



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

October 16, 2024

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 **September 13, 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: 0594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER MEADOWVIEW RECOVERY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 24 FARMHOUSE SQUARE 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
R100	Initial Comments: An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 9/13/24. Regulatory deficiencies were identified. Findings include:	R100		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the	R179		

Division of Licensing and Protection

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

TITLE

(X6) DATE

Kayla Gendron

Residential Coordinator

10/15/24

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 09/13/2024
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R179	<p>Continued From page 1</p> <p>RCH failed to ensure 4 out 5 staff of the applicable sample who provide direct care to residents completed (12) hours of training on an annual basis.</p> <p>Per record review of the facility staff training record 4 out 5 staff who have been employed for greater than 1 year, records did not include completion of 12 hours of training. The record review indicated, 4 out of the 5 staff did not complete trainings for Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions.</p> <p>Per interview on 9/13/24 at 1:00 PM, the Registered Nurse confirmed the staff training records. The RN explained Human Resources assigns the trainings to all staff with an online training module, and confirmed the facility policy for all staff to complete the required trainings on an annual basis.</p>	R179	<p>See attachment</p> <p>R179 Accepted Jenielle Shea, RN 10/16/24</p>	

Meadowview Plan of Correction

10/15/24

5.11 Staff Services

5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:

- (1) Resident rights;
 - (2) Fire safety and emergency evacuation;
 - (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;
 - (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;
 - (5) Respectful and effective interaction with residents;
 - (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and
 - (7) General supervision and care of residents.
- Staff members that have not yet completed the training on infection control measures will be required to complete the training by Nov. 15th 2024. Staff members and their supervisors will utilize the Relias training system to keep track of their last training date and to ensure trainings are retaken within 12 months of the last date.

R179 Accepted
Jenielle Shea, RN
10/16/24