VERMONT

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

March 29, 2019

Ms. Laure' Murphy, Manager
Hundred Acre Homestead
171 Gould Hill Road
Worcester, VT 05682-9795

Dear Ms. Murphy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 14, 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
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED 03/14/2019

NAME OF PROVIDER OR SUPPLIER: HUNDRED ACRE HOMESTEAD

STREET ADDRESS, CITY, STATE, ZIP CODE: 171 GOULD HILL ROAD, WORCESTER, VT 05682

(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
T 001	Initial Comments	T 001	Please see attached Plan of Correction	
	An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 3/13/19 and completed by phone on 3/14/19 to determine compliance with the Licensing and Operating Regulations for Therapeutic Community Residences (TCR). The following regulatory violations were identified:			
T 052 SS=E	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services	T 052		
	5.9 Staff Services			
	5.9.b. The residence 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;			
	(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, hand washing, handling of linens, maintaining clean environments, blood borne		T052 see attachd P.O.C accepted [illegible] 3/28/19	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	547		03/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNDRED ACRE HOMESTEAD	171 GOULD HILL ROAD WORCESTER, VT 05682

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T 052	Continued From page 1 pathogens and universal precautions; and (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the TCR failed to demonstrate that 5 of 5 staff were provided and participated in the annual twelve hours of training as required by TCR regulation. Training topics must be specific to resident rights, fire safety and emergency evacuation; first aid, abuse, neglect and exploitation; respectful communication; infection control, and general care and supervision. Findings include: Per record review on 3/14/19, there was a lack of evidence that required training was provided on an annual basis to 5 applicable employees. This was confirmed by phone with the Program Director on the afternoon of 3/14/19.	T 052		
T 181 SS=C	IX.9.8.b Physical Plant 9.8 Heating 9.8.b The minimum temperature shall be maintained at an ambient temperature of 70 degrees Fahrenheit in all areas of the residence utilized by residents and staff during all weather conditions This REQUIREMENT is not met as evidenced by Based on observation on 3/13/19, the minimum temperature of 70 degrees Fahrenheit in all areas of the residence utilized by staff and residents	T 181		

Division of Licensing and Protection

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T 181	Continued From page 2 was not maintained. Findings include: During a tour of the residence at 11:00 AM the lower level of the building utilized by residents to watch TV, complete art projects and/or exercise was noted to be cool. The staff person, who was assisting with the tour, acknowledged it was cool in this recreation area but stated residents can use blankets stored in the area and are available to keep residents warm. Later, at 3:45 PM a laser reading noted the temperature was 64 degrees Fahrenheit in this recreation area. Also noted, the living room and kitchen area was found to be below 70 degrees Fahrenheit, registering at 68 degrees. Per telephone interview on the afternoon of 3/14/19 the Program Director confirmed the TCR has had issues with residents increasing and decreasing temperatures resulting in placing locks on thermostats in an effort to control the management of the heating system.	T 181	T 181- POC Accepted [illegible] 3/28/19	
T 187 SS=D	IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented	T 187		

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T 187	Continued From page 3	T 187		
	This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR failed to rotate times of day when conducting required fire drills. Findings include: Per review of the TCR fire drill records, there was a failure to conduct a fire drill during afternoon hours. This was confirmed by the TCR Program Director during a telephone interview on the afternoon of 3/14/19.		T 187- P.O.C. Accepted D. McIntosh 3/28/19	

HUNDRED ACRE HOMESTEAD

Plan of Correction 2019 Audit

T 052 **V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services**

SS=E

Plan: 1. On 3/14/19 all HAH staff participated in a 2 hour CPR in-service training Class.

2. This year, each staff member has participated in a 1 hour Suicide Prevention training.

3. Nurse, Nancy Van Dine is planning the following 1 hour trainings:

   a. Infectious disease control and blood borne pathogens

   b. Medication Management 101

   c. Psychotropic Medications and uses

4. Program Director, Lauré Murphy, will plan the following 1 hour trainings for 2019:

   a. Fire Safety, emergency response procedures, evacuation and disaster preparedness

   b. Review of HAH policy and procedures on mandatory reporting, neglect and exploitation.

   c. Resident Rights, Respectful and Effective Interaction with Residents.

   d. Effective Progress Note writing and documentation

   e. Therapeutic Mentor – direct care responsibilities/Resident Care

   f. Overview of VT State Regulations for TRC

Plan of Action – List of trainings put in HAH In-Service Training binder on 3/25/19 for reference and to be noted for each staff person once completed.

T052
P.O.C
Accepted
3/28/19

171 Goddard Road, Worcester, Vermont 05682
www.hundredacrehomestead.com
Sunday, March 24, 2019

HUNDRED ACRE HOMESTEAD

T 181 **IX.9.8.b Physical Plan**

SS=C

Plan: Program Director unlocked and checked all thermostats on 3/22/19, findings were that 3 of the 5 thermostats were programed below required 70 degrees Fahrenheit. Program Director reset all thermostats to the required 70 degrees Fahrenheit and locked them.

Plan of Action - Program Director will check thermostats quarterly to verify each is programed correctly.

T 187 **IX.9.11.c Physical Plant**

SS=D

Plan: Program Director has scheduled the following Fire Drills and put them on the 2019 Program Schedule:

1. March 31, 2019 @ 3:30 pm
2. May 6, 2019 @ 10:00 pm
3. June 14, 2019 @ 7:30 am
4. August 30, 2019 @ 10:00 am
5. October 22, 2019 @ 2:00 pm
6. December 19, 2019 @ 11:00 pm

Plan of Action - Program Director has put these on the 2019 Schedule for Staff to complete and record as assigned.

T-181 P.O.C. Accepted 3/28/19

T-187 P.O.C. Accepted 3/28/19

Lauré Murphy, Program Director

March 24, 2019