



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 5, 2020

Ms. Erin Barry-Fenton, Manager
Loretto Home
59 Meadow Street
Rutland, VT 05701-3994

Dear Ms. Barry-Fenton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 10, 2020**. 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: 0138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/10/2020
NAME OF PROVIDER OR SUPPLIER LORETTO HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 59 MEADOW STREET RUTLAND, VT 05701		
(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
R100	Initial Comments: An unannounced investigation of complaints regarding refusal to re-admit residents after transfers to the hospital, was investigated by the Division of Licensing and Protection on 2/10/2020. There were regulatory findings.	R100	Please see attached Plan of Correction	
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that one Resident of 2 in the sample, Resident #1 had documentation of next of kin, and instructions in the event of death. Findings include: Resident #1 was admitted to the facility 5/18/2018 with documentation of a Health care Proxy (HCP), but it was made known to the facility after	R188		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

1R3011

If continuation sheet 1 of 2

R188 POC accepted 3/4/20 BBortell RML/pmu

Division of Licensing and Protection

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R188	Continued From page 1 admission that the HCP was no longer going to make decisions and did not want to be called regarding falls or other incidents for the resident and there was no other next of kin or emergency contact information. The resident was transferred to the hospital for evaluation and treatment 12/24/19 and can not be released back to the facility because there is no listed responsible party to make decisions. Per interview with the Director of Nursing on 2/10/2020 at approximately 4:00 PM, the resident did not have next of kin that the facility was aware of and there was no pre-arranged funeral plans and no instructions in the event of death in the medical record.	R188		

Plan of Correction Loretto Home Residence for complaint survey 2/10/2020

R188 V. Resident Care Home Services

What Action will we take to correct deficiency?

The Loretto Home was proactive regarding the attempt to find Resident #1 a legal representative. Administrator started the process to find a legal guardian in the summer of 2019, once the resident's emergency contact stopped returning our phone calls. PCP did not agree at that time that resident needed a guardian; PCP believed resident was able make her own decisions.

After several hospitalizations and ongoing conversations with PCP, we were able to obtain documentation for legal guardianship on December 23rd, 2019. Unfortunately, resident was re-admitted to the hospital before documentation could be submitted to the court system.

Resident was re-admitted to facility from the hospital with a State appointed guardian.

In the future, if a resident does not have a legal representative or next of kin, administrator will notify DAIL with a written notice requesting a variance.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

If a resident does not have a legal representative or next of kin, administrator will notify DAIL with a written notice requesting a variance.

Corrective Action will be completed

Immediately