



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 2, 2021

Ms. Christina Taft, Manager
Ascutney House
Po Box 250
Ascutney, VT 05030-0250

Dear Ms. Taft:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 15, 2021**. 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 11/15/2021
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ASCUTNEY HOUSE PO BOX 250 ASCUTNEY, VT 05030

(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:

An unannounced on-site investigation of a complaint and a facility re-licensure survey were conducted by Licensing & Protection on 11/10/2020. The complaint investigation was completed on 11/15/2021. As a result of the re-licensure survey and complaint investigation the following regulatory deficiencies were identified:

R100

R179
SS=E

V. RESIDENT CARE AND HOME SERVICES

R179

5.11 Staff Services

5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:

- (1) Resident rights;
- (2) Fire safety and emergency evacuation;
- (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;
- (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;
- (5) Respectful and effective interaction with residents;
- (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and
- (7) General supervision and care of residents.

11/26/21
Upon hire staff member will have to come in to facility + do All 7 inservices prior to starting orientation. this will be documented on orientation checklist All managers will document this. RN will check again prior to giving med class to ensure they were completed will add spot on med class paperwork to prompt RN

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

6899

O3W111

If continuation sheet 1 of 5

Jennifer Silva

RN GWNA

11/29/21

R179 - R358 POC accepted 12/1/21 Emilybush RN/RN

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R179	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, the Residential Care Home (RCH) manager/owner failed to ensure all staff received the required 12 hours of training each year. Findings include:</p> <p>During the course of survey on 11/10/2021, the owner was requested to demonstrate via training records that staff employed at the RCH who provide direct care to residents had received the 12 hours of required yearly training to include: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision. Per interview on the afternoon of 11/10/2021 the owner stated the individual hired to manage & monitor training documentation/records of staff had failed to maintain this required validation documentation, as a result no evidence of training could be provided. However, during the time of on-site, RCH staff were observed receiving both CPR & First Aid training.</p>	R179	<p>all inservices are not complete. Med class will not occur until completed</p> <p>Additional inservices beyond the 7 upon hiring will be done during inservice meetings scheduled throughout year.</p> <p>All quizzes required to be completed for inservices will be done during meeting time. Staff will not be able to take home to complete. Time will be allotted during meeting. Staff that miss meeting can not work until inservice completed. This will be enforced by manager.</p>	
R181 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.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</p>	R181	<p>Criminal and Abuse checks will be done prior to start date for All staff.</p> <p>This will be confirmed when staff come to facility for Pre employment inservice. This will be documented in Staff Record, orientation sheet.</p>	

This will be monitored by manager typing meeting minutes including inservices + who completed + has not completed. The Licensee will be responsible to approve minutes confirming All inservice paperwork is completed by All staff.

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R181	<p>Continued From page 2</p> <p>or outside of the State of Vermont. This provision shall apply to the manager of the home 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 in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH owner failed to ensure that an applicant who was hired by the facility did not have a conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to public welfare. In addition, 2 staff recently hired by the RCH owner were not screened to identify if the employees are on the abuse registry or have a record of convictions. Findings include:</p> <p>Per review of an employees personal file a criminal record check was obtained by the RCH on 11/6/2019. The results of the background check revealed that the employee had a criminal conviction of Domestic Assault/Misdemeanor on 10/10/1995. The RCH owner had not provided the surveyor written evidence that the decision to employ this individual with a relevant criminal conviction did not pose a threat to residents.</p> <p>Upon further review it was confirmed by the RCH owner 2 employees recently hired had not been fully screened as required. Upon request by the surveyor on the afternoon of 11/10/2021, the RCH</p>	R181	<p>In addition to the confusion when doing un-services. All staff will have a signed letter in employee folder that Criminal + Abuse v's are done and will be signed by manager + licensee, verifying both have viewed results.</p> <p>- manager will confirm on start date that this letter is signed + in folder</p> <p>licensee will ensure anyone with recent criminal will be reviewed with manager + evaluate if their record poses a threat to residents. - If hired will have written statement in folder how to keep residents safe. Staff member with criminal history does not longer work</p>	

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R181	Continued From page 3 owner conducted an on-line Abuse Registry search for employee #1 which was negative for Adult/Child abuse. The RCH owner further stated s/he could not conduct a search for criminal convictions for employee #1 because a "Criminal Record Check" consent had not been signed by employee #1. The RCH owner further confirmed a consent had not been obtained from employee #2 to conduct both criminal and abuse checks.	R181		
R258 SS=D	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there was a failure of the RCH to ensure trash containers in the kitchen were covered. Findings include: During a tour of the kitchen on 11/10/2021 at 1:00 PM, 2 trash containers were observed to be overflowing with discarded trash and food scraps. The employee working in the kitchen stated the trash containers have covers but when busy at meal time it was easier to dispose of trash without a covers attached. The RCH owner was informed of observations during the afternoon of 11/10/2021 and confirmed trash containers should remain covered, and alternative trash	R258	All garbage cans in kitchen will have covers that cannot be removed. This will ensure trash is always covered and can not overflow.	12/9/21

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R258	Continued From page 4 containers were discussed.	R258		