

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 22, 2019

Ms. Jennifer Silva, Manager Davis Home 45 State Street Windsor, VT 05089-1213

Dear Ms. Silva:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 12, 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,

Pamela M. Cota, RN

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Licensing Chief



FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 0021 08/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 45 STATE STREET **DAVIS HOME** WINDSOR, VT 05089 SUMMARY STATEMENT OF DEFICIENCIES (X4) !D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) R100 Initial Comments: R100 An unannounced onsite investigation of a facility reported incident in conjunction with a complaint was conducted by the Division of Licensing and Protection on 8/12/2019. There was a regulatory finding as a result of this investigation. R224 VI. RESIDENTS' RIGHTS R224 SS=E All checks conc 6.12 Residents shall be free from mental. verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced Based on record review and staff interview the facility failed to ensure that three (3) of three (3) Will Encourage Al residents, Resident #1, Resident #2, and Resident #3, were free from exploitation. Findings include: 1. Per review of the facility's internal investigation, on 4/24/2019 the facility Administrator discovered that two (2) checks were missing from resident #1's checkbook. These checks were being stored in the facility pay office. The facility cook was photographed cashing the two checks for a total of \$550.00 dollars at local banks. Per interview with the Administrator, s/he discovered the missing checks and went to the bank to find out if they had been cashed. The bank had a photograph on file of the person who cashed the check. During the interview confirmation was made that the person cashing the checks was the facility cook. The

Division of Licensing and Protection

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

R224 POL accepted 10/18/19 SFreemanRN/Princ

Division of Licensing and Protection					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
			A. BUILDING	:	
		0021	B. WING		08/12/2019
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY,	STATE, ZIP CODE	
DAVIS HOME 45 STATE S					
WINDSOR, VT 05089					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
R224	Continued From pa	ge 1	R224		
N2.24	Administrator also of the cook had a key checks were kept. 2. Per review of the on 4/24/2019 the Adcheck from resident cashed by the facility of the facility	confirmed that while on duty, to the pay office where the facility's internal investigation, dministrator discovered that a t #2's account was written and by cook. The Administrator, s/he at the bank investigating hissing checks, s/he also facility cook was ing a check in the amount of the Resident #2's account. The facility's internal the facility's internal the facility's internal the cabinet in the sing from a file cabinet in the see Administrator s/he to belonging to Resident #3 file cabinet in the pay office, and access to the office.		+ managa ha this was can 4/30/19.	weles pleted
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