



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

November 20, 2018

Ms. Beth Peer, Manager
Our House Too Residential Care Home
196 Mussey Street
Rutland, VT 05701

Dear Ms. Peer:

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

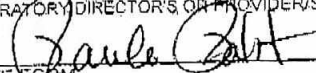
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/30/2018
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NAME OF PROVIDER OR SUPPLIER OUR HOUSE TOO RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET RUTLAND, VT 05701
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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
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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 10/30/18. There was a regulatory finding.	R100		
R191 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12 Records/Reports</p> <p>5.12.c A home must file the following reports with the licensing agency:</p> <p>5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file.</p> <p>5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file.</p> <p>5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.</p> <p>5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal</p>	R191 R191	<p>Provider does not agree with interpretation of regulation</p> <p>All residents have dementia - written behavior plan has been updated - manager, RN and Administrator have discussed next steps - future incidents with any residents will be discussed on a case by case basis - Administrator, RN + manager will monitor and report for compliance -</p> <p>10/31</p> <p>R-191 POC accepted 11/14/18 B. Bortell w/s. Perry, RN</p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Administrator	TITLE	(X6) DATE 11/14/18
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NAME OF PROVIDER OR SUPPLIER
OUR HOUSE TOO RESIDENTIAL CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**196 MUSSEY STREET
RUTLAND, VT 05701**

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R191	<p>Continued From page 1</p> <p>course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to file a written report of any reports or incidents of abuse for one resident, Resident #1. Findings include:</p> <p>Record review for Resident #1 presented that on 9/4/18, s/he had grabbed another resident by the arm. Further documentation dated 9/13/18 stated that Resident #1 had hit another resident. Confirmation was made by the house manager during an interview at 1:30 PM on 10/30/18. The house manger stated that there was no need for nursing intervention and the residents were separated immediately. S/he further confirmed that the incident had not been reported to the State Agency.</p>	R191		
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