



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

July 2, 2024

Anne Steinberg, Manager
Michaud Memorial Manor
47 Herrick Road
Derby Line, VT 05830-8759

Dear . Steinberg:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 22, 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: 0143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/22/2024
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NAME OF PROVIDER OR SUPPLIER MICHAUD MEMORIAL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 47 HERRICK ROAD DERBY LINE, VT 05830
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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
R100	Initial Comments: On 5/22/24 the Division of Licensing and Protection conducted an unannounced on -site investigation of one facility reported incident. The following regulatory deficiencies were identified:	R100	R181	
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to protect residents of the home by ensuring all staff are without substantiated Child Protection Registry findings indicative of a prior history of abuse, neglect, or exploitation of a child. Findings include:	R181	This plan of correction was written to follow state and federal guidelines. It is not an admission of noncompliance. However, it is the facility's commitment to demonstrate and maintain compliance. This employee had been employed by the facility for 17 years and was in good standing at all times prior to this event. This employee was hired by a previous administrator who requested a variance from DLP despite the employee's background check results. The current administrator began employment when this employee had already been employed by the facility for 8 years. A waiver from DLP was noted in the employee's personnel file, stating that the facility had approval to employ the individual. There was no indication that the waiver only included the criminal background and not the abuse registry. The facility continued the individual's employment based on the individual's good standing, the already lengthy employment history and the information that was available. Background checks were completed annually on this employee and no charges were identified at any point other than the ones from prior to the start of employment in 2007. continued on next page...	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Adam M. Steinberg Administrator
TITLE

(X6) DATE
7/2/2024

Division of Licensing and Protection

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R181	Continued From page 1 The organization that manages the home's Residential Care Homes Policies and Procedures , Policy Number HR0002: Employment Practices Guidelines and Procedures effective 3/10/2010 states, "Employees in the position of ... working with children and vulnerable people (Level III Homes) will be subject to background verification per the regulation set forth by the guidelines of the Agency of Human Services - Department of Disabilities, Aging and Independent Living." Per record review, the Level III Residential Care Home's criminal record and abuse registry background checks on file for one applicable staff (Staff #1) included substantiated findings on a Vermont Crime Investigation Center criminal background check; and substantiated findings on a Vermont Agency of Human Services Adult Abuse and Child Protection Registry check including 5 substantiated findings for the time period between 1996- 2002. Per record review, Staff #1 was hired in July 2007 and in October of 2008 a letter from the Division of Licensing and Protection granted a variance to retain Staff #1 as an employee of the home despite the substantiated findings on the applicable staff's Vermont criminal background check. Per review of the communications between the home and the licensing agency, Staff #1's the substantiated findings reported by the Adult Abuse and Child Protection Registry were not disclosed in the home's request for a variance to allow employment of Staff #1 in 2007; and the letter notifying the home of the variance granted by the licensing agency in 2008 was limited to a variance for the substantiated criminal background findings, and did not include a variance for the substantiated Adult Abuse and	R181	R181 continued... Michaud Manor completes background checks on all employees at the time of hire and annually. These background checks include State and National Criminal checks as well as Adult and Child Abuse Registry. Michaud Manor does not hire anyone "who has had a charge of abuse neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont." DLP no longer grants waivers for background checks and there are no current employees with a pre-existing waiver. There are also no current employees with any charges that would prohibit employment based on 5.11.d of the Vermont State Residential Care Home Licensing Regulations. continued on next page...	

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R181	Continued From page 2 Child Protection Registry findings. The current administrative staff were not employed by the organization that manages the home in 2007; however, during the on-site investigation conducted on 5/22/24, the variance letter listing the findings for which a waiver was granted allowing the organization to retain Staff #1 and the results of a Vermont Adult Abuse and Child Protection Registry check completed in January of 2024 which listed Staff #1's substantiated abuse findings were on file and available for review at the home. On the afternoon of 5/23/24 the Executive Director of the home confirmed the Adult Abuse and Child Protection Registry checks for Staff #1 included 5 substantiated findings which prohibit this staff member from employment at the home per the Vermont Residential Care Home Licensing Regulations effective 10/3/2000, and the Resident Care Homes Policies and Procedures for the organization that manages the home effective 3/1/2010.	R181	R181 continued... The Administrator conducts monthly audits of all new employees hired within that month to ensure that all background checks were completed and there are no findings that prohibit employment. The Administrator will also conduct an annual audit of all existing employees to ensure that annual background checks are completed and there are no findings that prohibit employment.	
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 and resident interviews and record review there was a failure to ensure one	R224	Michaud Manor has been, and continues to be, committed to employing only qualified staff who treat the residents well, with kindness, dignity and respect. Date of Completion: May 22, 2024 R181 Plan of Correction accepted by Jo A Evans RN on 7/2/24.	

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R224	<p>Continued From page 3</p> <p>applicable resident (Resident #1) remained free of physical abuse by a staff member. Findings include:</p> <p>The organization that manages the home's Workplace Behavior Guidelines & Corrective Actions policy, Section Human Resources Sub-section Employment effective 2/15/19, "Failure to comply with Federal and/or state regulations in regard to level three care facilities" and "Violation of Resident Rights" are considered violations of the organization's standards for workplace behavior which are "extremely serious and can be subject to disciplinary action, up to and including termination or immediate termination".</p> <p>On 3/29/24 Resident #1 reported to a staff member that another staff (Staff #1) had slapped his/her hand as the resident attempted to adjust his/her own knee brace. Resident #1 was not able to identify the specific day this occurred, however per Staff interview on the afternoon of 5/22/24 Resident #1 repeatedly and consistently described the incident of abuse and identified Staff #1 as the person who slapped him/her. Resident #1's Plan of Care does not indicate a history false or inaccurate reporting or accusations; and the Resident Assessment on file for Resident #1's indicated his/her short term memory is intact. On the afternoon of 5/22/24 the Registered Nurse confirmed Resident #1 had not demonstrated a significant change in cognitive function before or after the reported incident.</p> <p>The Executive Director of the home reported there was a noticeable change observed in Resident #1's behavior towards Staff #1 following the reported incident. During an interview commencing at 4:25 PM on 5/23/24 the Executive</p>	R224	<p>R224</p> <p>This plan of correction was written to follow state and federal guidelines. It is not an admission of noncompliance. However, it is the facility's commitment to demonstrate and maintain compliance.</p> <p>The alleged abuse of the resident was not substantiated. The resident has psychiatric diagnoses and behavioral challenges and is not necessarily a reliable source of information. There were no witnesses to the alleged event, and the staff member denies the event occurred. Because it was one person's word against the other with no witnesses and no proof, the alleged abuse was not able to be substantiated; however, the facility chose to err on the side of caution and terminate the staff member to protect that particular resident and/or others from potential abuse.</p> <p>continued on next page...</p>	
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R224	<p>Continued From page 4</p> <p>Director of the home stated Resident #1 started showing changes in behavior towards the Staff #1 shortly before reporting being slapped by staff. The Executive Director stated Resident #1 is typically is very affectionate with all Staff and likes to hug them; however, Resident #1 started giving Staff #1 the middle finger instead of his/her previously observed affectionate behavior towards this Staff. The Executive Director stated Resident #1 also typically likes to "kid around" with staff and it was assumed that was why Resident #1 was gesturing in this way towards Staff #1; however after Resident #1 reported the abuse they realized why s/he was gesturing in this way and that "s/he really meant it... was not just kidding."</p> <p>During the interview on the afternoon of 5/22/24 the Executive Director stated Staff #1 had demonstrated recent changes in behavior at work around the time Resident #1 reported the incident of abuse, which s/he described as "acting like s/he was getting tired of working..being grumpy with coworkers on arrival for shifts ... acting like someone who had worked too long."</p> <p>During an interview commencing at 1:41 AM on 5/22/24, Resident #1 described a single incident during which s/he was slapped by a Staff member who was no longer at the home as s/he reached down to try to adjust his/her knee brace. Resident #1 stated the slap caused him/her physical pain. On the afternoon of 5/23/24 the Executive Director confirmed Staff #1's employment was terminated due to Resident #1's concerns about the care provided by Staff #1.</p>	R224	<p>R224 continued...</p> <p>Michaud Manor provides training to all employees upon hire, annually and as needed regarding expectations for the treatment of residents, Resident Rights, Abuse and Neglect.</p> <p>Michaud Manor will continue to report and investigate all allegations of abuse; will continue to diligently strive to protect the residents; will continue to provide education to all staff regarding expected treatment of the residents, resident rights, abuse and neglect upon hire, annually and as needed.</p> <p>Date of Completion: May 22, 2024</p> <p>R224 Plan of Correction accepted by Jo A Evans RN on 7/2/24.</p>	