

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

August 5, 2024

Rachel Darby, Manager Battelle House 348 Dewey Street Bennington, VT 05201-2255

Dear Ms. Darby:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 24, 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,

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

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PRINTED: 07/12/2024 FORM APPROVED Division of Licensing and Protection (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: _ B. WING 0531 06/24/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 348 DEWEY STREET **BATTELLE HOUSE** BENNINGTON, VT 05201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) T 001 T 001 Initial Comments An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 6/24/24. Regulatory deficiencies were identified. Findings include: V.5.10.b.4 Started 7/25/24 T 062 V.5.10.b.4 Resident Care and Services T 062 Completed by 9/1/24 SS=F A) Background checks are completed 5.10 Records/Reports upon hire. 5.10.b.4 The results of the criminal record and B)Updated procedure ensures that abuse registry checks for all staff. Human Resources (HR) is conducting a background check annually including: This REQUIREMENT is not met as evidenced Vermont Adult Abuse Registry. Vermont Child Abuse Registry, Based on record review and interview the TCR Vermont Criminal Information Center failed to obtain criminal background and abuse Background Check, and National registry checks on an annual basis for 4 out 5 Background Checks. staff of the applicable sample. C) These changes will be monitored by updating our Background Check Per staff record review of background check Report to reflect that Battelle House requirements were incomplete for 4 out of 5 staff employees receive background checks of the applicable sample. Criminal background annually. The report is run monthly checks and Abuse registry checks were not to ensure that background checks are completed in compliance with the updated completed by the due date noted in the guidance provided by the licensing agency on report. 10/24/22 and additional guidance on 5/4/23. On 10/4/22 the Agency of Human Services, T 062 Accepted Department of Licensing and Protection issued Jenielle Shea, RN 8/5/24 guidance indicating the "Required Background Check Protocol 1. Prior to employing an individual and at least annually thereafter, a Facility must

Division of Licensing and Protection

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

On 5/1/23 the Agency of Human Service, Division

guery the following entities regarding the prospective / current employee: Vermont Adult Abuse Registry, Vermont Child Abuse Registry, Vermont Criminal Information Center Background Check and National Background Checks".

Assistant Medical Direction

PRINTED: 07/12/2024 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 06/24/2024 0531 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 348 DEWEY STREET **BATTELLE HOUSE** BENNINGTON, VT 05201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 062 T 062 Continued From page 1 of Licensing and Protection issued additional guidance stating, "The licensing agency (the Survey and Certification Unit) plans to review compliance for all background check requirements beginning January 1, 2024 (an extension of the October memo) and may enforce requirements after that date." The facility policy titled "Background Check", stated "6. The Human Resource Department with conduct background checks on all candidates for employment following a conditional offer of

stated "6. The Human Resource Department with conduct background checks on all candidates for employment following a conditional offer of employment and the prospective employees acceptance. These will include by not limited to, VCIC criminal records, and registries checks, including abuse and sex offender registries." The policy continues to state "Background checks will be repeated on all employees on a three year cycle. An exception is employees who work in group homes who will have their background checks repeated annually in accordance with DAIL requirements."

An interview in the morning of 6/24/24 the Manager confirmed the staff records were incomplete of annual background checks. The HR Manager was contacted by the Manager and communication of background checks was continued with HR.

In follow-up emails on 6/24/24 and 6/27/24 with Human Resource staff, the records were confirmed to not include the annual requirement of Vermont Criminal Information Center Background Checks, Abuse Registry Checks, and National Criminal Background Checks (applicable to new hires and/or staff whom live outside of Vermont.)

This deficient practice is a potential risk of more

Division of Licensing and Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0531	B. WING		06/24/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 348 DEWEY STREET BENNINGTON, VT 05201					
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
T 062	than minimal harm to	residents of the facility, due staff can maintain a safe	T 062		

Division of Licensing and Protection

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