



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

April 12, 2019

Mr. Vincent Jewell, Manager  
Ascutney House  
Po Box 250  
Ascutney, VT 05030-0250

Dear Mr. Jewell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 26, 2019**. 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:  0602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 03/26/2019
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NAME OF PROVIDER OR SUPPLIER  ASCUTNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 250 ASCUTNEY, VT 05030
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(X4) IO 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:  An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 3/26/19. There was a regulatory violation cited.	R100		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.15 Policies and Procedures  Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have written policies surrounding notifications of physicians and family when an incident occurs and assessing residents falling a fall. Findings include:  Resident #1 sustained a fall on 2/11/19, the unlicensed staff that were on duty did not notify the Registered Nurse (RN) of the fall until after assessing the resident and making an assumption that there were no injuries. There is no evidence that the family nor the physician were notified of the fall until 2/12/19. Per interview with the owner/manager on 3/26/19 at 12:24 PM, it is the expectation that family and the physician are to be notified of falls. S/he further confirmed that there is no written policy regarding notification following a fall and stated there should be. The owner also stated that there is no written policy that states a resident is to be assessed by an RN following a fall but indicated that it is a protocol that the staff are expected to contact the	R200	<p>Policy For Fall/Resident incident event.</p> <p>Policy includes quickly responding to Resident - gathering information on incident and resident current status.</p> <p>Then immediately calling 911. under certain circumstances. if 911 not indicated calling RN on call before morning or doing anything.</p> <p>RN will call owner phone if not on premises and notify MD + family</p> <p>Policy currently in place</p>	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Jennifer Silveira*  
STATE FORM 8899 LB6611 TITLE *owner Admin* (X6) DATE *4/8/19*  
If continuation sheet 1 of 2

R200 POC accepted 4/11/19 BBortell/PML

Division of Licensing and Protection

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R200	Continued From page 1  RN for an assessment.	R200		