



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

February 4, 2019

Ms. Cailyn Fleury, Manager
Maplewood Recovery Residence
195 Stratton Road
Rutland, VT 05701

Dear Ms. Fleury:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 2, 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 black ink 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: 0614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/02/2019
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD RECOVERY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 195 STRATTON ROAD 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 onsite re-licensure survey was conducted on 1/2/19 by the Division of Licensing and Protection in conjunction with an entity reported incident investigation. There were regulatory findings.	R100		
R191 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained. 5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or	R191	After the fire on 8/18/18, Maplewood management put in place new policy that all mandated reports to regulatory agencies will be completed by a site supervisor. There is a supervisor-on-call 24/7 who will be available to come in whenever needed for such reporting. Also, Maplewood's Site Safety Officer has posted a quick reference sheet in the office with highlights of what to do in emergency situations. This was put into effect 8/20/18.	

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

5599

RR8311

If continuation sheet 1 of 3

[Signature] Program Coordinator 1/25/19

R191- R302 POCs accepted 2/4/19 BBW/ELRN/PML

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R191	Continued From page 1 supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours. 5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency. 5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews, the facility failed to report to the appropriate State Agencies a fire that occurred at the facility, within the required time frame. Findings include: A fire occurred at the facility on 8/18/18, when a pan that had cooking oil in it was left on the stove. The facility had put the fire out and called the fire department and completed an internal incident report, but did not notify the Division of Licensing and Protection and the Division of Fire Safety/Department of Public Safety. Interview with the house manager on 1/2/19 at 1:15 PM, confirms that the report had not been filed until 8/20/18.	R191		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and	R302		

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R302	Continued From page 2 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to conduct fire drills at least quarterly and on rotating times of the day. Findings include: Review of the fire drill log, the fire drills were not conducted at least quarterly. Per review of fire drills between January 1, 2018 and January 1, 2019, there were five drills, being held in March, April, August, September and October. The last fire drill before the March 28, 2018 drill was in April of 2017. The drill times were two in the evening, three in the afternoon and one in the day. There were no fire drills conducted on the night shift. The house manager confirmed at 1:30 PM that the facility was not conducting the drills on a quarterly basis and during the required rotating times.	R302	Maplewood Program Coordinator is tracking all scheduled fire drills and following up with scheduled staff on shift beforehand to ensure drills are executed in accordance with the regulations. Complete drill sheets are now reviewed and tracked by Risk Management. This was put into effect 1/3/19.		