

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

July 6, 2018

Ms. Mary Leikert, Manager  
Copley House Community Care Home  
379 Washington Highway  
Morrisville, VT 05661-8968

Dear Ms. Leikert:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 19, 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,



Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/19/2018
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NAME OF PROVIDER OR SUPPLIER  COPLEY HOUSE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 379 WASHINGTON HIGHWAY MORRISVILLE, VT 05661
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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
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R100	Initial Comments:  An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 6/19/18. Based on findings, the following regulatory violations were identified.	R100		
R208 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.18 Reporting of Abuse, Neglect or Exploitation</p> <p>5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to report a pattern of resident to resident abuse which occurred over the period January, 2018 to June, 2018 for 1 of 4 residents in the sample (Resident #2). Findings include:</p> <p>Resident #2 had a reduction in psychoactive medications in November, 2017. Per review of incident reports provided by the facility, on 1/19/18 at 10:30-11:00 AM, Resident #2 was verbally threatening to Resident #4. On 3/10/18 at 3:00 PM, Resident #2 was verbally threatening and pushed the head of Resident #4 with one hand. On 3/23/18 at 4:00 PM, Resident #2 chased Resident #4, making no contact. On 3/25/18 at 3:15 PM, verbal threat by Resident #2</p>	R208	<p>Going Forward house management will notify Licensing Agency of any resident to resident abuse. To better track this abuse, an incident tracking form will be developed. This incident tracking form will be reviewed biweekly to ensure incidents are being recorded and clear patterns are recognized. At this time management will forward this information to the Licensing Agency.</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *May Lett* TITLE: clinical coordinator Copley House (X6) DATE: 7/3/18

STATE FORM 6599 1GF511 If continuation sheet 1 of 3

R208 - R302 PO's accepted 7/5/18 JHsmenra/rmc

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R208 Continued From page 1

to Resident #4 escalated to chasing, no contact resulting. On 3/26/18 Resident #2 and #4 were separated by staff due to verbal escalation at both 11:05 AM and 5:05 PM. On 4/6/18 at 5:05 PM, Resident #2 displayed verbal aggression to Resident #4. On 4/9/18 at 12:05 PM, Resident #2 yelled at and with both hands pushed Resident #4.

On 5/12/18 at 7:55 PM, Resident #2 displayed verbal aggression and staff intercepted prior to physical contact to Resident #4. On 5/20/18 at 7:55 PM, Resident #2 was verbally aggressive toward Resident #4. On 6/6/18 at 5:15 PM, Resident #2 was verbally aggressive while in the meal line.

The healthcare provider adjusted psychoactive medications on 4/6/18, and subsequently as agitation continued, made upward adjustments on 4/11/18. An as needed dose of medication and a behavioral care plan have also been developed and revised, with specific precursors and interventions for staff. Nevertheless, the facility failed to report this clear pattern of resident to resident abuse. This was confirmed by the Manager during interview on 6/18/18 at 2:55 PM.

R208

R302 IX. PHYSICAL PLANT  
SS=D

9.11 Disaster and Emergency Preparedness

9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on

R302

*Going Forward house manager will conduct quarterly fire drills at rotating times including morning, afternoon, evening and night. To Better schedule these fire drills house manager will keep a schedule of drills in the*  
cont p3

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R302	<p>Continued From page 2</p> <p>at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to conduct a required fire drill in one of four quarters of the year May, 2017 through May, 2018. Findings include:</p> <p>Record review showed that the facility failed to conduct any fire drill from 10/6/17 to 5/22/18. During the 12 month period reviewed, fire drills were held on 5/4/17, 6/24/17, 9/12/17, 10/6/17, and 5/22/18. During interview on 6/19/18 at 10 :45 AM, the Manager confirmed that there was no fire drill between 10/6/17 and 5/22/18.</p>	R302	<p>manager's office and in the fire drill log kept in the kitchen. 7/5/18 will be the first fire drill of this fiscal year.</p>	