



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 11, 2022

Ms. Paula Pelkey, Manager
The Residence At Otter Creek
350 Lodge Road
Middlebury, VT 05753-4498

Dear Ms. Pelkey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 13, 2022**. 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

PRINTED: 07/18/2022
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/13/2022
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT OTTER CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 350 LODGE ROAD MIDDLEBURY, VT 05753		
(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 7/6/2022 by the Division of Licensing and Protection and completed on 7/13/22. The following regulatory violations were identified:	R100		
R142 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Level of Care and Nursing Services 5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Residential Care Home staff failed to obtain a variance from the licensing agency regarding the flushing/irrigation of indwelling Foley catheters for 2 applicable residents, (Resident #3 & 5) Findings include: Per staff interview and record review on 7/6/22, both Resident #3 & #5 have indwelling urinary catheters which require daily flushing/irrigation as per physician orders, however as required, there was a failure of staff to obtain a variance to perform this daily treatment. This was confirmed by nursing staff on the afternoon of 7/6/22 who were not aware a variance was required.	R142	Variance Request for resident #3 in process. Waiting on physician signature and response from Fire Marshall. Variance Request for Resident #5 not submitted. Resident is in-patient at hospital. If resident discharge plan is for resident to return to The Residence at Otter Creek the RCD will submit variance request prior to resident discharge. The Resident Care Director, and Executive Director have reviewed and re-educated themselves on the LOC variance requirements per the VT Residential Care Home regulations. Effective immediately the Resident Care Director will immediately request a variance for any residents; for move-in and/or retainment who meet the requirements for LOC variance per the VT Res Care Home regulations.	
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES	R181		

Division of Licensing and Protection

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

TITLE

(X6) DATE

Paula Pelley RN Senior Resident Care Director

7/29/2022

STATE FORM

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SW8R11

If continuation sheet 1 of 4

R142 - Raul POC's accepted 8/3/22 FmcintoshRN/AMC

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R181	<p>Continued From page 1</p> <p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the ALR failed to ensure a complete screening for criminal and abuse checks were conducted by the agency who provides contracted staff. Findings include: Per review of the hiring record for a previous contracted "traveler" employed as a CNA #1 (Certified Nursing Assistant) on 3/16/22 and was terminated on 5/27/22 after being observed verbally abusing a resident in the Memory Care Unit. Upon review of the pre-employment screening conducted by the contracted agency noted there was a failure to conduct the VCIC</p>	R181	<p>Immediately at time of surveyors visit Otter Creek's Executive Director notified all agencies contracting with The Residence at Otter Creek the requirement that all contracted staff must have the Vermont specific criminal background checks (VCIC); not just the currently provided National Criminal background checks.</p> <p>In addition to the already provided proof of national criminal background checks The Residence of Otter Creek will obtain from each contracting agency proof of Vermont State criminal background checks for all contracted staff prior to the start of the individual's contract at Otter Creek.</p> <p>The following system was implemented to ensure all required paperwork and required background checks are completed prior to starting at Otter Creek. The Resident Care Administrative Assistant will follow a newly implemented (see attached) check list to audit each contracted individual's file prior to the contracted individual starting at Otter Creek. The Res. Care Admin Assistant will hand off the file to Otter Creek's Business/HR Director, ED, or RCD for a second check prior to the contracted individual's start at Otter Creek.</p>	

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R181	Continued From page 2 (Vermont Crime Information Center) screening for the entire state of Vermont. The contracted agency only conducted a screening for the county where the contracted employee resided. Per review of contracted CNA #2 also identified the VCIC screening had not been completed as required. Per interview on 7/6/22 at 4:15 PM, the Administrator confirmed the screening of both contracted CNAs failed to comply with the regulation.	R181		
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide and maintain a safe environment related to the structure and placement of the heat pump air intake units located in the Memory Care Center of the Assisted Living Residence (ALR). Findings include: During a tour of the facility accompanied by the Director of Maintenance commencing at 11:18 AM on 7/6/22 it was observed the metal covers of the heat pump air intake units in the Memory Care Center hallways are attached several inches away from the wall to allow for air circulation. The placement and structure of the metal covers results in exposure of metal edges and corner	R266	The Maintenance Directory immediately covered possible sharp edges until ordered materials to repair the units arrive. When materials arrive the Maintenance Director will replace the unit covers with shutter style covers, reducing finger openings with rounded edges.	

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R266	Continued From page 3 points that present a risk for injury for the residents of the Memory Care Center who have an increased risk for falls and injury due to dementia. Additionally, the placement of the covers creates openings large enough reach into the air intake units, which allows open access to the heating system filters and power switches. Areas of dust accumulation on the filters were also observed and accessible by reaching into the openings. The Director of Maintenance confirmed the placement of the covers several inches from the wall and acknowledged potential safety risks due to the structure and placement of the metal covers during the facility tour commencing at 11:18 AM on 7/6/22.	R266			

