
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVINGDivision 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 16, 2018

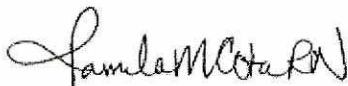
Ms. Peggy Degoosh Hitchener, Manager
Frances Atkinson Residence For The Retired
4717 Main Street
Newbury, VT 05051

Dear Ms. Degoosh Hitchener:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 4, 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: 0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/04/2018
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NAME OF PROVIDER OR SUPPLIER FRANCES ATKINSON RESIDENCE FOR THE R	STREET ADDRESS, CITY, STATE, ZIP CODE 4717 MAIN STREET NEWBURY, VT 05051
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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 complaint investigation was conducted by the Division of Licensing and Protection on 9/4/18. The following regulatory deficiency was identified.	R100		
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. iii. Include a statement in the written notice that the resident may remain in the room or home	R114		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Peggy DeYoung</i>	TITLE Executive Director	(X6) DATE 9-11-18
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R114 - POC accepted 10/4/18 KCanposRN/pmm

Division of Licensing and Protection

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R114	<p>Continued From page 1 during the appeal.</p> <p>iv. Place a copy of the notice in the resident's clinical record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a written notice of discharge was provided to the resident or legal representative that included information on how to file an appeal, for one resident sampled (Resident #1). Findings include:</p> <p>Per record review, Resident #1 had a decline in the ability to function independently and was assessed to be at a higher level of care than the last assessment including the need for two person assist for some tasks.. The home's manager spoke to the resident's legal representative regarding transfer of this resident to a skilled nursing facility to meet the higher level of care needs. Per the manager, the legal representative was aware and per the manager was in agreement with this decision. Resident #1 had a fall on 6/30/18 at the facility, and was transported to the hospital for a possible head injury. While at the hospital, the resident had another fall and fractured their wrist, complicating care even further. The manager of the home denied readmission to the home, and gave the legal representative a discharge letter on 7/19/18. The letter did not include the right to appeal the transfer or instructions in how to do this, and no contact information for the state licensing agency. Per interview on 9/4/18 at 11:15 AM, the home manager confirmed that the written notice with the required content was not provided to the resident/legal representative.</p>	R114	<p>Action Taken 9/4/18</p> <p>A Transfer Notice was written with the contact information to the state survey Agency's Director, Susan Leavitt in the event the resident or resident's representative would like to appeal the discharge notice.</p> <p>Systemic Change Made 9/4/18</p> <p>A copy of the Transfer Notice has been added to all Admission Packets. Transfer Notices were Added to Discharge Plans and Discharge Notices 9/4/18</p> <p>Manager will monitor this plan of correction by explaining the right to appeal to the resident or resident's representative at the time</p>	
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of Admission and then at the time of planning for discharge.

Date of correction for this deficiency was completed on 9/4/18

Respectfully Submitted
Peggy DeGoosh
9-11-18

**VERMONT CONGREGATIONAL HOME INC.
D/B/A Atkinson Residence for the Retired
4717 Main Street, Newbury, VT 05051**

Date:

Resident Name:

Address:

Resident Representative:

Address:

Transfer Notice

Dear

This letter is to notify you that we intend to transfer you from this home/your room on
The specific reasons for your transfer are:

You have the right to appeal the decision of transfer. You have the right to remain in the home/ your room until there is a final decision on your appeal.

To appeal, you must complete the following steps:

*** You or your legal representative must inform the director of The Atkinson Residence, or The State Survey Agency Director, Suzanne Leavitt that you wish to appeal this transfer notice. You can make this request verbally or in writing. You can contact the Survey Agency Director at the Division of Licensing and Protection, HC2 South- 280 State Drive ,Waterbury, VT 05671-2060; phone number (802) 241-0480.**

- You must request the appeal within 10 business days from the date you receive this notice.**

- **At the time you request the appeal, you or your legal representative must provide material or information to the State Survey Agency Director**
- **explaining why you disagree with the proposed transfer. You may present this material or information verbally if you are unable to do it in writing. At your request, the Licensing Agency will send you any material or information it receives from the home explaining why they want to transfer you.**
- **The Director of the Licensing Agency will make a decision within eight business day of your request to appeal the transfer.**
- **If you do not understand this letter or if you would like help requesting an appeal, you can contact the Long Term Ombudsman, Vermont Protection and Advocacy or the Vermont Senior Citizen's Law Project. Please let the manager of the Atkinson Residence know if you need assistance with contacting one of these agencies.**

If you do not wish to appeal the transfer, you do not need to take any further action. The director of the Atkinson Residence will inform you of the next steps to proceed with the transfer. You do not have to leave your room until the date specified in the first paragraph of this letter.

Please let the director of The Atkinson Home know if you have any questions.

Sincerely,

cc: