



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 23, 2019

Mr. Bruce Francis, Manager
Home Sweet Home
99 Atkinson Street
Bellows Falls, VT 05101

Dear Mr. Francis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 3, 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: 0661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/03/2019
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NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ATKINSON STREET BELLOWS FALLS, VT 05101
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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 on-site complaint investigation was conducted by the Division of Licensing and Protection on 9/3/19. The facility was found to be out of substantial compliance.

Please See attached Plans of Correction

R178 V. RESIDENT CARE AND HOME SERVICES R178
SS=F
5.11 Staff Services
5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.
This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to insure that there was sufficient number of qualified personnel available at all times to maintain a safe environment, resulting in one resident, Resident #1, leaving the facility on a couple of different occasions, unbeknownst to staff and injuries resulted from a fall while in the community. Findings include:

Per review of the staffing levels of the facility, there is one staff on each shift. The residents that reside at the home have a variety of needs that require attention ranging from alcohol abuse, violent verbal outbursts (that upset the other residents), respiratory problems that require immediate attention and associative disorder that often requires one to one staff intervention. The owner/manager of the home confirmed in an interview on 9/3/19, at 11:25 AM, that only one staff is not safe because of the needs of the residents. S/her further stated that if more than

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 9.19.19
STATE FORM 6899 TZC811 If continuation sheet 1 of 4

R178 - R266 POCs accepted 9/23/19 BBoatman/PMC

Division of Licensing and Protection

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R178 Continued From page 1 R178

one resident requires attention at the same time, there is no one available to assist and there is not enough staff to provide supervision.

Further confirmation was made at this time by the manager that Resident #1, who has dissociative disorder, left the facility on 8/9/19, while the evening staff caregiver was involved with another resident. Resident #1 was returned to the facility by police after they found him/her about a quarter a mile from the home, walking in the middle of the street. On 8/10/19, Resident #1 was on hourly checks and she was seen at 2:00 PM and 3:00 PM, but was not found at 4:00 PM and the police notified the facility at 4:45 PM, that the resident was being taken to the hospital because they had a fall and sustained injuries. Per the manager, the caregiver was not aware of the resident's whereabouts but was not able to look for him/her because there was no other staff to remain with the other residents in the house.

R209 V. RESIDENT CARE AND HOME SERVICES R209
SS=B

5.19 Access by Ombudsman, Protection and Advocacy System

5.19.a The home shall permit representatives of Adult Protective Services, the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy, Inc. to have access to the home and its residents in order to: visit; talk with; and make personal, social and legal services available to all residents; inform residents of their rights and entitlements; assist residents in resolving problems and grievances.

This REQUIREMENT is not met as evidenced

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R209	Continued From page 2 by: Based on staff interviews, the facility failed to ensure that the representative from the Office of the Long Term Care Ombudsman has access to the home and its residents in order to visit and talk. Findings include: Per interview with the manager of the home, the Long Term Care Ombudsman visited the home on 8/30/19 and s/he questioned the Ombudsman regarding the reason for him/her being in the home. The Ombudsman had responded that she could and would see the residents without having to make it known to him/her the reason for the visit, nor whom s/he would be visiting. A verbal exchange took place and the Ombudsman left the facility without seeing any of the residents because she felt threatened by Manager. During an interview with the manager on 9/3/19, at 10:45 AM, s/he confirmed that confirmed the Ombudsman did not have access per Vermont State Regulatory requirements.	R209		
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to provide and maintain a safe environment. Findings include:	R266		

Division of Licensing and Protection

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R266	Continued From page 3 Upon entering the home from the sidewalk, it was observed that the sidewalk that is used by residents, visitors and staff was rough and uneven. One resident, Resident #1 was observed to lose balance and catch self while walking up the sidewalk. The sidewalk is cement and the cement blocks are broken and eroded. The owner/manager confirmed at 12:15 PM on 9/3/19 that the sidewalk was in need of repair and could be a hazard to the residents. S/he further stated that no one has fallen because of it yet, but s/he said that it was "only a matter of time", before someone falls and that it needs to be fixed or replaced.	R266		
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Plan of Correction Due	Home Sweet Home	99 Atkinson Street	Bellows Falls , Vermont	05101
Deficiency	Our Action to correct	Measure or change made to prevent reoccurrence	How the corrective ACTION will be monitored	Dates Corrective action will be completed
<p>R178 Staff Services</p> <p>5.11a Facility failed to insure that there was sufficient number of qualified personnel available at all times to maintain a safe environment.</p>	<p>Implement new staffing schedule of 2 qualified personnel available at all times to maintain a safe environment.</p>	<p>Provide education to management of reg 5.11a</p>	<p>Weekly audit of staffing schedule</p>	<p>9/19/19</p>
<p>R209 Resident Care and Home Services</p> <p>5.19a Facility failed to ensure that the representative from the Office of Long Term Care Ombudsman had access to the home and its residents in order to visit and talk.</p>	<p>Provide access to the representative from the Office of Long Term Care Ombudsman had access to the home and its residents in order to visit and talk.</p>	<p>Staff education related to state regulation 5.19 in it's entirety</p>	<p>No further reports of failure to allow access to Home Sweet Home from Ombudsman or any other agency listed in 5.19</p>	<p>9/19/19</p>

Plan of Correction Due	Home Sweet Home	99 Atkinson Street	Bellows Falls , Vermont	05101
Deficiency	Our Action to correct	Measure or change made to prevent reoccurrence	How the corrective ACTION will be monitored	Dates Corrective action will be completed
R266 IX. Physical Plant 9.1 Environment 9.1a Failed to provide and maintain a safe environment Sidewalk cement blocks broken	Provide and maintain a safe environment	Remove existing sidewalk blocks and replace with new pre-casted pavers or the like	Upon site visit: Old sidewalk will have been removed New sidewalk will be in place. Project scheduled to begin by Sept 30, 2019	Ongoing