

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 <u>http://www.dail.vermont.gov</u> 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 11, 2022

Ms. Jayne Placey, Manager Arioli Community Care Home 15 Arioli Avenue Barre, VT 05641-5214

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 13**, **2022.** 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,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

PRINTED: 04/19/2022 FORM APPROVED

Division of Licensing and Protection

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED		
	0027		8. WING			C 04/13/2022	
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODE			
RIOLICO	DMMUNITY CARE HOME		VT 05641				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
R100	Initial Comments:		R100				
	Division of Licensing	n was conducted by the					
R200 SS=E	V. RESIDENT CARE	AND HOME SERVICES	R200				
	5.15 Policies and Pro	ocedures					
		rn all services provided by all be available at the home					
	by: Based on staff intervi						
	Coordinator of Reside policies and procedur resident funds has no all residents of the RC being managed by the a written process for the resident monthly fund access funds; who con accounting of resident	Ifternoon of 4/12/2022, the ential Services confirmed es for the management of t been created. Presently, CH have funds that are e RCH manager. However, the proper accounting of s; who is authorized to mpletes quarterly t funds and the safe storage not been established.					
R314 SS=E	XI. RESIDENT FUND	S AND PROPERTY	R314				
	nsing and Protection RECTOR'S OR PROVIDER/S	PILLER REPRESENTATIVE'S SIGNATU	RE SVillmate	τιτιε γ 412712		(X6) DATE	

Raco - Rais poc accepted 5/4/22 Fmantoshp#/ Proc

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19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A, BUILDING:	A, BUILDING:		
		0027	B, WING		C 04/13/202	22
NAME OF D	ROVIDER OR SUPPLIER		DDRESS_CITY, STATE		1 04110/201	
		15 ARIOL	LI AVENUE			
ARIOLICO	OMMUNITY CARE HOME	BARRE,	VT 05641			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) DVPLETE DATE
R314	Continued From page 1		R314			
	transactions, provide statement, and keep from the home or lice This REQUIREMENT by: Based on staff intervi RCH failed to ensure representatives are p statement of the statu cash accounts. (Resi Findings include: During the course of t into the loss of reside	nust keep a record of all the resident with a quarterly all resident funds separate				
R315 SS=E	afternoon of 4/12/202 quarterly accounting residents who reside frequent access of re accounting for produc and transactions of e	2 there has been no of Resident Funds for all 6 at the RCH. Despite the sident funds and the cts purchased, the status ach resident's accounts are arterly basis to the resident	R315			
	be available for the re maintained when not This REQUIREMENT by:	property of the resident shall esident's use and securely in use. ' is not met as evidenced ew and record review there				
	was a failure of the R	CH to ensure the personal				
Division of Lice	ensing and Protection					

STATE FORM

6699 ZRJD11

If continuation sheet 2 of 3

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
0027		0027	B, WING		C 04/13/2022		
	ROVIDER OR SUPPLIER	E 15 ARIO	DDRESS, CITY, STATE LI AVENUE VT 05641	E, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRO'/IDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
R315	as evidenced by: On 3/15/22 personal residents of the RCH located in the facility personal funds of all Manager is responsi money in a locked sa ensuring proper accor resident funds. Per interview on 4/12 Residential Services belonging to the 6 re safe while the key to on the afternoon of 3 facility did not have a of resident funds, wh funds, and a process funds. In addition, on 4/12/2 Residential Services funds were dispense RCH manager for the resident's personal s scheduling restriction staff would remain in for several days betw completion of shoppi	nts was securely maintained money belonging to all was stolen from a safe . The RCH manages the 6 residents. The Residential ble for securing resident's afe in his/her office, and bunting and access of 2/22 the Coordinator of confirmed all the money sidents was stolen from the the safe was left unattended 3/15/22; and confirmed the a policy for proper accounting to is authorized to access a for safe storage of resident 22 the Coordinator of also confirmed resident d to staff members by the e purpose of conducting hopping. At times due to the staff's personal possession veen receipt of funds and	R315				

5599 ZRJD11

April 27, 2022

To whom it may concern,

The following is in response to the Plan of Correction required because of the unannounced on-site facility self-report complaint investigation conducted on 4/12/22 at Arioli Community Care Home.

R200- RESIDENT CARE AND HOME SERVICES:

5.15- See attachment. Effective immediately,

R314-RESIDENT FUNDS AND PROPERTY:

11.2-Quarterly reports have been sent to WCMHS accounting department who is rep payee for all 6 residents. Effective immediately, a copy will also be sent to each guardian quarterly.

R315- RESIDENT FUNDS AND PROPERTY:

11.3- New policy and procedure has been implemented along with changing the lock on the office door so that only the house manager, nurse and Coordinator has access.

Resident's Funds Policy and Procedure:

Resident funds are distributed monthly in the form of a check written to the designated custodian (house manager). The receipt and/or disbursement of resident funds will be done with two people present and documented. No resident will have over one hundred dollars at any time on premises. Any additional funds will be submitted back to the accounting division at WCMHS to be deposited into the client's account. The house manager will count resident funds weekly and document the correct count along with another person. Resident funds must be kept in a lock box/safe in the office that has a locking door and limited access. The house manager will send quarterly accounting records of resident funds to guardians. This will be monitored by the home Coordinator or person filling in when absent and will continue for as long as the resident is residing in the home.