



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 10, 2024

William Brown, Manager
Confluence Behavioral Health
1646 Gove Hill Road
Thetford Center, VT 05075

Dear Mr. Brown:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 11, 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: 0654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2024
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NAME OF PROVIDER OR SUPPLIER CONFLUENCE BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1646 GOVE HILL ROAD THETFORD CENTER, VT 05075
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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 On 9/11/24 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	T 001		
T 044 SS=D	V.5.8.g.1.2.3.4.5.6. Resident Care and Services 5.8 Medication Management 5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the residence; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; (5) For residents receiving psychoactive medications, a record of monitoring for side effects; and (6) All incidents of medication errors.	T 044		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



10/8/2024

William Brown
Clinical Director
Confluence Behavioral Health

Division of Licensing and Protection

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T 044	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Medication Administration Records (MARs) for 2 residents of the home (Resident's #1 and #2) did not include documentation indicating the effects and/or side effects of following the use of PRN (as needed) medications administered for severe anxiety. Findings include</p> <p>The home's policies and procedures governing medication administration and documentation are consistent with this licensing regulation.</p> <p>1. Per record review Resident #1 utilized 10 doses of the PRN (as needed) medication Hydroxyzine prescribed to treat severe anxiety between 7/15/24 and 9/10/24. On the afternoon of 9/11/24 the Registered Nurse confirmed Resident #1's MAR does not include documentation of the effects and/or side effects of the medication Hydroxyzine for all doses of this medication taken by Resident #1 between 7/15/24 and 9/10/24.</p> <p>2. Per record review Resident #2 utilized 2 doses of the medication Propranolol prescribed to treat severe anxiety between 8/22/24 and 9/10/24. On the afternoon of 9/11/24 the Registered Nurse confirmed Resident #2's MAR does not include documentation of the effects and/or side effects of the medication Propranolol for both times this medication was taken by Resident #2 between 8/22/24 and 9/10/24.</p>	T 044		

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T 052 T 052 SS=F	Continued From page 2 V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence 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, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure 4 out of 5 sampled staff	T 052 T 052		

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T 052	Continued From page 3 completed all required yearly trainings. Findings include: The home's Staff training Policy is consistent with the regulatory requirements. On the morning of 9/11/24 the Manager of the home was requested to provide documentation of trainings completed for a sample of 5 staff. Per review of the training documentation provided for review, 4 out of 5 sampled staff did not complete all required yearly trainings. This finding was confirmed by the Manager of the home at 2:07 PM on 9/11/24.	T 052		
T 062 SS=F	V.5.10.b.4 Resident Care and Services 5.10 Records/Reports 5.10.b.4 The results of the criminal record and abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of all required criminal record and abuse registry checks for 5 out of 5 sampled staff. Findings include: The home's Background and Criminal Investigation Checks Policy identifies the requirement to complete criminal record and abuse registry checks during the hiring process. This policy was effective on 3/1/16 and has not been updated to include all criminal record and abuse registry checks currently required by the licensing agency. On the morning of 9/11/24 the Manager was	T 062		

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T 062	Continued From page 4 requested to provide documentation of criminal record and abuse registry checks completed for a sample of 5 Staff. Per review of the documentation provided for review, all required checks were not completed for 5 out of 5 sampled staff. This finding was confirmed by the Manager at 2:07 PM on 9/11/24.	T 062		



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Plan Of Correction

Confluence Behavioral Health

DAIL Regulation Report Summary

Signed:

William Brown - Owner/Clinical Director

Date:

10/9/2024



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1646 GOVE HILL RD
THETFORD CENTER, VT 05075
CONFLUENCEVT.COM
802.727.0019



Corrective Action Plan

1.

DAIL Regulation

V.5.8.g.3.

Deficiency Reported

Based on staff interview and record review the Medication Administration Records (MARs) for 2 residents of the home (Resident's #1 and #2) did not include documentation indicating the effects and/or side effects of following the use of PRN (as needed) medications administered for severe anxiety. Findings include

Corrective Action Plan

1. Confluence will complete training on medical documentation and monitoring for side effects. This training will be led by the Confluence nurse and will be provided to any/all staff responsible for administering medication and monitoring for intended and/or side effects.
 - a. Training will include how to use existing documentation tools, how to monitor for effects/side effects.
2. Confluence holds a weekly medications review meeting during which the nurse will review all intended effects and possible side effects of PRN medications currently prescribed to Confluence residents.

Measures to Ensure Deficiency Does Not Recur

1. Documentation:
 - a. All staff responsible for administering medication and monitoring for side effects will be trained on Confluence Policies and Procedures at the point of hire and annually.
 - b. Confluence current documentation provides a space for recording all effects and/or side effects for medication.
 - c. The Confluence nurse will review documentation each week to ensure compliance.

Monitoring Strategies





1. A monthly audit of MAR records will be completed and documented to ensure ongoing compliance.

Dates by Which Deficiency will be Completed

1. These Trainings will be completed by October 16, 2024 and will be documented in each person's training log.
2. Monthly Audits are currently in process and include a review of the MAR to monitor for compliance of documentation with intended effects and/or side effects of PRN medications.

T 044 Plan of Correction accepted by Jo A Evans RN on 10/10/24.

2.

DAIL Regulation

V.5.9.b.1.2.3.4.5.6.7

Deficiency Reported

On the morning of 9/11/24 the Manager of the home was requested to provide documentation of trainings completed for a sample of 5 staff. Per review of the training documentation provided for review, 4 out of 5 sampled staff did not complete all required yearly trainings. This finding was confirmed by the Manager of the home at 2:07 PM on 9/11/24.

Corrective Action Plan

1. Confluence will conduct an audit of the employee training logs to review trainings.
2. Confluence will complete a training schedule to ensure annual trainings are completed for all employees.
3. Confluence will complete trainings on all required topics and will document the completion of the trainings in the employee training log.

Measures to Ensure Deficiency Does Not Recur

1. Confluence has assigned the program director to review the training schedule and implement the annual training plan.

Monitoring Strategies





1. Confluence will complete an audit of the training log twice annually to ensure compliance. This will ensure that all existing employees as well as new hires complete the trainings each year.

Dates by Which Deficiency will be Completed

1. All trainings for all employees will be completed by November 6, 2024.

T 052 Plan of Correction accepted by Jo A EvansRN on 10/10/24.

3.

DAIL Regulation

V.5.10.b.4

Deficiency Reported

Based on staff interview and record review there was a failure to ensure completion of all required criminal record and abuse registry checks for 5 out of 5 sampled staff. Findings include: The home's Background and Criminal Investigation Checks Policy identifies the requirement to complete criminal record and abuse registry checks during the hiring process. This policy was effective on 3/1/16 and has not been updated to include all criminal record and abuse registry checks currently required by the licensing agency. On the morning of 9/11/24 the Manager was requested to provide documentation of criminal record and abuse registry checks completed for a sample of 5 Staff. Per review of the documentation provided for review, all required checks were not completed for 5 out of 5 sampled staff. This finding was confirmed by the Manager at 2:07 PM on 9/11/24.

Corrective Action Plan

1. Confluence will audit all employee files to review compliance.
2. All missing background checks will be completed using the following registries:
 - a. Vermont Criminal Information Center
 - b. Vermont Adult Abuse Registry
 - c. Vermont Child Protection Registry
 - d. National Criminal Background Check
3. The Confluence Employee Manual has been updated to reflect the updated Background check Policy and Procedure, including the following details:
 - a. Prior to employing an individual and at least annually thereafter, Confluence will query the following entities regarding the prospective/current employee:
 - i. Vermont Criminal Information Center





- ii. Vermont Adult Abuse Registry
- iii. Vermont Child Protection Registry
- iv. National Criminal Background Check (if the employee resides out-of-state or has been employed out-of-state)

Measures to Ensure Deficiency Does Not Recur

- 1. Confluence has trained the program director on how to conduct background checks and is assigned to complete these checks prior to hire.

Monitoring Strategies

- 1. Confluence will complete an audit of all employee's Human Resources files twice annually to ensure compliance and will review the training log twice annually to ensure compliance. This will ensure that all existing employees as well as new hires complete the trainings each year.

Dates by Which Deficiency will be Completed

- 1. All background checks will be up to date and current for all employees by October 14, 2024.

T 062 Plan of Correction accepted by Jo A Evans RN on 10/10/24.

Background & Criminal Investigation Checks

Policy Number 1.11	Effective Date: 03-01-16
Subject: Background Criminal Investigation	Revision Dates: 10-07-24
Department: All Staff	Contact: Partnership
State Regulation:	

Policy:

All prospective Confluence staff will be required to complete a Background Criminal Investigation (BCI). Confluence will not hire prohibited individuals. The nature of any past criminal offenses may be reviewed by the Program Director for consideration for employment at the prospective employee's request. Approvals will be made on a case-by-case basis.

Procedure:

- 1. All staff must submit a completed BCI form at the point of application for employment.
- 2. BCI checks will include:





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- a. Child and Adult Abuse Registries
 - b. Vermont Criminal Information Center
 - c. Federal List of Excluded Individuals/Entities
 - d. National Criminal Background Check
 - e. Licensure Databases
3. In the event of a noted item on any of the above investigations, the Program Director will consider:
- a. The nature and gravity of the offense.
 - b. The date of offense and time that has passed since conviction and completion of sentence.
 - c. The nature of the position sought by the applying individual.
4. New Hire Employees may not begin work responsibilities until the completion and approval of the BCI.
5. Completed BCI is kept in the employee file.
6. Prior to employing an individual and at least annually thereafter, Confluence will query the following entities regarding the prospective/current employee:
- a. Vermont Adult Abuse Registry
 - b. Vermont Child Protection Registry
7. If an employee resides out-of-state or has worked out-of-state, the National Criminal Background Check will be conducted annually.



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