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

October 4, 2024

Shannon Blanchard, Manager
Our House Outback
196 Mussey Street
Rutland, VT 05701-4839

Dear Ms. Blanchard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 21, 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,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensina and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0593	A. BUILDING: _____ B. WING _____	R-C 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE OUTBACK	196 MUSSEY STREET RUTLAND, VT 05701

(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 follow up to a survey completed on 6-7-24, was conducted by the Division of Licensing and Protection on 8/21/24. Regulatory deficiencies were identified that required an immediate corrective action plan due to the risk to residents. An immediate corrective action plan was submitted by the RCH on 8/23/24 and accepted on 8/26/24. Findings include:	{R100}		
R132 SS=K	V. RESIDENT CARE AND HOME SERVICES 5.5 Special Care Units 5.6.c A home that has received approval to operate a special care unit must comply with the specifications contained in the request for approval. The home will be surveyed to determine if the special care unit is providing the services, staffing, training and physical environment that was outlined in the request for approval. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of records, the home failed to comply with Licensed Special Care Unit's specifications regarding staffing that was outlined in the approved request. Per review of the licensing application and review of records, approval was granted from the Division of Licensing and Protection for the facility to operate as a 12 bed Special Care Unit (SCU) in 2010. This agreement dated February 1, 2010, stated "There will be three shifts. There will be 12 hours per day when there are tw.o [sic] caregivers on duty and 12 hours per day when there are	R132	Staffing is at an acceptable level with new staff and staff returning. New applicants are being interviewed, screened and set up for orientation and training and being added to the schedule when appropriate. Owners, and salaried employees have filled voids. Many staff are and have been working 10, 12 and 16 hour shifts when necessary. Owner has taken over the schedule and has started tracking hours for themselves and other salaried employees who do work shifts or partial shifts. Owners, Managers and RN's are and have been on call 24/7. In the case of the morning of 8/21/24, Owner [redacted] had been at the house assisting when there was a call from another house that one caregiver had not arrived, the other staff member did arrive and [redacted] went on to set up the Hall for the monthly in-service that was scheduled for this day, (knowing that I had arrived at the house) the med tech on duty did not know the details of what had happened until I arrived to the house. The other owner was going between two houses where surveyors and representatives from the AG's office were summoning [redacted] for information. Owner will monitor schedule and hours for salaried staff for accuracy and compliance.	9/3/24

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

[redacted] Owner 9/13/24

10/2/24

Names and pronouns removed by DLP 10-4-24

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R132	Continued From page 1 three caregivers on duty". On May 4, 2021 a revised SCU facility plan approved by the Division indicates in section 6, "Each special care unit has a minimum of two (2) caregivers on duty at all times". The Owner operates four individually licensed residential care homes which are referred to by the homes staff and owner as "House 1, 2, 3, 4." Our House Outback is identified by Owner and staff as House #4. Each home maintains its own staffing schedule and manager. Per observation, upon entering the home on 8/21/24 at 9:55 **AM,** only 1 staff member was observed to be within the home. The staff member was a medication delegated staff, who confirmed to currently be alone within the home and stated another staff person was present in the home prior to surveyor arrival, but that staff member left to assist staffing coverage at another residential care facility. Per interview via telephone on 8/21/24 at 10:15 AM, the Owner confirmed the second staff member scheduled for House #4 (Our House Outback) left to attend House #2 due to insufficient staffing. Per record review and staff interview with facility Owner on 8-21-24 at 3:50, it was confirmed staff documentation on their timesheets do not demonstrate accurate staffing attendance to the individually licensed homes to corroborate with the staffing schedule. Per review of the facility staff schedule and staff time sheets for the time frame of 6-23-24 to 8-21-24 only one staff member has been on site to provide services to the facility's residents on several occassions.	R132	R132 accepted by C. Scott LTCM 10-4-24	

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R132	Continued From page 2 Refer to Tag 178.	R132		
{R178 SS=K	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.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 assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the Residential Care Home failed to ensure a sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. The facility license identifies the home to be a Special Care Unit (SCU). In the currently approved SCU plan, the facility indicates each special care unit has a minimum of two (2) caregivers on duty at all times. In addition, an immediate plan of correction was required during an onsite visit on 617/24, and the approved immediate corrective action plan developed by the owner on 617/24 indicated 2 care staff will be scheduled for each shift. Refer to Tag 132 The Owner operates four individually licensed residential care homes which are referred to by the homes staff and owner as "House 1,2,3,4." Our House Outback is identified by Owner and	{R178}	Staffing is at an acceptable level with new staff and staff returning. New applicants are being interviewed, screened and set up for orientation and training and being added to the schedule when appropriate. Owners, and salaried employees have filled voids. Many staff are and have been working 10, 12 and 16 hour shifts when necessary. Owner has taken over the schedule and has started tracking hours for themselves and other salaried employees who do work shifts or partial shifts. Owners, Managers and RN's are and have been on call 24/7 Owner and Managers will monitor for compliance. In the case of the morning of 8/21/24, Owner [redacted] had been at the house assisting when there was a call from another house that one caregiver had not arrived, the other staff member did arrive and [redacted] went on to set up the Hall for the monthly in service that was scheduled for this day, (knowing that I had arrived at the house) the med tech on duty did not know the details of what had happened until I arrived to the house. The other owner was going between two houses where surveyors and representatives from the AG's office were summoning [redacted] for information. Owner will monitor schedule and hours for salaried staff for accuracy and compliance.	9/3/24

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{R178}	Continued From page 3 staff as House #4. Each home maintains its own staffing schedule and manager. Per observation, upon entering the home on 8/21/24 at 9:55 AM, only 1 staff member was observed to be within the home. The staff member was a medication delegated staff, who confirmed to currently be alone within the home and stated another staff person was present in the home prior to surveyor arrival, but that staff member left to assist staffing coverage at House #2. The current census of the home was 10 special care unit residents. Per interview via telephone on 8/21/24 at 10:15 **AM,** the Owner confirmed the second staff member scheduled for House **#4** left to attend House #2 due to insufficient staffing. The owner confirmed that the staff member would return to House **#4** at some point that day and confirmed that House **#4** only had 1 staff member on during this time. Through continued observation, the home remained as one person on staff for approximately, 1 hour 10 minutes. Within that period of time, the Medication Delegated Staff assisted residents to the bathroom, attended to laundry, and provided support to residents, leaving the other residents unattended/unsupervised for varying periods of time. The home currently has residents who utilize wheelchairs for locomotion, residents who require full assist with transfers and ambulation, and full assist with care and toileting. All residents of the home are diagnosed with varying forms of cognitive impairment as confirmed by the Manager at 11:35 AM and require prompt cueing and direction, and some physical assistance at all times for activities of daily living and in cases of	{R178}	R178 accepted by C. Scott LTCM 10-4-24	

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{R178}	Continued From page 4 emergencies or events requiring evacuation. Per record review, Resident #1's Vermont Resident Assessment completed on 5/26/24 assessed the resident to require 2 people assist with transfers, locomotion via wheelchair with another persons assistance. Per interview on 8/21/24 at 12:50 **PM** the Medication Delegated staff explained Resident #1 needs full assistance with all AOL's including bathing, tolieting, ambulation, and feeding (hand over hand and at times directly helping with the feeding process by staff actively spoon feeding the resdient). Resident #1 requires full supervision and physical assistance with toileting, due to being a fall risk, and behaviors within the bathroom setting. The staff indicated Resident #1 is able to ambulate with walker with staff standby assistance. Per record review of staff time sheets from 6/23/24 to 8/21/24, 5 occurrences indicate one staff member was assigned to House #4, Our House Outback, for varying shifts. On 3 occurrences, timesheets indicate two staff members were assigned to House #4; however, the timesheets document staff from House #4 to have attended House #2 during their shift. On 10 different dates on varying shifts, the word "support" is documented on the House #4 schedule, however, there is inadequate documentation in timesheet records to demonstrate a second person was present for the shift hours. Per interview on 8/21/24 at 3:35 PM, the Owner confirmed to be the governing body in which operates 4 individually licensed Residential Cares Homes under the corporation, identifying each	{R178}		

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{R178}	Continued From page 5 home as House 1,2,3,4. The owner explained staff can be scheduled to any of the 4 licensed homes. In review of the schedule for House #4, Our House Outback, the Owner confirmed the schedule has indications of "Support" on varying days and shifts. The owner explained, "support [with indicated staff name]", directs an employee to attend the indicated home at varying times during their shift. The Owner confirmed the movement of staff from one home to another as "support", poses the chance of staff being alone for varying periods of time. The owner also confirmed the house staffing schedule is not updated when staffing changes are made to accommodate "support" to another home. In review of the time sheets, examples of documentation of "support" for House #4 were presented to the Owner. During the course of the onsite visit, the facility was requested to provide all staff time sheets for the period of time 6/23/24 to 8/21/24. The provided timesheet documentation does not specify the hours in which a staff were present in more than one home during a shift. At times, the one staff member who was on duty alone was not able to provide services reqiured by plans of care, as they are unable to physically assist residents with all basic or emergency needs. Per interview with the facility manager during a previous survey conducted on 6-3-24, Staff #1 was identified and confirmed to have physical mobility limitations and is currently utilizing a walker to help ambulate around the facility. On 6/3/24, the manager stated that Staff #1 is unable to assist residents with standing, ambulation, or repositioning and it was confirmed Staff #1 frequently was scheduled as the only staff member to house #4.	{R178}		

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{R178}	Continued From page 6 An interview on 8/21/24 at 12:50 PM, the Medication Delegated staff confirmed #2 is provided physical transfer assistance by atleast one staff and uses a wheelchair at times, due to weakness in lower extremities, s/he confirmed Resident #2 to be utilizing a wheelchair on date of onsite observation (8/21/24). Per record review on 8-21-24, the schedule for House #4, on 5 occurrences does not indicate a second staff was assigned to the 10:00 PM -6:00 **AM** shift with Staff #1. In review of all staff timesheets for the period of time 6/23/24 to 8/21/24, documentation was not identified to indicate a second staff member to be present in House #4 on the 5 occurrences for the 10:00 PM-6:00 **AM** shift. The Owner confirmed during interview on 8/21/24 at 11:30 **AM,** Staff #1 continues have an ambulatory accommodation with an assisted device when on shift, by the facility. Per interview on 8/21/24 at 3:50 PM the Owner stated staff utilize timesheets to account for hours of work, the timesheets require staff to document the location (House 1,2,3,4) they worked, and the hours worked. The Owner explained staff will be assigned to a home and provide support to another home, however, staff do not indicate the hours of the shift in which "staffing support" is provided to another home during their assigned shift. The owner confirmed the staff documentation on their timesheets do not demonstrate accurate staffing attendance to the individually licensed homes to corroborate with the staffing schedule. The Owner confirmed on the day of the site visit (8/21/24) an employee was assigned to "support" the home referenced as House #4 (Our House Outback) and	{R178}		

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{R178}	Continued From page 7 confirmed the employee left House #4 to provide adequate staffing at House #2 (Our House Too), leaving one staff present at House #4. In conclusion, the facility's insufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies, poses an immediate jeopardy risk to the safety and welfare of its residents as evidenced by the facility's schedules and timesheets indicating several occasions only one staff member being on site at various times as well as documentation indicating the facility's current residents requiring at least two capable staff members to receive safe and adequate care on a daily basis and during emergencies. Further, the facility is licensed as a Special Care Unit requiring at least two caregivers to be on site at all times per the facility's approved SCU proposal for the purpose of providing safe care and ensuring residents are safe during an emergency. On 8-26-24, the facility submitted an acceptable immediate plan of correction stating the facility will ensure at least two staff members are physically in the facility at all times per regulatory requirement.	{R178}		
R183 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.f There shall be at least one (1) staff member on duty and in charge at all times. In homes with more than fifteen (15) residents, there shall be at least one (1) responsible staff member on duty and awake at all times. There	R183		

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R183	Continued From page 8 shall be a record of the staff on duty, including names, titles, dates and hours on duty. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to ensure documentation of staffing schedules and staff timesheets were maintained to demonstrate and account for actual staffing patterns within the home including names, titles, dates and hours on duty. Per record review of the facility's July and August 2024 schedules, it was unclear as to the actual staffing patterns and hours worked by staff within the facility. The schedule contained shifts with an assignment of "support" without specific hours indicated. The schedule contained shifts requiring staff attendance to more than one licensed facility the owner operates, and the schedule contained shift assignments of only one staff. Staff timesheets were compared to the staffing schedule and revealed that the records were unkept and unclear to account for the actual hours worked and did not indicate specific staffing presence in the facility. On the scheduled shifts assigned as "support", the owner was unable to provide records that demonstrated actual hours worked by the assigned staff. There were identified shifts that staff were assigned to more than one facility, and timesheets that were not documented to specifically reflect the hours worked in each individual facility. On occurrences when staff were assigned alone, timesheets were unable to support a second staff person present to the facility. On the date of facility visit 8/21/24, per the	R183	Staffing is at an acceptable level with new staff and staff returning. New applicants are being interviewed, screened and set up for orientation and training and being added to the schedule when appropriate. Owners, and salaried employees have filled voids. Many staff are and have been working 10, 12 and 16 hour shifts when necessary. Owner has taken over the schedule and has started tracking hours for themselves and other salaried employees who do work shifts or partial shifts. Owners, Managers and RN's are and have been on call 24/7. In the case of the morning of 8/21/24, Owner [redacted] had been at the house assisting when there was a call from another house that one caregiver had not arrived, the other staff member did arrive and [redacted] went on to set up the Hall for the monthly in-service that was scheduled for this day, (knowing that I had arrived at the house) the med tech on duty did not know the details of what had happened until I arrived to the house. The other owner was going between two houses where surveyors and representatives from the AG's office were summoning [redacted] for information. Owner will monitor schedule and hours for salaried staff for accuracy and compliance. R183 accepted by C. Scott LTCM 10-4-24	9/3/24

Names and pronouns removed by DLP 10-4-24

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R183	Continued From page 9 schedule, a Medication Delegated staff is assigned 6:00 AM- 2:00 PM and "support p&p [Owners initials] " is written. Upon entry to the facility at 9:55 AM, the Medication Delegated staff confirmed that they were alone, and the staff documented as providing support, had left the facility to assist at another licensed facility the owner operates. Per record review, the schedule was not updated to reflect this change. Per interview on 8/21/24 at 3:50 PM, the Owner explained that when staff are hired they may be assigned to any of the four licensed homes they operate and at times, be assigned two facilities during a shift. The owner acknowledged when staff are assigned to two facilities, the schedules are not updated to reflect the assigned hours worked at each facility nor do their timesheets reflect the hours present in each individual facility. Additionally, the Owner acknowledged the schedule includes an assignment written as "support" without the hours indicated and their was no documented evidence to reflect hours worked.	R183		

196 Mussey St.
Rutland, VT 05701
802 773 4285

8/26/24

DAIL Return visit 8/21/24
Our House Outback
Immediate Jeopardy remains
POC

Re: Staffing

We have secured enough staff on the schedule to keep two caregivers on each shift.

Some caregivers are working six day weeks and others are working 12-16 hour shifts.

Owners, Managers and RN's and any other available staff have filled in partial or full shifts when there was a void.

We continue to monitor the schedule and fill in when necessary to assure two caregivers are on duty.

We continue to interview potential staff for training and orientation.

We are and have been addressing the concerns and understand that we are expected to have enough staff on each shift to ensure two staff members are available to assist with resident needs.

Respectfully,

Paula Patorti