

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

April 4, 2016

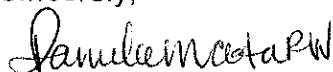
Mr. Tristan Bridges, Manager  
Meadowview Recovery Residence  
330 Linden Street  
Brattleboro, VT 05301-4809

Dear Mr. Bridges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 15, 2016**. 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



NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

330 LINDEN STREET  
BRATTLEBORO, VT 05301

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_

TITLE

(X6) DATE

STATE FORM

SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature] TITLE: Residential Coordinator (X6) DATE: 4/11  
If continuation sheet 1 of 5

If continuation sheet 1 of 5

R179 - R303 POCs accepted 4/4/16 BBc/All RN/pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 03/15/2016
NAME OF PROVIDER OR SUPPLIER  MEADOWVIEW RECOVERY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 330 LINDEN STREET BRATTLEBORO, VT 05301		
(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
R179	Continued From page 1  facility failed to insure that one of five employees in the review sample, that provides direct care to residents, received at least 12 hours of training in all mandatory required training topics. Findings include:  During review of training for direct care staff, it was found that there was no evidence that one of five employees had completed training in Resident Rights, Respectful and Effective Communication and General supervision and care of residents. At 2:43 PM on 3/14/16, the Residential Care Coordinator stated that the employee had slipped between the cracks and confirmed that the one employee had not received the training required.	R179	See attached  3/31/16	
R188 SS=A	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	R188	R188 4/1/16	

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8800

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If continuation sheet 2 of 5

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 03/15/2016
NAME OF PROVIDER OR SUPPLIER  MEADOWVIEW RECOVERY RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 330 LINDEN STREET BRATTLEBORO, VT 05301		
(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	
R188	Continued From page 2  by: Based on staff interview and record review, the facility failed to insure that 1 of 3 residents reviewed, Resident #1, had an emergency notification number, next of kin or instructions in case of resident's death. Findings include:  During review of the medical record for Resident #1, there was no evidence of information for next of kin, emergency notification number or instructions on what to do in the case of his/her death. The Licensed Practical Nurse confirmed at this time that there was no information in the chart. On 3/15/16 at 11:15 AM per interview with the program care coordinator, the resident has declined to give that information and there was no information that came with Resident #1 when s/he was admitted.	R188	See attached  4/1/16		
R302 SS=D	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home 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.  This REQUIREMENT is not met as evidenced	R302	3/31/16		

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If continuation sheet 3 of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 03/15/2016
NAME OF PROVIDER OR SUPPLIER  MEADOWVIEW RECOVERY RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 330 LINDEN STREET BRATTLEBORO, VT 05301		
(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	
R302	Continued From page 3  by: Based on staff interview and record review, the facility failed to insure that fire drills were conducted on at least a quarterly basis and did not rotate times of day among morning, afternoon, evening, and night. Findings include:  On 3/14/15 while doing a review of the fire drill records for the past year, there were six fire drills conducted. There was a fire drill on 2/16/15 and then not done again until 9/23/15. The record also showed that of these fire drills, five were held between the 9:20 AM and 12:10 PM. The sixth fire drill was at 5:30 PM. The Residential Care Coordinator confirmed at 2:30 PM that the fire drills did not meet the regulations.	R302	See attached		
R303 SS=D	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone.  This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and observation, the facility failed to have an operable telephone on each floor of the home, at all times. Findings include:  During the initial tour of the facility on 3/14/16 at 11:55 AM, it was observed that there was a list of emergency phone numbers posted on the wall above a stand. The stand had books on it, but there was no phone. The Residential shift leader	R303			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0594</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOWVIEW RECOVERY RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>330 LINDEN STREET BRATTLEBORO, VT 05301</b>			
(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
R303	Continued From page 4  stated that the phone is kept on the stand, but s/he does not know where it is and doesn't know how long it has been missing. On 3/14/16 at 4:23 PM during interview with one of the residents, s/he stated that the upstairs phone that they can use has been missing for about a week or so. The shift leader confirmed at 4:30 PM that the second floor does not have currently have a phone.	R303			

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If continuation sheet 5 of 5

**R179 Corrective Measure**

All current and new staff are being tracked on a training tracker. This tracker will then be audited using attendance list used at training. All new staff will sign up for trainings prior to completing their new hire training. See below new hire training check list under Health and Wellness for CPI and CPR sign up.

***HCRS Intensive Residential  
Residential Specialist Shadow Shift Schedule***

**Residential Specialist Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Dates of Shadow Shifts:** \_\_\_\_\_

**Policy and Procedures**

Date	Initials	
		Resident Safety Checks
		Eyes-on (explanation of 1:1)
		5 Times resident is eyes-on regardless of level
		Location Contraband Items
		Policy Manual Location (intranet and physical copy)
		Smoking Policy/Procedure
		Lunch Protocol
		Disposing of Contraband/Sharps procedure
		Vehicle Usage/Gas Card Procedure
		Resident Rights/Location
		Cell Phone and Key Responsibilities/Expectations
		Types of Resident Unsupervised Time

\*All items must be Completed/Reviewed by day 5 of Shadow Shifts.

\*\* If you or the RS you are shadowing has a question please review with the Supervisor on duty.

### Clinical Responsibilities

Date	Initials	
		Program Schedule Review
		Resident Chore Expectations
		Community Meeting / Activities / Groups Explanation
		Perform a Resident Check
		Group Supervision / Supervision Explanation

\*All items must be Completed/Reviewed by day 5 of Shadow Shifts.

\*\* If you or the RS you are shadowing has a question please review with the Supervisor on duty.

### House Orientation

Date	Initials	
		Tour of House
		Meet all Residents
		Location of Sharps/Locked Cleaning Supplies
		Shift Meeting
		Participate in Community Outing
		Participate in shopping/food pick-up
		Labeling Food / Storage of Left Over
		Shift Change Procedure
		Petty Cash Procedure
		On-Call Structure (Manager on Call and Doc on Call)
		Initial Supervision with Supervisor to review questions
		Floor Rotation

\*All items must be Completed/Reviewed by day 5 of Shadow Shifts.

\*\* If you or the RS you are shadowing has a question please review with the Supervisor on duty.



### Health and Wellness

Date	Initials	
		Infection Control ( Handling of Linens, Hand Washing, Universal Precautions, Maintaining Clean Environment, Bloodborne Pathogens) Review with LPN or Shift Leader
		Participate in fitness Activity
		Staff Household Task Responsibilities
		Menu Location / How To Temp a Meal and Document
		Menu Planning Activity Responsibilities
		Sign up for CPI and CPR trainings with shift leader

\*All items must be Completed/Reviewed by day 5 of Shadow Shifts.

\*\* If you or the RS you are shadowing has a question please review with the Supervisor on duty.

### Medical Records / LWSI / Intranet

Date	Initials	
		Log onto Citrix
		Log onto LWSI
		Create a Signature to Send to IT to Upload to LWSI
		Searching for clients
		Activate Client in LWSI
		All Resident's Care Plans and IPCs
		RS Shift Note procedure
		Utilizing Objective Language
		Progress Notes
		Transfer Documentation
		Importing Documentation
		Update a Resident Check
		Create a Resident Check Form and a RS Shift Note
		All Tabs in Clinical Record
		Procedure for an Incident Report
		Create ADP Account / View Timesheet
		Share/Personal Folders
		Crisis Plan
		Client Preferences

\*All items must be Completed/Reviewed by day 5 of Shadow Shifts.

\*\* If you or the RS you are shadowing has a question please review with the Supervisor on duty.

Date of First Supervision:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

New Hire Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

## R188 Corrective Measure

Upon further inspection resident #1 did have an emergency contact listed. The on duty LPN was unfamiliar with the chart and didn't know where to locate the information. Information for emergency contact were located in the EMR under the tab Consents and also in Client Demographics. Effective immediately we will also be utilizing the below form for all new admits to better communicate next of kin

### -RESIDENT INFORMATION -

NEXT OF KIN:

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PHYSICIAN:

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EMERGENCY CONTACT INFORMATION:

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LEGAL REPRESENTATIVE:

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INSTRUCTIONS IN CASE OF DEATH OF RESIDENT:

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### R302 Corrective Measure

All shift leaders have been given the below schedule for fire drills. Each month the recorded fire drills will be audited using the schedule. If a drill is missed an additional drill will be held the following month.

	Fire Drill	Evacuation Drill
January		
February	2nd shift	
March	3rd shift	1st shift
April	1st shift	
May	2nd shift	
June	3rd shift	3rd Shift
July	1st shift	
August		
September	3rd shift	2nd Shift
October	2nd shift	
November		
December	1st shift	

### R303 Corrective Measure

We have ordered new resident phones to replace all current phones and to replace the phone which was lost. See below receipt. Staff will also complete below check list each shift starting 4/4/16 to confirm resident phones are available on each floor.

#### Panasonic KX-TGD213N Expandable Digital Cordless Phone with 3 Handsets

\$63.21

List price \$69.95

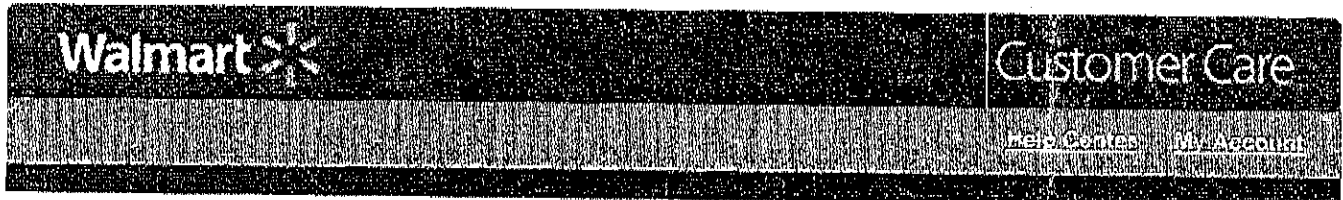
Save \$6.74

4.5 stars (43) ratings

- Large, 1.6" amber backlit handset display
- Illuminated handset keypad
- Up to 3-way conference capability

- 
- Free shipping
- Free store pickup

- We're processing your order.



**Hello Tristan,**

Thanks for shopping with us. We're processing your order now and we'll email you again when there are status updates. You can also track the status via [your account](#).

Visit our [Help Center](#) if you have any questions . Please do not reply to this email. This mailbox is unmonitored.

*-Your Walmart Customer Care Team*

**Order number: 3621679-013065**

## **Ships from Walmart**

**Arrives by: Fri, Apr 8**

We'll send an email with tracking info when your order ships.

### **Shipping to:**

Tristan Bridges

330 Linden St

Brattleboro , VT 05301

<b>Item</b>	<b>Qty</b>	<b>Price</b>	<b>Total</b>
Panasonic KXTGD213N Expandable Digital Cordless Phone with 3 Handsets	1	\$63.21	\$63.21

Items may arrive in multiple boxes on different days.

**\$63.21**

## **Order summary**

Order subtotal:	\$63.21
Value Shipping:	<b>Free</b>
Total Tax:	\$3.79
<b>Order total:</b>	<b>\$67.00</b>

To be completed each shift

	1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift
Resident phone basement			
Resident phone 1 <sup>st</sup> floor			
Resident phone 2 <sup>nd</sup> floor			
All Bathrooms stocked with toilet paper			
All Bathrooms functioning correctly			

Please check each shift and initial when verified. If needed contact you shift leader or Brattleboro Retreat to resolve any issues immediately.

Facilities Support <facilitiesupport@brattlebororetreat.org>