



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

March 13, 2019

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 **February 11, 2019**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

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 C 02/11/2019
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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:

R100

An unannounced onsite investigation of four entity self-reports containing seven separate incidents was completed by the Division of Licensing and Protection on 2/11/19. Based on information gathered, the following regulatory violation was identified.

R208 V. RESIDENT CARE AND HOME SERVICES
SS=B

R208

5.18 Reporting of Abuse, Neglect or Exploitation

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

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to meet the 48 hour reporting requirement for a pattern of resident to resident incidents (4 of 7 reported) in the applicable sample (for Residents #1 and #2). Findings include:

The facility exceeded the 48 hour reporting window for the following incidents between Resident #1 and Resident #2:

1. Incident dated 7/19/18 was reported on 7/26/18;

Going forward house management will notify Licensing agency of any resident to resident abuse within 48 hours of the incident. To better notify licensing, the house manager will utilize remote computer access to document and report incidents. Incident reports written by staff will be sent immediately to house manager. The house incident reports will be restructured to record time recieved by house manager and record time the house manager sends report to licensing agency. This reporting time

Division of Licensing and Protection	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
STATE FORM	<i>May Sabart</i>	Clinical coordinator Copley House	2/26/19

R208 POC accepted 3/7/19 JH/murru/pru

Division of Licensing and Protection

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R208	Continued From page 1 2. Incident dated 8/6/18 was reported on 8/9/18; 3. Incident dated 12/13/18 was reported on 1/2/19; 4. Incident dated 12/18/18 was reported on 1/2/19. The above delayed reporting timeline was confirmed by the Manager on 2/11/19 at approximately 5:45 PM.	R208	<u>Cont.</u> will be tracked on the incident tracking form cmh for to further monitor reporting time.		