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

February 8, 2023

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 **December 14, 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1008	A. BUILDING: _____ B. WING _____	C 12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT OTTER CREEK	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: On 12/13/22 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint and two facility reported incidents, with additional information was provided by the facility on 12/14/22. The following regulatory deficiencies were identified:	R100	This plan of correction is not an admission to and does not constitute an agreement with alleged deficiencies herein. To remain in compliance with the Division of Licensing and Protection regulations, The Residence at Otter Creek has taken and/or will take the actions set forth in this plan of correction.	
R144 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c.(1) Complete an assessment of the resident in accordance with section 5.7; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse failed to sign a Resident Assessment completed to document a significant change in status, and failed to provide nursing oversight to ensure the accurate completion of the re-assessment by a Licensed Practical Nurse (LPN) for one applicable resident (Resident #1). Findings include: The Resident Assessment documenting a significant change in status assessment for Resident #1 dated 6/30/22 was observed in the Electronic Health Record to be documented as completed by a Licensed Practical Nurse and without documentation of oversight and completion by the facility Registered Nurse. A paper copy of the completed Resident Assessment form for Resident #1 dated 6/30/22 was observed to be without documentation of the name of the person completing the assessment if other than the Registered Nurse, the signature of	R144	R144 The Otter Creek Registered Nurse will ensure all scheduled assessments are completed prior to any scheduled time off and/or for when Registered Nurse returns from scheduled time off whichever maintains compliance with regulations. In the event the Registered Nurse is out of the community unexpectedly for an unforeseen extended amount of time (as in this specific incident), the community's Executive Director will ensure that any required assessments are completed in compliance with regulations by another LCB Registered Nurse. The Resident Care Director provided nurses with resident assessment re-education. Date of Completion: 12/14/2022 and ongoing for any nurses hired going forward.	

R144 - R213 POC's accepted 2/3/23 JEvans RN/Amc

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R144	Continued From page 1 the Registered Nurse, and the date the assessment was signed as complete. In addition to missing signatures and completions date, the Resident Assessment was observed to be incomplete and to contain inaccuracies. The LPN who completed the assessment reported Resident #1 had no hospitalizations in the past year, however Resident #1 was hospitalized from 5/16/22 - 5/23/22 for simultaneous infection with Covid-19 and Clostridium Difficile. Incomplete areas of the assessment included sections of the Resident's Demographic Information, Customary Routine, Oral/Nutrition Status, and Services Received in the Special Treatments Section. At 1:22 PM on 12/13/22 the Senior Residential Care Director confirmed the Resident Assessment for Resident #1 dated 6/30/22 was completed by an LPN without oversight of a Registered Nurse, and was not signed and dated as complete by a Registered Nurse.	R144		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 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:	R179	R179 The Residence at Otter Creek has revised and implemented how contracted staff will receive the mandatory trainings at the start of each individual's contact with The Residence at Otter Creek. Contracted staff will attend a General Orientation held at Otter Creek. During this General Orientation the state required education will be reviewed as well as community specific policies and procedures. Date of Completion: Initiated 1/9/2023 and will remain ongoing.	

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R179	Continued From page 2 (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure one contracted Caregiver was provided and completed all required yearly trainings. Findings include: During the course of the on-site investigation conducted on 12/13/22 the Executive Director and Senior Residential Care Director were requested to provide documentation of completion of the 12 hours of required yearly trainings to include Resident Rights; Fire safety and Emergency Evacuation; Resident Emergency Response Procedures; Mandatory Reports of Abuse, Neglect and Exploitation; Respectful and Effective Interaction with Residents; Infection Control Measures; and General Supervision and Care of Residents. At approximately 1:30 PM on 12/13/22 the Senior Residential Care Director and Executive Director confirmed the contracted Caregiver had not	R179		

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R179	Continued From page 3 received and completed the required yearly trainings.	R179		
R213 SS=D	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to treat two applicable residents (Residents #1 and #2) with consideration, respect, and full recognition of the resident's dignity and privacy. Findings include: 1. Per record review Resident #1 was admitted to the facility in March of 2021 with diagnoses including Dementia, bowel and urinary incontinence, and frequent urinary tract infections. Resident #1's Progress Notes documented numerous falls, episodes of fecal and urinary incontinence, resistance to care, disruptive and aggressive behaviors, confusion, wandering. and elopement attempts. Progress Notes also document history of simultaneous COVID - 19 and Clostridium difficile infections requiring inpatient hospitalization, and visits to the Emergency Department due to injuries during Resident #1's residence at the facility. Leading up to his/her discharge on 9/20/22 Resident #1 demonstrated increasing dependence on staff for assistance with all activities of daily living including toileting and incontinence care; and	R213		

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R213	Continued From page 4 increasing care required to ensure his/her safety and wellbeing. Resident #1's Service Plan effective 7/12/22 stated Resident #1 "is at risk to be abused related to vulnerable state". On 8/17/22 the facility's Nurse On-Call was notified a Caregiver recorded a video of Resident #1 in is/her apartment and posted it on social media. Another Caregiver who observed the video on social media recorded the video, and forwarded it to a coworker with the stated intention of asking "what we should do". While the facility's Administrative Staff took corrective actions to address the incident including reporting the incident to Adult Protective Services (APS) and the Division of Licensing and Protection (DLP), completing an internal investigation, and terminating employment of the staff responsible for the incident; the Caregiver recording and posting a video of Resident #1 on social media, followed by another staff sending the video to a coworker, are violations of Resident #1's right to be treated with respect and full recognition of his/her dignity and privacy. On the afternoon of 12/13/22 the Executive Director and Senior Residential Care Director confirmed a Direct Care Staff recorded and posted a video of Resident #1 on social media. 2. Per record review Resident #2 was admitted to the facility in September of 2019 and has diagnoses including Generalized Anxiety and Depression Disorders, Dementia, Osteoporosis, History of Urinary Tract Infections and Falls, Gastroesophageal Reflux Disease, and chronic Constipation. Resident #2 requires significant assistance with activities of daily living including dressing, personal hygiene, toileting, and	R213		

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R213	Continued From page 5 assistance with incontinence. S/he is dependent on staff for monitoring and support to ensure his/her safety, quality of life, and wellbeing. On 2/14/22 a contracted Caregiver responded to Resident #2 yelling, cursing, and name calling by engaging in verbal conflict with Resident #2. In a handwritten statement written the contracted Caregiver reported s/he repeated the same curse word Resident #2 used to call her a name, and as Resident #2 reached towards a shoe on the floor the Caregiver stated s/he "got close enough to bend down in her face, make eye contact, and yelled I wish you would throw that shoe at me because I'll record you so fast... you wouldn't know what happened.". A Caregiver who overheard the incident reported hearing the contracted Caregiver yelling at the top of her lungs followed by loud banging from the room. Another Caregiver stated in addition to this incident s/he also observed the contracted Caregiver yelling at residents on other occasions. While the facility Administrative Staff took corrective actions including reporting the incident to APS and DLP, conducting an internal investigation, and termination of the contracted Caregiver's employment at the facility; the Caregiver's response to Resident #2's behavior was not consistent with consideration, respect and full recognition of the Resident #2's right to be treated with dignity. On the afternoon of 12/13/22 the Executive Director and Senior Residential Care Director confirmed the mistreatment of Resident #2 by the contracted Caregiver.	R213	R213 Immediately following the incident re-education of Reports of Abuse, Neglect and Exploitation and Resident Rights was completed. As part of this plan of correction, Executive Director, Stacie Jaquish will ensure that all Otter Creek associates are retrained on Reports of Abuse, Neglect and Exploitation and Resident Rights. Completion Date: 2/17/2023	