

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

October 19, 2023

Ms. Jolynn Whitten
The Village At White River Junction
101 Currier Street
White River Junction, VT 05001

Dear Ms. Whitten:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 3, 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: 0660	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/03/2023
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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	<p>Initial Comments:</p> <p>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 10/03/23. The following regulatory violations were identified:</p>	R100	<p>R205 Resident Care Home Services</p> <p>5.17 Death of a Resident</p> <p>*DOHS stated awareness of reporting requirements. However unaware the facility itself must submit a report regardless if another agency also reports resulting in duplicate reporting. * All licensed staff educated to reporting untimely death completed by 10/8/23. * Death of a resident will be included in the orientation process to all licensed nursing staff.</p>	
R205 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.17 Death of a Resident</p> <p>5.17.c When a resident dies unexpectedly or within 48 hours of a fall or injury, in addition to notifying the medical examiner, the licensee shall send a report to the licensing agency with the following information:</p> <p>(1) Name of resident; (2) Circumstances of the death; (3) Circumstances of any recent injuries or falls; and (4) A list of all medications and treatments received by the resident during the two (2) weeks prior to the death.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Assisted Living Residence (ALR) failed to report a residents death occurring within 48 hours of a fall or injury to the licensing agency. Findings include:</p> <p>Per record review conducted on the morning of 10/3/23 it was noted that on 8/28/23 Resident #1 was found by facility staff to be lying on the floor moaning in a prone position. It was noted that Resident #1 sustained injuries to his/her left eye and upper lip. On further review of residents' record, it was recorded that Resident #1 passed away on 8/30/23.</p>	R205	<p>5.17 Death of a Resident</p> <p>5.17.c When a resident dies unexpectedly or within 48 hours of a fall or injury, in addition to notifying the medical examiner, the licensee shall send a report to the licensing agency with the following information:</p> <p>(1) Name of resident; (2) Circumstances of the death; (3) Circumstances of any recent injuries or falls; and (4) A list of all medications and treatments received by the resident during the two (2) weeks prior to the death.</p> <p>*ED and/or designee to monitor all deaths to ensure reporting requirements have been met.</p> <p>R205 Accepted on 10/19/23. Sherry Ross, RN</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Executive Director

10/17/23

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 10/03/2023
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R205	<p>Continued From page 1</p> <p>Per interview with the facility Director of Nursing (DON) on 10/3/23 at 1:02 PM s/he stated that Resident #1 was found by staff to be lying on the floor in front of Resident #1 dresser. S/he stated that s/he believes Resident #1 slipped while attempting to get out of bed striking his/her face on the dresser. Additionally, s/he stated that s/he believes that Resident #1's death was a result of the injuries s/he sustained during the fall. The DON confirmed that s/he did not report the unexpected death to the licensing agency stating, "I did not know it had to be reported".</p>	R205		