

## 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

November 20, 2023

Ms. Kayla Gendreau, Manager Meadowview Recovery Residence 24 Farmhouse Square Brattleboro, VT 05301-4809

Dear Ms. Gendreau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 3, 2023.** 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,

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:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		0594	B. WING		C 11/03/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
MEADOW	VIEW RECOVERY RESID	ENCE	MHOUSE SQUARE LEBORO, VT 05301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE COMPLETE	
R100	Initial Comments:		R100			
	was conducted on 10, 11/3/23 by the Divisio	site complaint investigation /31/23 and completed on n of Licensing and ing regulatory violation was				
R191 SS=D	V. RESIDENT CARE	AND HOME SERVICES	R191	R-191 POC accepted 11/17/23 M. McIntosh, F	RN	
	5.12 Records/Re	ports				
	5.12.c A home must file the following reports with the licensing agency:					
	must be notified within written report must be	damage, the licensing rtment of Labor and Industry n twenty-four (24) hours. A submitted to both eventy-two (72) hours. A		See attacher Greet		
	illness shall be placed	eport of any accident or I in the resident's record. Shall be reported and a				
	of a resident from a he shall be reported to the representative and far shall be reported to the twenty-four (24) hours	mily, if any. The incident re licensing agency within s of disappearance followed hin seventy-two (72) hours,				
	cessation to the home	eport of any breakdown or s's physical plant's major eat, water supply, etc.) or				

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

Residential Cardinator SOUY11

STATE FORM

PRINTED: 11/06/2023 FORM APPROVED

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		0594	B. WING		C 11/03/2023					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
MEADOWVIEW RECOVERY RESIDENCE 24 FARMHOUSE SQUARE BRATTLEBORO, VT 05301										
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
R191	course of operation. I licensing agency immincident occurs. A co to the licensing agency hours.  5.12.c. (5) A written rincidents of abuse, not reported to the licensing seported sepor	ch disrupts the normal The licensee shall notify the lediately whenever such an py of the report shall be sent by within seventy-two (72)  report of any reports or leglect or exploitation ling agency.  report of resident injury or lise of mechanical or  is not met as evidenced lews and record review, RCH leme) staff failed to report to land Protection (DLP) an of greater than 12 hours of land alked away during a group Findings include:  #1 was part of a group of	R191	See attache Sheet						

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		0594	B. WING		C <b>11/03/2023</b>				
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MEADOWVIEW RECOVERY RESIDENCE 24 FARMHOUSE SQUARE BRATTLEBORO, VT 05301									
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R191	The RCH followed the notifying the police when missing for greater the has not been seen or were raised. On 9/24/contacted the RCH, in traveled to his/her hor and would return to the completed needed tas.  As required, notification DLP within 24 hours we missing for greater the on the morning of 10/3	eir agency protocol by	R191	See Cettach Sheet	90				

Division of Licensing and Protection

## Plan of Correction for Meadowview

- Section 5.12.c. (3) of Residential Regulations was reviewed by Residential Care Home Manager and AMHAS Assistant Director to ensure clear understanding of timelines and requirements.
- Communication will be sent out to all Meadowview staff to serve as review
  of this protocol/regulation when a resident has an unexplained absence of
  12 or more hours from the program. This step will be completed by
  11/30/23.