



**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

May 1, 2024

Michael Flournoy, Manager  
Margaret Pratt Community  
210 Plateau Acres  
Bradford, VT 05033

Dear Mr. Flournoy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 15, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS  
State Long Term Care Manager  
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0659</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARGARET PRATT COMMUNITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>210 PLATEAU ACRES BRADFORD, VT 05033</b>
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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:  An unannounced on-site complaint investigation of two facility report incidents was conducted by the Division of Licensing and Protection on 4/15/24. The following regulatory violations were identified:	R100		
R224 SS=D	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.  This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review there was a failure to ensure one applicable resident (Residents #1) remained free from physical abuse. Findings include:  Per record review of a written statement by the Director of Nursing (DON) on 1/01/24, a Health Services Assistant (HAS) observed a Licensed Nursing Assistant (LNA) to be forcefully pulling Resident #1 across his/her room with one arm. Resident #1 was observed bent over and unable to walk properly due to the manner Resident #1 was being pulled. HSA immediately went inside Resident #1's apartment and witnessed Resident #1 sitting on the floor next to the bed with his/her back against the bed and headboard. HSA stated that the LNA informed her/him that Resident #1 slipped out of bed. Resident #1 was assessed at time of occurrence without injury.  Per interview with the DON conducted at 12:46	R224	The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with the applicable regulations.  Management of Margaret Pratt Community stands behind the fact that our staff recognized and reported the alleged abuse immediately, and management responded, investigated and reported to DAIL in the required time frames. Staff have always been required to complete in-service training on Resident's Rights and Abuse Recognition and Reporting, as well as completing all required background checks prior to employment.  1. Action to Correct Deficiency. All MPC staff members will complete Relias Training on Resident Rights: Abuse Recognition and Reporting; and, APS In-Service Training: "Make a Report with Adult Protective Services".  2. Measures to Ensure Deficient Practice does not re-occur: Training records will be documented and updated. Records will be monitored to ensure all staff members receive both required and supplemental training.	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Nicholas A. Bouney*

TITLE  
*Executive Director*

(X6) DATE  
*4/30/2024*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0659</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2024</b>
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R224	<p>Continued From page 1</p> <p>PM on 4/15/24, s/he stated s/he contacted the LNA identified as the person of interest in the resident abuse investigation, s/he was removed from the schedule, and suspended. The DON stated that s/he was terminated following the facility's internal investigation.</p> <p>Per facility policy and procedure titled Reporting of Abuse, Neglect or Exploitation states, "All residents have the right to be free of abuse, neglect, or exploitation at all times. Margaret Pratt community and our staff are required to report suspected or reported incidents of abuse, neglect, or exploitation. It is not the staff's responsibility to determine if the incident did or did not occur".</p> <p>In conclusion this deficient practice has a potential for more than minimal harm to resident #1 related to the potential for physical or mental harm.</p>	R224	<p>3. Monitoring will be implemented through monthly QA committee review of employee training records.</p> <p>4. Date to be completed. 5/17/2024</p> <p>R224 Accepted on 5/1/24. Sherry Ross, RN</p>	