



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

October 30, 2024

Stephanie Sweet, Manager
Residential Care At The Manor
577 Washington Highway
Morrisville, VT 05661-8972

Dear Ms. Sweet:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 23, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0378	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2024
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CARE AT THE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661
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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
R134	Continued From page 1 9/23/24 the Resident Care and Services Director confirmed the admission assessments on file for Residents #1 and #2 were not completed within 14 days of admission.	R134		
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review 5 our</p>	R179	<p>R179 all residents have the potential to be impacted by this practice</p> <p>To correct the deficiency, the missing training was identified, It was identified that the employees had completed all of the required training except for 1 topic, #3 Resident emergency response procedures and first aid. A training in this topic was provided to all current employees.</p> <p>To ensure that this deficient practice does not recure this education will be provided as part of Mandatory education for all new employees as well as part of their Mandatory annual training.</p> <p>To monitor that the deficient practice does not occur again the staff annual evaluation will include verification that all the annual mandatory education requirements have been completed.</p> <p>To be completed by 10/23/24</p> <p>R179 Plan of Correction accepted by Jo A Evans RN 10/25/24</p>	

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R179	Continued From page 2 of 5 sampled staff did not complete all required yearly trainings. Findings include: The home's policies and procedures related to staff trainings includes a list of mandatory trainings to be completed by staff. This list does not include all yearly trainings required by the licensing agency. During the survey on 9/23/24 the Resident Care and Services Director was requested to provide documentation of completion of the required yearly trainings for a sample of 5 staff. Per review of the documentation provided for review, 5 out of 5 sampled staff did not complete all required yearly trainings. This finding was confirmed by the Resident Care and Services Director at 3:54 PM on 9/23/24.	R179		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete all required criminal record and abuse registry checks for 5 out of 5 sampled staff. Findings include: The home's policies and procedures related to completion of staff background checks have not been updated to include the requirement implemented on 5/1/2023.	R190	R190 All residents have the potential to be impacted by this process. To correct the deficient practice, the home's policies and procedures related to completion of background checks been updated to include the requirement implemented on 5/1/2023. National background checks will be completed for existing employees. To ensure this deficient practice doesn't recur, a verified credential system will be used to complete the comprehensive healthcare background checks and verification services to ensure that staff and volunteers meet both state and national standards and expectations.	

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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CARE AT THE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
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R190	Continued From page 3 During the survey on 9/23/24 the Resident Care and Services Director was requested to provide documentation of criminal record and abuse registry checks completed for a sample of 5 staff. Per review of the documentation provided for review, 5 out of 5 staff did not complete all required criminal record and abuse registry checks. This finding was confirmed by the Resident Care and Services Director at 3:51 PM on 9/23/24.	R190	To monitor that the deficient practice does not occur again, new staff member's start date will be established after all background checks come back. Annual evaluations will include verification that all the requirements have been completed. To be completed by 10/30/24 R190 Plan of Correction accepted by Jo A Evans on 10/25/24	