



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 21, 2024

Jennifer Doyle, Manager
Riverbend Residential Care Home, Inc
307 Vt Route 110, Po Box 7
Chelsea, VT 05038

Dear Ms. Doyle:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 15, 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: 0379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/15/2024
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NAME OF PROVIDER OR SUPPLIER RIVERBEND RESIDENTIAL CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 307 VT ROUTE 110, PO BOX 7 CHELSEA, VT 05038
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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
R100	Initial Comments: On 10/15/24 the Division of Licensing and Protection conducted an unannounced on-site annual re-licensure survey. The following regulatory deficiency was identified:	R100	<i>see attached</i>	
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>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 7 sampled staff. Findings include:</p> <p>During the survey on 10/15/24, the Owner/Manager was requested to provide documentation of criminal record and abuse registry checks completed for a sample of 7 staff. Per review of the documents provided for review, background checks were not completed as required for 5 out of 7 sampled staff.</p>	R190	R190 Plan of Correction accepted by Jo A Evans RN on 11/20/24	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE

11/15/2024

