

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 6, 2024

Raeleen Bedard, Manager 22 Upper Welden 107 Fisher Pond Road Saint Albans, VT 05478-1836

Dear Ms. Bedard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 16**, **2024**. 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,

Carolyn Scott, LMHC, MS State Long Term Care Manager

Division of Licensing & Protection

| Division of Licensing and Protection | | | | | | | | | | | |
|---|--|--|---------------------|--|---|--------------------------|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | | | | | | |
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A, BUILDING; | | | | | | | | |
| | | 0528 | B. WING | | 04/1 | 6/2024 | | | | | |
| NAME OF B | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, ST | ATE, ZIP CODE | | | | | | | |
| NAIVIE OF PI | NOVIDEN ON OUR FLIER | | R POND ROA | | | | | | | | |
| 22 UPPER WELDEN SAINT ALBANS, VT 05478 | | | | | | | | | | | |
| (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 | | T 001 | | | | | | | | |
| | On 4/16/24 the Division of Licensing conducted an unannounced on-site investigation of one complaint. The following regulatory deficiency was identified: | | | | | | | | | | |
| T 054 SS=F | 5.9 Staff Services 5.9 Staff Services 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 | | T 054 | Director, reviewed results of background check the substantiation to exist. In consultation with Resources Director it was relayed to employee who of the process to expunge. The employee did no process to expunge this from their record. Director the variance expectation with employee, given toward this employment was ended with employed 4/24/2024. Policy pertaining to hiring and background chereviewed on 4/23/2024 to ensure to compliance regulations. Per NCSS Human Resources polic Human Resources Department will facilitate all background, abuse registry checks and motor vichecks, and will be responsible for reviewing a produced. Background checks are completed at hire and annually to determine ongoing employ Leader/ hiring manager will be notified of any findings including, but not limited to criminal crevealed to NCSS will be reviewed on a case-blin each case, appropriate action, including with conditional offer of employment or ending empwill be taken to protect consumers from risks to safety or exploitation." | Human at the time of as informed by initiate by the time of as informed by the time of as informed by the time of as informed by the time of | | | | | | |
| | convictions. This REQUIREMEN' by: Based on staff interv was a failure to prote ensuring all staff are Protection Registry from the converse of the converse o | istry or have a record of T is not met as evidenced iew and record review there ect residents of the home by without substantiated Child indings indicative of a prior plect, or exploitation of a | | T054 Plan of Correction accept Jo A Evans RN on 5/3/24. | ed by | | | | | | |

Division of Licensing and Protection

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

Raulu Bedaral

House Manger FEZ211

(X6) DATE

STATE FORM

If continuation sheet 1 of 3

PRINTED: 04/18/2024 FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION

(X2) MULTIPLE CONSTRUCTION

| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | (A2) MOLTIPLE CONSTRUCTION | | | | | | | | |
|--|--|---|---------------------|---|------------------------|--|--|--|--|--|--|--|
| | = = | | A. BUILDING: | | COMPLETED | | | | | | | |
| | | | B MANAGE | | C 04/16/2024 | | | | | | | |
| 0528 | | B. WING | B. WING | | | | | | | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET / | ADDRESS, CITY, STAT | TE, ZIP CODE | | | | | | | | |
| 22 LIPPER WELDEN 107 FISHER POND ROAD | | | | | | | | | | | | |
| 22 UPPER WELDEN SAINT ALBANS, VT 05478 | | | | | | | | | | | | |
| (X4) ID | SUMMARY ST. | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECT | TION (X5) | | | | | | | |
| PREFIX TAG | PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD BE COM CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | | | | | | |
| T 054 | Continued From page 1 | | T 054 | | | | | | | | | |
| | child. Findings include | 9 : | | | | | | | | | | |
| | Affecting Ongoing Em 1/2018 states, "[The of contract with, facilitate anyone providing care significant findings were consumer, including, individual that has been eglect of a disabled vulnerable person, no felony." This policy was Community Rehabilita Services (CRT) Team that manages the hone 4/16/24. Per record review, one member's Vermont Clicheck conducted prior two substantiated resistatement made by the | en convicted of abuse or individual, child, or other or conviction of a violent as provided for review by the | | | | | | | | | | |
| | | med by the CRT Team | | | | | | | | | | |
| | Resources (HR) represorganization that man- the facility was aware findings during the ap- hiring process. The HI the organization's Dire- interviewed the staff manuse substantiation a allowing the staff mem | M on 4/16/24, a Human | | | | | | | | | | |

FEZ211

Division of Licensing and Protection (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C 04/16/2024 B. WING _ 0528 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 107 FISHER POND ROAD 22 UPPER WELDEN SAINT ALBANS, VT 05478 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 054 T 054 Continued From page 2 residing at the home. In conclusion, this deficient practice has the potential for more than minimal harm to all residents as the facility policy effective 1/2018, the Vermont Licensing and Operating Regulations for Therapeutic Community Residences effective 3/1/2022, and Vermont State Law prohibit the home from employing staff who have a substantiated charge of abuse, neglect or exploitation in the interest of protecting the vulnerable individuals who reside in the home from harm.

6899

Division of Licensing and Protection STATE FORM