



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

May 9, 2024

Nicole Pierce, Manager
Averill Place
24 Averill Street
Barre, VT 05641-3818

Dear Ms. Pierce:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 22, 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

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 04/22/2024
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NAME OF PROVIDER OR SUPPLIER AVERILL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 24 AVERILL STREET BARRE, VT 05641
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(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 on-site re-licensure survey was conducted by the Division of Licensing and Protection on 04/22/24. The following regulatory violations were identified:	R100		
R179 SS=F	<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> <ol style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the</p>	R179	<p>All Staff will repeat all new staff trainings yearly regardless of competency in these areas, the training form for new employees will be used for yearly trainings to clearly show the individual completing the survey trainings completed. 12 trainings are always completed for all employees resident specific trainings are included in these 12 trainings. Regardless of competency and length of employment all employees will repeat and have these 12 trainings documented on the new form</p> <p>Training forms have been updated as of 5/1/24, and will be checked monthly and logged when staff complete the training each year.</p>	

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



TITLE

Manager

(X6) DATE

5/3/2024

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>RCH failed to ensure that all staff providing direct care to residents had at least twelve (12) hours of required training each year. Findings include:</p> <p>During the course of a re-licensing survey conducted on 4/22/24, the manager was requested to demonstrate via training records that staff employed at the RCH who provide direct care to residents had received the twelve (12) hours of required yearly training. Per record review, 4 out 5 staff did not complete all the training to include resident rights, fire safety and emergency evacuation, resident emergency response procedures, such as the Heimlich maneuver, accidents, police, or ambulance contact and first aid, policies, and procedures regarding mandatory reports of abuse, neglect and exploitation, respectful and effective interaction with residents, and general supervision care of residents.</p> <p>Per interview conducted on the afternoon of 4/22/24 the manager confirmed that the facility did not have a current written policy and procedure on staff competency and education.</p> <p>Per interview on the afternoon of 4/22/24 the Owner/Manager confirmed the training records provided for review were not complete with all required 12 hours of training completed.</p> <p>This deficient practice is a risk for more than minimal harm as trainings ensure staff are able to maintain the skills needed to provide skilled, adequate and safe care for the residents.</p>	R179	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>All Staff will repeat all new staff trainings yearly regardless of competency in these areas, the training form for new employees will be used for yearly trainings to clearly show the individual completing the survey trainings are completed. 12 trainings a year already always completed for all employees. Including resident specific trainings. Regardless of competency and length of employment all employees will repeat and have these 12 trainings documented on the new form every year. Training forms have been updated as of 5/1/24, and will be checked monthly and logged when staff complete the training each year.</p> <p>R179 Accepted on 5/9/24. Sherry Ross, RN</p>	
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES	R200		

Division of Licensing and Protection

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R200	<p>Continued From page 2</p> <p>5.15 Policies and Procedures</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure development of and access to policies and procedures that govern all services provided by the home. Findings include:</p> <p>On 4/22/24 the facility was requested to provide policies and procedures related to required staff education and competency. The facility Manager confirmed policies and procedures related to these services were not on file and available for review on 4/22/24.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to provide accessible information and clear instructions related to safe and effective resident care.</p>	R200	<p>Our policy & procedures have been updated as of 5/1/24 to better explain the required yearly trainings for all staff. Currently the process for competency occurs one on one with the manager/ RN or both before any tasks are performed. These competencies also occur in a written test and will now be saved in the employee file. Policy and Procedure has been updated to reflect this in writing and added to employee training materials. This will be reviewed monthly when any trainings completed are verified and logged/.</p> <p>R200 Accepted on 5/9/24. Sherry Ross, RN</p>	