



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

October 16, 2018

Ms. Nicole Pierce, Manager  
Averill Place  
23 Jones Brother Way  
Barre, VT 05641-3818

Dear Ms. Pierce:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 28, 2018**. 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 black ink that reads "Pamela M. Cota RN". The signature is fluid and cursive.

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/28/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  AVERILL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 23 JONES BROTHER WAY BARRE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 8/28/18. The following regulatory deficiencies were identified.	R100		
R179 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on information provided, the facility failed</p>	R179		

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



TITLE

Coowner/Manager

(X6) DATE

9/21/18

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/28/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  AVERILL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 23 JONES BROTHER WAY BARRE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R179 Continued From page 1

to meet the training requirements in 5.11.b for 3 of 3 direct care staff in the applicable sample. Findings include:

During the onsite record review and interview with the Manager on 8/28/18 at 11:30 AM, the facility failed to provide evidence that 3 of 3 direct care staff had completed training specifically for the following required topics: Resident Rights; Fire safety and emergency evacuation; Resident emergency response procedures; Policies and procedures regarding mandatory reports of abuse, neglect, and exploitation; and Infection Control. Records documented completion of the required 12 hours of training, appropriate medication training, and the required topics of Respectful and effective interaction with residents, and General supervision and care of residents.

R179

There were only two staff on board when survey occurred. Abuse manager and 1 additional staff facility was purchased 7/21/18 all trainings were complete and onsite at time of survey. Manual w/policies and procedures covers areas. Made a new employee checklist to ensure documentation is sufficient to support completed trainings. R-179 POC accepted 10/4/18 J. Hasmer, ru / S. Remy RD

7-18-18

R180 V. RESIDENT CARE AND HOME SERVICES  
SS=E

5.11 Staff Services

5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training

This REQUIREMENT is not met as evidenced by:  
Based on information provided, the facility failed to document training to meet the requirements in 5.11.b for 3 of 3 direct care staff in the applicable sample. Findings include:

R180

During the onsite record review and interview with

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/28/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  AVERILL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 23 JONES BROTHER WAY BARRE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R180 Continued From page 2

the Manager on 8/28/18 at 11:30 AM, the facility failed to provide documentation that 3 of 3 direct care staff had completed training to meet the requirements in 5.11.b., specifically for the following required topics: Resident Rights; Fire safety and emergency evacuation; Resident emergency response procedures; Policies and procedures regarding mandatory reports of abuse, neglect, and exploitation; and Infection Control. Records documented completion of the required 12 hours of training, appropriate medication training, and the required topics of Respectful and effective interaction with residents, and General supervision and care of residents.

R180

Made a new checklist to better document that trainings are complete. will continue to use the form from here on out.

R-180 POC accepted 10/4/18  
J. Harmer RN/S. Perry, RD