



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

May 27, 2021

Ms. Tabitha Hart, Manager
Our House Residential Care Home
162 Jackson Avenue
Rutland, VT 05701-4551

Dear Ms. Hart:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 30, 2021**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2021
NAME OF PROVIDER OR SUPPLIER OUR HOUSE RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 162 JACKSON AVENUE 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 on-site complaint investigation was conducted on 4/28/2021 - 4/30/2021 by the Division of Licensing and Protection. There were regulatory violations identified as a result of this investigation.	R100		
R178 SS=F	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 staff interview and record review the facility failed to ensure there was a sufficient number of qualified staff available to provide safe care to the Residents in the home. Findings include: 1. Per interview with the House Manager (HM) on 4/28/2021 at 12:04 PM, typical orientation consists of mandatory topics being covered by the Human Resources Director (HR), 4 hours of initial training with the House Manager of Our House Outback, then scheduled on shift. It is the HM's job to handle training at the facility they oversee as manager. She/he stated that when available, she/he is the person who provides facility specific orientation. However, it is not always the case. Per interview with the Registered Nurse (RN) on	R178	It is understood that per R178, that enough staff shall be present to provide safe and consistent care to our residents. We have restructured our Orientation process so that orientees are not paired for duty until all orientation is completed. Training shall be provided in the classroom initially and subsequently in one of the facility buildings. Training is to be provided in the classroom by a Nurse and in the home by the Nurse and the House Manager. The nurse and Manager of the home will ensure staff is competent in all nursing care they are delegated to provide via direct observation of staff working with residents, prior to them working independently with residents without supervision. The competencies will be documented and retained in the home's records. Any new nursing care that staff is being delegated to provide will be assessed by the delegating nurse and training/competencies will be documented. Each staff member shall be directly observed by the delegating nurse at least quarterly to ensure delegated nursing care is being rendered appropriately, including behavioral management The Manager and nurse will monitor the performance of nursing tasks by delegated staff via direct observation and review of resident records. If any needs around staff training are identified, any necessary education/training will be provided as soon as possible and documented.	6/1/21

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

XC0011

If continuation sheet 1 of 5

R178 - R179 POC's accepted 5/26/21 S. Freeman RN/PMC

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R178	Continued From page 1 4/28/2021 at 1:30 PM, she/he has participated in some medication training, but the Nurses do not attend the mandatory training, nor are they involved in planning what is presented during staff orientation training. The RN stated management was trusting the employees to do independent study modules with quizzes and that staff need more training regarding Dementia. She/he stated that the training has been minimally effective. During an interview on 4/28/2021 at approximately 5:30 PM, a care giver who began orientation on 4/6/2021, stated that after orientation with the Human Resources Director and the House Manager of another Our House home, she/he had been scheduled to orient with an employee who must not have known how to train because they did not train her/him at all. The caregiver confirmed that there was one aide and her/himself on duty on her/his first shift of training, and that she/he did provide care for residents without specific orientation of Residents' care needs. The facility Special Care Unit application states that there "will be two staff members on duty at all times". A New Employee Orientation Checklist states that the employee worked 4 hours of her/his shifts on 4/20/2021, 4/27/2021, and 4/28/2021 with a HM receiving one on one training. Time spent was focused on verbal direction and expected demonstration with resident care and documentation. The new employee confirmed that this training did take place on the stated dates. However, the employee had already been providing Residents with direct care since 4/7/2021. 2. During an interview on 4/28/2021 at 10:30 AM the House Manager reported that she/he "had	R178		

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R178	Continued From page 2 requested that [a specific employee] not work in the facility due to concerns with the way she/he acted". At 12:04 PM, the HM stated that an employee had reported that another employee had gotten frustrated and punched a wall in a Resident area, when a Resident refused to get changed. The HM reported that she/he has had many conversations with the employee about speaking rudely, and not respectfully or with dignity. The HM had meetings with the HR Director, and the Owner of the facility regarding not having that employee work at this home however, she/he continues to work at the other Our House homes. During a previous interview with this employee for an investigation at another Our House home (Our House Outback), on 2/10/21, the staff member indicated they did not have sufficient training by the facility to handle when residents refuse redirection or become combative, or formal counseling about concerning conduct with and around residents.	R178			
R179	V. RESIDENT CARE AND HOME SERVICES SS=f 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,	R179	We have restructured our Orientation process so that orientees are not paired for duty until all orientation is completed. Training shall be provided in the classroom initially and subsequently in one of the facility buildings. Training is to be provided in the classroom by a Nurse and in the home by the Nurse and the House Manager. This process shall be completed and put into practice by June 1, 2021. The nurse and Manager of the home will ensure staff is competent in all nursing care they are delegated to provide via direct observation of staff working with residents, prior to them working independently with residents without supervision. The competencies will be documented and retained in the home's records. Any new nursing care that staff is being delegated to provide will be assessed by the delegating nurse and training/competencies will be documented.		

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R179	<p>Continued From page 3</p> <p>such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</p> <p>(5) Respectful and effective interaction with residents;</p> <p>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to ensure that staff demonstrated competency in the skills and techniques they are expected to perform, before providing any direct care to residents.</p> <p>Per employee orientation record dated 4/6/2021, orientation and training provided included all regulatory training topics, facility policies and procedures, documentation, use of facility and Resident equipment, behavior management, and Resident care. There are documented competencies for Mechanical Lift, treatments, and Vital signs.</p> <p>Per interview with the House Manager (HM) on 4/28/2021 at 12:04 PM, typical orientation consists of mandatory topics being covered by the Human Resources Director (HR), 4 hours of initial training with the HM, then scheduled for shifts. It is the HM's job to train at the facility. The HM confirmed that the orientation process is "a little too short."</p>	R179	<p>Each staff member shall be directly observed by the delegating nurse at least quarterly to ensure delegated nursing care is being rendered appropriately, including behavioral management</p> <p>The Manager and nurse will monitor the performance of nursing tasks by delegated staff via direct observation and review of resident records. If any needs around staff training are identified, any necessary education/training will be provided as soon as possible and documented.</p>

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R179	Continued From page 4 During an interview on 4/28/2021 at 1:30 PM the Registered Nurse stated that the RNs are only involved in medication delegation training. S/he also confirmed that the training provided to staff is "minimally effective." During an interview with the care giver on 4/28/2021 at approximately 5:30 PM, s/he stated that s/he had only worked at the facility for a few weeks. S/he initially spent about 4 hours with HR and then about 4 hours with a HM. After this training she/he had then been scheduled to train with an employee who "did not train me at all." The new care giver confirmed that s/he had been expected to provide care to Residents prior to being properly trained. A New Employee Orientation Checklist reflects that on 4/20/2021, 4/27/2021, and 4/28/2021, the HM provided four hours of one-on-one training focused on verbal direction and expected demonstration with Resident care. However, the employee had already been providing direct care to Residents since 4/7/2021 without being found competent in the skills to do so.	R179			