



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

September 4, 2024

Sarah Jane Alexander, Manager
Eagle Eye Farm
Po Box 247, 3014 Abbott Hill Road
West Burke, VT 05871-0247

Dear Ms. Alexander:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 24, 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: 0513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
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NAME OF PROVIDER OR SUPPLIER EAGLE EYE FARM	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 247, 3014 ABBOTT HILL ROAD WEST BURKE, VT 05871
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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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T 001	Initial Comments On 7/24/24 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey and investigation of 2 complaints. There were no regulatory deficiencies identified related to the complaint investigations. The following regulatory deficiencies were identified related to the annual relicensure survey:	T 001	<i>Please See Attached</i>	
T 006 SS=F	V.5.2.a Resident Care and Services 5.2 Admission Agreements 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, the services that are covered in the rate, and all other applicable financial issues, including an explanation of the residence's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI benefits. The agreement must be written in a format that is accessible, linguistically appropriate, and available in large font. This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review there was a failure to ensure both residents of the Therapeutic Community Residence (Residents #1 and #2) were provided with a written	T 006		

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

Sarah Jane R Alexander, Director

9/2/2024

XOK111

Division of Licensing and Protection

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T 006	Continued From page 1 admission agreement as required on admission to the home. Findings include: The facility has not developed policies and procedures governing admission agreements for residents of the Therapeutic Community Residence (TCR). On the afternoon of 7/24/24 the Director of the TCR was requested to provide copies of the admission agreements for Residents #1 and #2 who are the current residents of the home for review. At 3:17 PM on 7/24/24 the Director and the Registered Nurse confirmed admission agreements had not been provided to and signed by the home's 2 applicable residents or their responsible parties as required.	T 006	<i>Please See Attached</i>	
T 016 SS=F	V.5.3.c Resident Care and Services 5.3 Intake 5.3.c A written summary of the basic data shall be retained by the residence for the record. This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review there was a failure to ensure completion of written summaries of resident intake data for both residents of the home (Residents #1 and #2). Findings include: Policies and Procedures governing the development of a written intake summary for all facility residents have not been developed by the	T 016		

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T 016	Continued From page 2 home. On the afternoon of 7/24/24 the Registered Nurse and the Director were requested to provide copies of the intake summaries for the 2 current residents of the home (Residents #1 and #2) for review. The Registered Nurse confirmed written summaries of the applicable resident's intake assessment data had not been completed, and stated s/he was not aware of the regulatory requirement to complete resident intake summaries.	T 016	<i>Please see attached</i>	
T 022 SS=F	V.5.4.c Resident Care and Services 5.4 Discharge Requirements 5.4.c A summary of the resident 's stay at the facility shall be added to the resident record within two weeks of his or her leaving. The summary shall include the reason for leaving, areas in which progress, no progress, or regression was observed, and the medication the resident was prescribed at the time of leaving. If a resident is receiving treatment for a serious mental illness, the facility shall follow up with that resident within seventy-two (72) hours of discharge from the facility. This shall be done using the most effective means possible, including email, text messaging, or phone. This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review there was a failure to complete discharge summaries	T 022		

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T 022	<p>Continued From page 3</p> <p>as required for residents of the home who were discharged from the Therapeutic Community Residence (TCR) to the independent living program managed by the organization that owns and operates the home.</p> <p>Policies and procedures governing the discharge process have not been developed by the home.</p> <p>On the afternoon of 7/24/24 the Director and Registered Nurse were requested to provide a copy of the discharge summary for Resident #3 completed following discharge from the Therapeutic Community Residence to the independent living program managed by the same organization. At 3:17 PM on 7/24/24 the Registered Nurse and Director confirmed a discharge summary had not been completed for Resident #3. The Director confirmed s/he was not aware of the requirement to complete written discharge summaries for all residents following discharge to include residents transferring from the organization's TCR to the independent living program operated by the organization.</p>	T 022	<p><i>Please see Attached</i></p>	
T 054 SS=F	<p>V.5.9.d Resident Care and Services</p> <p>5.9 Staff Services</p> <p>5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the residence as</p>	T 054		

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T 054	<p>Continued From page 4</p> <p>well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written documentation was on file and available for review indicating the decision to hire 2 applicable Staff with substantiated Vermont Center for Criminal Information (VCIC) criminal record findings did not pose a risk to facility residents per the Division of Licensing and Protection's memorandum entitled "Background Check Process" sent to all Residential Care Home facilities on June 25, 2015. Findings include:</p> <p>Policies and procedure governing the hiring of staff with substantiated findings on criminal record background checks have not been developed by the home</p> <p>On the afternoon of 7/24/24 the Director was requested to provide written documentation indicating substantiated findings on 2 applicable Staff's VCIC criminal background checks did not pose a risk to the residents of the home. At 5:25 PM on 7/24/24 the Director confirmed the requested documentation was not on file and available for review in the personnel files of the 2</p>	T 054	<p><i>Please see attached</i></p>	
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T 054	Continued From page 5 applicable Staff.	T 054		
T 060 SS=F	<p>V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b The following records shall be maintained and kept on file:</p> <p>(1) A resident register including all admissions to and discharges out of the residence.</p> <p>(2) A record for each resident which includes:</p> <p style="margin-left: 20px;">i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin;</p> <p style="margin-left: 20px;">ii. The health care provider ' s name, address and telephone number;</p> <p style="margin-left: 20px;">iii. Instructions in case of resident's death;</p> <p style="margin-left: 20px;">iv. The resident ' s intake assessment summary, identification of problems and areas of successful life function;</p> <p style="margin-left: 20px;">v. Data from other agencies;</p> <p style="margin-left: 20px;">vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release</p>	T 060	Please see Attached	

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T 060	<p>Continued From page 6</p> <p>form;</p> <p>vii. A signed admission agreement;</p> <p>viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record);</p> <p>ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review there was a failure to ensure a complete resident register of all admissions to and discharges from the home is maintained to include residents who transfer between different levels of care provided the organization that operates the Therapeutic Community Residence (TCR).</p> <p>Policies and procedures governing admissions and discharges including maintenance of a complete resident roster have not been developed by the home.</p> <p>On the morning of 7/24/24 the Director was requested to provide the home's resident roster for review. At 3:17 PM the Director confirmed the resident roster on file was incomplete and did not include a record of admissions and discharges of residents between the TCR and the independent</p>	T 060	<p><i>Please see attached</i></p>	
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T 060	Continued From page 7 living program managed by the organization that operates the TCR to include 3 out of 3 sampled residents who were chosen for record review on 7/24/24 (Residents #1, #2, and #3). Residents #1 and #2 were admitted to the TCR from the organization's independent living program; and Resident #3 was discharged from the TCR to the independent living program. The Director stated s/he was not aware of the requirement to maintain a record of resident admissions and discharges between the organization's TCR and the independent living program in the resident roster.	T 060		
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 complete all required background checks for 5 out of 5 sampled Staff. Findings include: Policies and procedures governing completion of criminal record and abuse registry checks for employees of the Therapeutic Community Residence have not been developed by the home. On the afternoon of 7/24/24 the Director was requested to provide records of the required criminal record and adult and child abuse registry checks completed for a sample of 5 Staff. Per review of the records provided, the required	T 062	<i>Please See Attached</i>	

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T 062	Continued From page 8 criminal record and abuse registry checks were not completed for 4 out of 5 sampled Staff; and the required national criminal record check was not completed for 1 out of 5 sampled Staff. These findings were confirmed by the Director at 5:40 PM on 7/24/24.	T 062		
T 071 SS=F	<p>V.5.13 Resident Care and Services</p> <p>5.13 Policies and Procedures</p> <p>Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop policies and procedures that govern all services provided by the home.</p> <p>On the morning of 7/24/24 the Director was requested to provide a copy of the home's policies and procedures manual for review; and individual policies and procedures were requested for review from the Director and the Registered Nurse related to specific deficient practices identified during the survey and investigation process. On the afternoon of 7/24/24 the Director confirmed the requested policies and procedures were not maintained on file and available for review on request, as the home had not developed a policies and procedures manual.</p>	T 071	<p><i>Please see attached</i></p>	

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T 105	Continued From page 9	T 105		
T 105 SS=F	<p>VI.6.21 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>6.21 The obligations of the residence to its residents shall be written in clear language, large print, given to residents on admission, and posted in an accessible, prominent and public place on each floor of the residence. Such notice shall also state the residence's grievance procedure and directions for contacting the designated Vermont protection and advocacy organization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and Staff interview, there was a failure to post the Resident's Rights, the residence's Grievance Procedures, and directions for contacting the designated Vermont protection and advocacy organization in prominent and accessible areas in the buildings on the TCR property as required. Findings include:</p> <p>The facility has not developed policies and procedures governing the posting of the required documents which identify the residence's obligations to residents of the home.</p> <p>During a tour of the organization's buildings accessible to residents of the Therapeutic Community Residence (TCR) it was observed that the Resident's Rights, the facility's grievance procedures, and directions for contacting the Vermont State Long Term Care Ombudsman Program, which is the designated Vermont protection and advocacy organization, were not posted in buildings of the home accessible to the TCR residents..</p>	T 105	<p><i>Please see attached</i></p>	

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T 105	Continued From page 10 This finding was confirmed by the Registered Nurse at 12:10 PM on 7/24/24,	T 105		
T 174 SS=F	IX.9.6.d Physical Plant 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to maintain water temperatures at or below 120 degrees Fahrenheit in both facility resident's bathrooms. Findings include: The facility has not developed policies and procedures governing water temperatures in resident accessible areas of the home. During a tour of the Farmhouse, which is the home to the organization's Therapeutic Community Residence (TCR) residents, water temperatures in the bathrooms of both facility residents were observed to be above 120 degrees Fahrenheit. Resident #1's bathroom water temperature was 128.8 degrees at 11:22 AM on 7/24/24; and Resident #2's bathroom water temperature was 121.1 degrees at 12:05 PM on 7/24/24. These findings were confirmed by the Registered Nurse during the Farmhouse tour. The Administrator confirmed these findings on the afternoon of 7/24/24. Following adjustments made to the Farmhouse boilers by the Administrator water temperatures were confirmed to be sustained at or below 120	T 174	<i>Please see attached</i>	

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T 174	Continued From page 11 degrees Fahrenheit in both resident's bathrooms.	T 174	<i>Please see attached</i>	

Eagle Eye Farm Rehabilitation Center

Plan of Correction

- T 006
 - 5.2 Admissions Agreements
 - Action
 - We will have the completed admissions agreements for each Resident completed by no later than 09/15/2024.
 - Measures
 - We will have the admissions agreement template available for when a Resident is moved within EEFRC, or we admit a new Resident. This will also go on an admissions checklist.
 - Monitoring
 - The director will periodically check Resident files to be certain they are complete per regulations.

T006 Plan of Correction
accepted by Jo A Evans RN
on 9/3/24

- T 016
 - 5.3 Intake
 - Action
 - We will get the intake data completed no later than 9/15/2024.
 - Measures
 - The Case Manager will have an admissions check list to ensure that all required information is obtained prior to admission.
 - Monitoring
 - The director will periodically check Resident files to make sure that they are all complete per regulations.

T016 Plan of Correction
accepted by Jo A Evans RN
on 9/3/24

- T 022
 - Discharge Requirements
 - Action
 - We will have a discharge summary for Resident #3 no later than 9/15/2024.
 - Measures
 - The Case Manager will complete a discharge summary before the Resident is moved to a different location. The discharge summary will be included on the checklist.
 - Monitoring
 - The director will periodically check Resident files to make sure that they are complete per regulations.

T022 Plan of Correction
accepted by Jo A Evans RN
on 9/3/24

- T 054
 - Staff Services
 - Action
 - We will have completed personnel files no later than 7/29/2024 as well as the hiring policies and procedures for hiring staff with substantiated findings on criminal record. It will have our written decision to hire the two employees with criminal background checks.

T054 Plan of Correction
accepted by Jo A Evans RN
on 9/3/24

T071 Plan of Correction
accepted by Jo A Evans RN
on 9/3/24

- Action
 - The Policies and Procedures manual will be completed no later than 9/30/2024.
- Measures
 - We will make sure the Policies and Procedures manual is kept up to date with regulations.
- Monitoring
 - The director will make sure that the Policies and Procedures manual is updated to reflect any changes from L & P.

- T 105

- Residents' Rights

- Action
 - Residents' Rights, Grievance procedures and directions for contacting the designated Vermont protection and advocacy organization in a prominent and accessible area will be completed no later than 9/15/2024.
- Measures
 - We will make certain staff and Residents have an understanding that these documents need to stay in the accessible area.
- Monitor
 - The director will periodically check to make sure the abovementioned documents are kept in the appropriate area.

T105 Plan of Correction
accepted by Jo A Evans RN
on 9/3/24

- T 174

- Plumbing

- Action
 - The hot water temperature was lowered on the day of survey.
- Measures
 - We will be checking the water temperature monthly to make sure it is at an acceptable temperature.
- Monitor
 - We will be checking the water temperature regularly.

T174 Plan of Correction
accepted by Jo A Evans RN
on 9/3/24