



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

October 31, 2023

Ms. Wendy Audette
Heaton Woods
10 Heaton Street
Montpelier, VT 05602-2480

Dear Ms. Audette:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 12, 2023**. 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 black ink, appearing to read "Carolyn Scott", written over a light blue horizontal line.

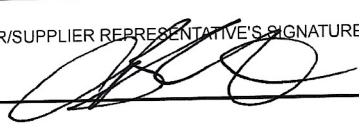
Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2023
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NAME OF PROVIDER OR SUPPLIER HEATON WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 10 HEATON STREET MONTPELIER, VT 05602
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R100	Initial Comments: On 9/27/23 the Division of Licensing and Protection conducted an unannounced on-site investigation of 1 facility reported incident and 1 complaint, with additional information provided by the facility on 9/28/23 and 10/12/23. The following regulatory deficiencies were identified during the investigation:	R100		
R116 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.3 Discharge and Transfer Requirements</p> <p>5.3.b Emergency Discharge or Transfer of Residents</p> <p>(1) An emergency discharge or transfer may be made with less than thirty (30) days notice under the following circumstances:</p> <ul style="list-style-type: none"> i. The resident's attending physician documents in the resident's record that the discharge or transfer is an emergency measure necessary for the health and safety of the resident or other residents; or ii. A natural disaster or emergency necessitates the evacuation of residents from the home; or iii. The resident presents an immediate threat to the health or safety of self or others. In that case, the licensee shall request permission from the licensing agency to discharge or transfer the resident immediately. Permission from the licensing agency is not necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgement that discharge or transfer must occur immediately. In such 	R116	<p>All residents and resident representatives are aware of the emergency discharge policy in the agreement reviewed and signed on admission. Heaton Woods will follow the requirements with any emergency discharge and send the resident and resident representative a language and manner that can be understood the specific reason for the discharge or transfer in a font that is easily read. This will also be sent to the ombudsman, Division of Licensing and Protection, and as necessary Adult Protective Services. The Manager, Director of Nurses and the Executive Director have ensured through understanding of the process and will collaborate to ensure the process is followed appropriately so that all necessary information is presented for the safety of the resident involved, the residence, and the other residents living at the residence. The Manager, Executive Director, or delegated person will monitor to ensure the process is followed immediately and with any future events.</p> <p>Completed 10/30/23</p> <p>R116 Plan of Correction accepted by Jo A Evans RN on 10/31/23</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: RN DATE: 10-30-23
on behalf of Heaton Woods

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R116	<p>Continued From page 1</p> <p>cases, the licensing agency shall be notified on the next business day; or</p> <p>iv. When ordered or permitted by a court. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to adhere to the emergency discharge process and comply with emergency discharge requirements for one applicable resident (Resident #3). Findings include:</p> <p>Per review of Progress Notes during the month of April 2023 Resident #3 was noted to have occasional confusion during April 2023 with increasing confusion during May 2023. On the morning of 5/26/23 s/he presented with audio and visual hallucinations, and agitation. Resident #3's physician instructed staff to send him/her to the emergency room due to change in mental status. Resident #3 was taken to the hospital by a family member and admitted for a urinary tract infection. Emergency service intervention was not necessary.</p> <p>Per record review, on 6/2/23 the hospital Case Manager was notified by the facility Resident #3 may not be able to return to the home due to behaviors and increased need for supervision. On 6/5/23 Resident #3 was discharged from the home and without any kind of written notice. In an email to Resident #3's Power Of Attorney, on 6/7/23 the former Manager of the home stated "Our decision remains, as noted in our agreement, once a resident becomes as risk to themselves or others and their care extends beyond what we can safely offer, as is now the case with [Resident #3], we reserve the right to discharge for everyone's safety and well-being."</p>	R116		

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R116	Continued From page 2 Per review, Resident #3's record did not contain a request for permission from the licensing agency to discharge without notice due to an immediate threat; documentation from the attending physician stating an emergency discharge was necessary; documentation of an immediate threat requiring intervention from law enforcement, a mental health professional or emergency medical services, or a court order as required for emergency discharge of a resident. On the afternoon of 9/27/23 the Director of Nursing and the current Manager of the home confirmed they were not aware of any notices or notifications related to Resident #3's discharge from the home; and during a follow up interview on 10/12/23 the DON confirmed Resident #3's record did not contain the required emergency discharge documents.	R116		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;	R179	HR has been doing background checks for all new hires and will continue this process as well as annual checks. Compliance from agency will now be required from all agencies and has been communicated by the scheduler and HR to ensure they know that compliance will include background checks, competency and licensure, annual training requirements, to include abuse training. The ED and manager will be responsible for ensuring HR is available to obtain the needed information from the scheduler and DON before agency staff start at the building. ED will monitor this for 3 months randomly no less than monthly to ensure compliance on new staff and agency is being documented well in personnel files. Completed 11/29/23	

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R179	Continued From page 3 (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of the required trainings for 2 out of 5 sampled staff. Findings include: Per record review 2 out of 5 applicable staff did not complete the required yearly trainings. This finding was confirmed by the Manager of the home at 3:40 PM on 9/27/23.	R179	R179 Plan of Correction accepted by Jo A Evans RN 10/31/23	
R187 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (1) A resident register including all discharges, transfers out of the home and admissions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to maintain a register of all resident all discharges, transfers out of the home and admissions. Findings include:	R187	A Roster is available on the system in use and the Manager, Director of Nursing, or delegated person can access it at any time. The Manager and Executive Director will ensure any staff that come in that need access to this will know how to access it, or who to outreach to for help. Completed 10/30/23 R187 Plan of Correction accepted by Jo A Evans RN on 10/31/23	

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R187	Continued From page 4 During the course of the investigation the Manager of the home was requested to provide a register of resident discharges, transfers out of the home and admissions including where each resident was admitted from and discharged or transferred to. On the afternoon of 9/27/23 the Manager confirmed the resident register was not on file and available for review.	R187		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to complete the required criminal background and abuse registry checks for 3 out of 5 sampled staff. Findings include: At 4:10 PM on 9/27/23 the Manager of the home confirmed the required criminal background and abuse registry checks were not completed as required for 3 out of 5 sampled staff.	R190	HR has been doing background checks for all new hires and will continue this process as well as annual checks. Compliance from agency will now be required from all agencies and has been communicated by the scheduler and HR to ensure they know that compliance will include background checks, competency and licensure, annual training requirements, to include abuse training. The ED and manager will be responsible for ensuring HR is available to obtain the needed information from the scheduler and DON before agency staff start at the building. ED will monitor this for 3 months randomly no less than monthly to ensure compliance on new staff and agency is being documented well in personnel files. Completed 11/29/23	
R224 SS=G	VI. RESIDENTS' RIGHTS 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.	R224	R190 Plan of Correction accepted by Jo A Evans on 10/31/23	

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R224	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews and record review there was a failure to ensure one applicable resident (Residents #1) remained free from verbal and physical abuse, and one applicable resident (Resident #2) remained free of physical abuse. Findings include:</p> <p>1. Per record review of a written statement by the Director of Nursing (DON) on 8/21/23, Resident #1 was observed crying, had a new skin tear on his/her right hip with bruising that appeared to be from removal of a disposable brief during the overnight shift. Per the DON's statement, Resident #1 stated s/he was called names and treated roughly by a staff on the overnight shift, which made him/her feel bad about himself/herself. Per written statement provided by staff during the facility's internal investigation, Resident #1 was observed refusing care and saying "No" as a contracted Licensed Nursing Assistant ignored his/her refusal and continued to perform incontinence care.</p> <p>2. In an incident report dated 8/22/23 the DON reported on 8/21/23 Resident #2 was found to have bruises on both arms that hurt when touched and was unable to identify the staff member responsible. This incident reported also stated "this writer finds a staff member has admitted to being rough with certain clients". On 8/22/23, staff reported the contracted LNA was observed forcefully pulling Resident #2's wet disposable brief off as the contracted LNA stated "Sometimes I feel like I am being rough with them". Staff reported Resident #2 said "ow", was grunting and whining, and asked "What are you doing" in response to the contracted LNA's actions.</p>	R224	<p>HR has been doing background checks for all new hires and will continue this process as well as annual checks. Compliance from agency will now be required from all agencies and has been communicated by the scheduler and HR to ensure they know that compliance will include background checks, competency and licensure, annual training requirements, to include abuse training. The ED and manager will be responsible for ensuring HR is available to obtain the needed information from the scheduler and DON before agency staff start at the building. ED will monitor this for 3 months randomly no less than monthly to ensure compliance on new staff and agency is being documented well in personnel files</p> <p>Completed 11/29/23</p> <p>R224 Plan of Correction accepted by Jo A Evans on 10/31/23</p>	

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R224	Continued From page 6	R224		
	<p>In a written statement dated 8/22/23 the Manager of the home stated the contracted LNA was identified as the person of interest in the resident abuse investigation, was removed from the schedule, and suspended from work by the staffing agency. The Manager stated the contracted LNA was observed by staff "ripping off depends causing pain to residents", and "At this time, we believe [the contracted LNA] has been abusive toward Resident #1 and we have bruising of unknown origin on Resident #2."</p> <p>During an interview commencing at 4:37 PM on 9/27/23 the Manager and DON confirmed Resident #1 was verbally and physically abused; and it was likely Resident #2's incontinence care was being forced.</p>			
R226 SS=G	<p>VI. RESIDENT'S RIGHTS</p> <p>6.14 Residents subject to transfer or discharge from the home, under Section 5.3 of these regulations, shall:</p> <p>6.14.a Be allowed to participate in the decision-making process of the home concerning the selection of an alternative placement;</p> <p>6.14.b Receive adequate notice of a pending transfer; and</p> <p>6.14.c Be allowed to contest their transfer or discharge by filing a request for a fair hearing before the Human Services Board in accordance with the procedures in 3 V.S.A. §3091.</p>	R226	<p>All residents and resident representatives are aware of the emergency discharge policy in the agreement reviewed and signed on admission. Heaton Woods will follow the requirements with any emergency discharge and send the resident and resident representative a language and manner that can be understood the specific reason for the discharge or transfer in a font that is easily read. This will also be sent to the ombudsman, Division of Licensing and Protection, and as necessary Adult Protective Services. The Manager, Director of Nurses and the Executive Director have ensured thorough understanding of the process and will collaborate to ensure the process is followed appropriately so that all necessary information is presented for the safety of the resident involved, the residence, and the other residents living at the residence. The Manager, Executive Director, or delegated person will monitor to ensure the process is followed immediately and with any future events.</p> <p>Completed 10/30/23</p>	

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R226	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record interview there was a failure to ensure one applicable resident's right to participate in the decision making process of the home concerning the selection of an alternative placement.</p> <p>Per review of Progress Notes on 5/26/23 Resident #3 was transported to the emergency room following a change in mental status and admitted to the hospital for a urinary tract infection. On 6/2/23 the facility notified the hospital Resident #3 may not be able to return to the home due to behaviors and increased need for supervision. Refer to R116</p> <p>On 6/5/23 Resident #3 was discharged from the home while hospitalized without the opportunity for Resident #3 and his/her Power of Attorney to participate in selecting an alternative placement or having the opportunity to appeal the decision. The facility violated residents #3 rights regarding resident discharge resulting in temporary homelessness causing significant emotional distress to resident #3.</p> <p>Upon record review resident #3's signed admission agreement provided a section under "resident rights" regarding transfer and discharge. The facility failed to adhere to these rights for resident #3. During an interview commencing at 4:23 PM on 9/27/23 the current Manager of the home confirmed a written discharge notice, to include notification of the right to appeal and instructions on how to do so, was not available for review and documented in Resident #3's record. On the afternoon of 9/28/23 Resident #3's Durable Power of Attorney confirmed Resident #3</p>	R226	R226 Plan of Correction accepted by Jo A Evans RN on 10/31/23	

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R226	Continued From page 8 remained in the hospital for a period of approximately 3 months while seeking placement at another facility.	R226		