



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

December 1, 2023

Ms. Jolynn Whitten, Manager
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 November 2, 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

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 11/02/2023
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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
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R100	Initial Comments: On 11/1/23 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident. Additional information was provided by the Executive Director on 11/2/23. The following regulatory deficiencies were identified:	R100		
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure PRN (as needed) medication orders for 2 applicable residents (Resident #1 and Resident #2) include a specific frequency of administration. Findings include: Per record review Resident #1 is prescribed PRN medications including Docusate Sodium 100 mg twice daily as needed for constipation; and Trazodone HCl 25 mg by mouth three times daily as needed for agitation. Per record review Resident #2 is prescribed PRN medications including Ketaconazole External Cream 2% Apply topically to rash as needed; Loperamide 2 mg by mouth four times daily as needed for constipation; and Risperidone 0.5 mg	R147	R147 1. Facility will communicate with Resident #1's prescribing clinician to obtain clarification of existing PRN orders as outlined in R147 to include specific minimum amount of time between doses within a 24-hour period. 2. Facility will communicate with Resident #2's prescribing clinician to obtain clarification of existing PRN orders as outlined in R147 to include specific minimum amount of time between doses within a 24-hour period. 3. Facility will audit records of all current residents to verify adherence to 5.9.c(4). 4. Corrective actions noted will be monitored on an ongoing basis as part of the current QAPI program. R147 Plan of Correction accepted by Jo A Evans RN on 12/1/23	12/18/2023

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

TITLE

(X6) DATE

Julianne Whitehead ES

Executive Director

11/30/23

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 11/02/2023
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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R147	Continued From page 1 by mouth as needed two times per day as needed for restlessness. On the afternoon of 11/1/23 the Director of Health Services confirmed the orders for PRN medications listed above for Resident #1 and Resident #2 do not include the specific amount of time between doses.	R147		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure a written plan for psychoactive PRN (as needed) medications for (Resident #1 and Resident #2). Findings include: Per record review Resident #1 is prescribed	R167	R167 1. Facility will ensure there is a written plan in place for staff other than a nurse for the use of PRN psychoactive medications as noted in R167 for Resident #1. 2. Facility will ensure there is a written plan in place for staff other than a nurse of the use of PRN psychoactive medications as noted in R167 for Resident #2. 3. Facility will audit records of all current residents on psychoactive medications and ensure compliance with 5.10.d (5). 4. Corrective actions noted will be monitored on an ongoing basis as part of the current QAPI program. R167 Plan of Correction accepted by Jo A Evans RN on 12/1/23	12/18/2023

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R167	Continued From page 2 Trazodone HCl 50 mg tab ½ tablet by mouth three times daily as needed for agitation; and Resident #2 is prescribed Risperidone 0.5 mg tablet One tab as needed two times per day as needed for restlessness. At 12:12 PM on 11/1/23 the Director of Health Services confirmed written plans for the administration of PRN psychoactive medications by unlicensed staff had not been developed for Resident #1 and Resident #2.	R167		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure completion of criminal record and abuse registry checks were completed on rehire for one applicable staff (Staff #1). Findings include: Per record review criminal background and abuse registry checks were not on file for Staff #1's rehire date of 9/15/23 following separation of previous employment in June 2023. The failure to complete the required criminal record and abuse checks on rehire for Staff #1 was confirmed by the Director of Health services at 3:52 PM on 11/1/23; with confirmation of the length of time between periods of employment received from the Executive Director at 3:45 PM on 11/2/23.	R190	R190 1. Criminal background and abuse registry checks for Staff #1 were completed and placed on file on 11/6/23. 2. The Business Office Manager will complete an audit of all employee files to ensure that all current staff have required criminal background and abuse registry checks on file. 3. Going forward, the Business Office Manager or designee will ensure that all new employee hires and rehires have a completed criminal background and abuse registry checks on file prior to their start date. 4. Corrective actions noted will be monitored on an ongoing basis as part of the current QAPI program. R190 Plan of Correction accepted by Jo A Evans on 12/1/23	12/18/2023