>6.15 Licensee Records</p> <p>The licensee shall maintain current records of any contracts and/or subcontracts with outside providers, agencies, suppliers and public programs. Residents shall be given access to such documents and provided a copy upon request.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the facility failed to ensure that contracts with outside agencies were signed by both parties for 3 staffing agencies. Findings include:</p> <p>Per record review, the facility has contracts with three different staffing agencies to supply caregivers to the facility. Staffing agency #1's contracts with the facility, one written 10/17/2018, and another recent one dated 3/19/21 are only signed by the Executive Director of the facility and not by a representative of the staffing agency. Staffing agency #2's contract was not dated as to when it was put into effect, and there are no signatures of either party on the contract. Agency #3's contract is not dated as to when it was put into effect, and only has the signature of the Executive Director of the facility and not the staffing agency.</p> <p>Per interview on 3/29/21 at 2:00 PM, the Executive Director of the home confirmed that the contracts were not complete with signatures of both parties entering into the contract.</p>	A 621		

Plan of Correction Outline

Preparation and execution of this plan of correction in no way constitutes an admission or argument by The Village at White River Junction of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. The Village at White River Junction reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts, and conclusions that form the basis of the deficiency. This plan of correction serves as the allegation of compliance by 4/26/2021.

Response to Survey ending March 30, 2021

Tag: R181 V. Resident Care and Home Services

1. The corrective actions to be accomplished to correct the deficient practice.

The facility will require that background and abuse registry checks for any contracted agency staff be on the premises and reviewed prior to that person working in the facility. The facility will require that abuse registry results be less than 12 months old.

2. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.

The facility will inform any staffing agency with which they do business that the facility will not accept any staff unless and until that staff's background check and abuse registry results have been provided to the facility.

3. The facility will monitor the corrective action by implementing the following measures.

The Director of Health Services or their scheduling proxy will verify with the Executive Director and/or Business Office Manager that sufficient background check results have been received before allowing an agency staff person to work in the facility.

4. Plan of Correction completion date: 05-14-2021

Tag: R190 V. Resident Care and Home Services

1. The corrective actions to be accomplished to correct the deficient practice.

The facility will require that background and abuse registry checks for any contracted agency staff be on the premises and reviewed prior to that person working in the facility.

2. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.

The facility will inform any staffing agency with which they do business that the facility will not accept any staff unless and until that staff's background check and abuse registry results have been provided to the facility.

3. The facility will monitor the corrective action by implementing the following measures.

The Director of Health Services or their scheduling proxy will verify with the Executive Director and/or Business Office Manager that sufficient background check results have been received before allowing an agency staff person to work in the facility.

4. Plan of Correction completion date: 05-14-2021

Tag: R224 VI. Residents' Rights

1. The corrective actions to be accomplished to correct the deficient practice.

The facility will require that background and abuse registry checks for any contracted agency staff be on the premises and reviewed prior to that person working in the facility. The facility will complete an orientation checklist with each contracted agency staff person, including teaching about our Abuse & Neglect policy.

2. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.

The facility will inform any staffing agency with which they do business that the facility will not accept any staff unless and until that staff's background check and abuse registry results have been provided to the facility.

3. The facility will monitor the corrective action by implementing the following measures.

The Director of Health Services or their scheduling proxy will verify with the Executive Director and/or Business Office Manager that sufficient background check results have been received before allowing an agency staff person to work in the facility.

4. Plan of Correction completion date: 05-14-2021

Tag: A621 VI. Resident Care and Services

1. The corrective actions to be accomplished to correct the deficient practice.

The facility will maintain current records of any contracts and/or subcontracts with outside providers or agencies and will ensure that such contracts are signed by both parties. The Executive Director and/or Business Office Manager will audit all contracts with outside staffing agencies and will procure copies of contracts that are signed by both parties as needed.

2. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.

The Executive Director and Business Office Manager will each check all contracts with staffing agencies and will not allow agency staff to work in the facility until each contract has been signed by both parties and a copy of the fully executed contract is on file at the facility.

3. The facility will monitor the corrective action by implementing the following measures.

The Executive Director and/or Business Office Manager will review on an ongoing basis any contract entered into with a staffing agency by the Director of Health Services or any other employee of the facility.

4. Plan of Corrections completion date: 05-14-2021