



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 18, 2024

Erik Charon, Manager
Beekman House
Po Box 106
Proctorsville, VT 05153-0106

Dear Mr. Charon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 28, 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: 0512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2024
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NAME OF PROVIDER OR SUPPLIER BEEKMAN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 106 PROCTORSVILLE, VT 05153
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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
T 001	Initial Comments An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 10/28/24 and completed on 10/30/24. Regulatory Deficiencies were identified. Findings include:	T 001	V.5.2.d Plan of correction for deficiency regarding advanced directive determination and signature verifying offer by residential program of advanced directives to residents. At time of admission or as needed, residents will be asked if they have or want an advanced directive.	
T 009 SS=F	V.5.2.d Resident Care and Services 5.2 Admission Agreements 5.2.d On admission, the residence must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. The admission agreement shall include a space for the resident to sign and date to indicate that the residence has met this requirement. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to implement the TCR requirement for the admission agreement to include a space for the resident to sign and date the receipt of information regarding advance directives upon admission to the home. Findings include: Per review on 10/28/24 the facility's admission agreement did not include a space for the resident's signature and date, acknowledging receipt of information regarding their right to form an advanced directive. Per interview, on 10/28/24, staff confirmed the admission agreement to not indicate an area to establish an advanced directive.	T 009	The Advanced directive service will be completed in the medical record and signed by the Resident, per HCRS policy. The admission agreement will be amended to include signature indicating residence completed the requirement. This will be completed by Jan 1 2025, to allow time to get approval by HCRS clinical standards committee. All Beekman House residents will be offered the opportunity to review and complete the signed Advanced Directives service in the medical record. This will be completed by Friday 11/2024. T009 Accepted Jenielle Shea, RN 12/18/24	

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



Erik Charon Residential Coordinator 11/20/24

TITLE

(X6) DATE

Division of Licensing and Protection

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T 009	<p>Continued From page 1</p> <p>The registered nurse onsite confirmed, per the applicable sample 3 out of 3 residents records (Residents #1, #2, #3) , did not include an established advanced within their resident record, established by the TCR or the designated agency in which the resident is affiliated.</p> <p>Per interview on 10/30/24 at 11:00 AM, the Director of Residential confirmed the admission agreement does not indicate the development of advanced directives. S/he explained the residents are affiliated with a designated agency and explained oppurtunities to develop an advance directive is provided through the agency. The Director of Residential acknowledged, the requirement of the TCR upon admission to identify if the resident has an established advnaced directive and the requirement to provide information to establish upon admission.</p>	T 009		