VERMONT

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

August 14, 2018

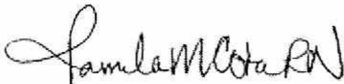
Ms. Michelle Lavallee, Manager
Middlesex Therapeutic Community Residence
1076 Us Route 2
Montpelier, VT 05602-8840

Dear Ms. Lavallee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 19, 2018.** 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0610	A. BUILDING: ______ B. WING ______	C 07/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDDLESEX THERAPEUTIC COMMUNITY RES	1076 US ROUTE 2 MONTPELIER, VT 05602

(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
T 001	Initial Comments An unannounced on-site complaint investigation was conducted on 7/18/18 and completed on 7/19/18 by the Division of Licensing and Protection to evaluate compliance with the Licensing and Operating Regulations for Therapeutic Community Residences. The following regulatory violation was identified:	T 001		
T 051 SS=D	V.5.9.a Resident Care and Services 5.9 Staff Services 5.9.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to ensure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR (Therapeutic Community Residence) failed to ensure sufficient number of staff and/or additional security was made available and provided to adequately supervise a resident during transport and on-site court appearance which subsequently resulted in an elopement of a resident. (Resident #1) Findings include: In late June/2018 during a court appearance Resident #1 eloped from outside a court house after being involved in a hearing regarding continued residency at the TCR along with compliance to adhere to conditions determined by the court. At the time of the incident, Resident #1 was accompanied by 2 staff from the TCR who transported Resident #1 to the court house and	T 051	Please see separate pdf for POC.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Savale, Director, MTCR | TITLE | (X6) DATE 8-1-18

STATE FORM 6899 WVWJ11 If continuation sheet 1 of

T051 POC accepted FMcIntoshRN/PMC

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T 051	Continued From page 1	T 051		

Continued From page 1

were preparing to return Resident #1 to the TCR.

Prior to the elopement incident and during the months of May and June 2018, Resident #1 had expressed during Treatment Team meetings and individual counseling the ongoing desire to be discharged from the TCR. Resident #1 was repeatedly counseled that medication compliance and adhering to court ordered conditions was imperative for recovery and discharge. In early June, Resident #1 began packing belongings and requested items to be sent to family. The resident asked staff what did s/he have to do to get out of the TCR. The resident was overheard during a phone conversation s/he would be leaving soon. When confronted with potential plans for elopement, Resident denied the accusations. After Treatment team discussions and concerns for potential thoughts of resident elopement on 6/1/18 Resident #1 was restricted to the unit and supervised yard. Due to avoidance of accepting medication, the resident demonstrated a set back in recovery and having increased symptoms of paranoia. Over the course of the next 3 weeks, there was a resumption of privileges to include allowing Resident #1 to take part in community outings and supervised yard and and group walks. It was during a shopping outing on 6/22/18 Resident #1 resisted direction by MTCR staff. Per Weekly Therapeutic Groups Note: "S/he appeared to be trying to get away from staff by ducking and weaving around displays and shoppers."

At the end of June/2018 Resident #1 was required to appear in court. Two staff members accompanied Resident #1 to the Court hearing in Montpelier. Resident #1's behavior began to escalate during court proceedings. Due to the court determining the resident required more

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T 051	Continued From page 2 treatment and must demonstrate medication compliance, Resident #1, upon exiting Court, informed TCR staff s/he would not be returning with them and preceded to walk away from staff ignoring requests to return. Elopement protocol was initiated and State agencies were alerted. After an absence of more than 2 weeks, Resident #1 was returned to the TCR . Per telephone interview on 7/19/18 at 8:35 AM the TCR Manager stated Resident #1 had not presented any issues during a previous court appearance and utilizing 2 staff to accompany the resident seemed appropriate at the time. However, in retrospect the manager confirmed it has been identified a more comprehensive. assessment is necessary to determine a resident's elopement risk to better capture and assess behaviors that may lead to a potential elopement .	T 051		

August 1, 2018

Pamela M. Cota
Department if Disabilities, Aging and Independent Living
Division of Licensing and Protection
HC 2 South State Drive
Waterbury, VT 05671-2060

Dear Ms. Cota:

Please find attached the Plan of Correction that addresses the finding of your visit to the Middlesex Therapeutic Community Residence on July 19, 2018.

1) T 051 V.5.9.a Resident Care and Services

5.9 Staff Services

5.9a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to ensure prompt, appropriate action in cases of injury, illness, fire of other emergencies.

What action will you take to correct this deficiency?

A check box indicating whether someone is an elopement risk is now included as part of the resident's chart. Every resident at MTCR will be assessed for their risk of elopement and this will be documented in the chart during each shift. A protocol has been developed whereby the DMH Commissioner's Office is contacted before a resident travels off site.

What measures will be put into place to ensure this doesn't recur?

The elopement check box assessment will be used to determine what level of staffing is required when a resident is travelling off-site. Should there be a need for greater staffing resources, the MTCR Director, or proxy, shall arrange for the appropriate amount of staffing through the staffing office at VPCH.

Prior to off-site travel, the MTCR Director (or proxy) will contact the DMH Commissioner's Office and provide the name of the resident; their assessed risk for elopement; the names and number of staff accompanying; the purpose for the travel; the expected time of departure; the expected time of return. The Commissioner's Office will communicate back to MTCR Director (or proxy) with any concerns regarding the appropriateness of off-site travel, or staffing levels. There will be regular communication between the MTCR Director (or proxy) with the Commissioner's Office throughout the duration of the off-site travel.

How will this be monitored?

As part of morning rounds, every resident's elopement risk will be reviewed and discussed by the treatment team based on the previous shifts' observations.

Date completed: A check box indicating a resident's risk for elopement was added to the chart on July 20, 2018. The protocol for notifying the Commissioner's Office for all off-site travel was implemented on July 20, 2018.

Respectfully submitted:

Michelle Lavallee, MS, LICSW
Director, Middlesex Therapeutic Community Residence
August 1, 2018