



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

November 15, 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 **September 9, 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 09/09/2021
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 9/9/2021 by the Division of Licensing and Protection. There was a regulatory violation identified as a result of this investigation.	R100			
R999 SS=C	MISCELLANEOUS  4.13.c. The manager shall not leave the premises without delegating necessary authority to a competent staff person who is eighteen (18) years of age. Staff left in charge shall be qualified by experience to carry out the day-to-day responsibilities of the manager, including being sufficiently familiar with the needs of the residents to ensure that their care and personal needs are met in a safe environment. Staff left in charge shall be fully authorized to take necessary action to meet those needs or shall be able to contact the manager immediately if necessary.  This requirement was NOT MET as evidenced by:  Based on record review and staff interview the facility failed to ensure that there was a staff member at least eighteen years of age on duty with delegated authority while the manager was off the premises. Findings include:  Per review of staffing schedules, one employee was assigned to the night shift on 6/28, 6/29 and the week of 7/5 - 7/8/2021.  Per interview with the facility manager on 9/9/2021 at approximately 10:45 there are currently 10 (ten) residents who reside at the facility. At approximately 11:30 AM the manager	R999	Manager and HR Manager are aware of deficiency and will schedule per regulation - HR manager will verify each schedule to ensure compliance for anyone under 18 on the schedule with initials; weekly x 2 months then monthly x 3 months ending at the end of March 2022 - manager will monitor for compliance.	8/1/21 10/15/21	

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

5829

FE6E11

Owner/Administrator 9/29/21

If continuation sheet 1 of 2

10/13/21

STATE FORM

5899

FE6E11

Manager

9/29/21

If continuation sheet 1 of 2

10/13/21

R999 POC accepted 11/12/21 JFreeman R/L/PMU

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 09/09/2021
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R999	Continued From page 1  who had been on vacation during this time, stated that employee was assigned to night shift temporarily "for a two-week period to get us through those two weeks". The manager confirmed that the employee's date of birth was 9/14/2004, making her/him sixteen (16) years of age at the time s/he was scheduled on night shift.	R999			