

## 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,

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

PRINTED: 11/04/2024 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING 0379 10/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 307 VT ROUTE 110, PO BOX 7 RIVERBEND RESIDENTIAL CARE HOME, INC CHELSEA, VT 05038 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R100 R100 Initial Comments: see attached On 10/15/24 the Division of Licensing and Protection conducted an unannounced on-site R190 Plan of Correction annual re-licensure survey. The following accepted by Jo A Evans RN on regulatory deficiency was identified: 11/20/24 R190 R190 V. RESIDENT CARE AND HOME SERVICES SS=F 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 7 sampled staff. Findings include: 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.

Division of Licensing and Protection

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

TITLE

11/15/2024

STATE FORM

689

HWTO11

If continuation sheet 1 of 1

## **Deficiency Statement Plan of Correction (POC)**

**Survey Date:10/15/2024** 

**Facility Name: Riverbend Residential Care Home Inc** 

Deficiency Regulation	How the deficiency was corrected	Date correcte d	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
v. resident care and home services 5.12.b.(4)	We have a new background check policy 11/18/2024.  In this policy, we will check background checks prior to hire and twice per year, January and June for all staff.  With exception of National checks through Checkr which will be prior to hire for staff that live and/or work only in Vermont. As well prior to hire and annually thereafter for all staff that live and/or work out of Vermont.  R190 Plan of Correction accepted by Jo A Evans RN on 11/20/24	12/15/2024 we have submitted all checks in all areas and are getting responses but will assure all are finalized asap no later than Dec 15 24'	We will reduce/change our filing system to include current staff and new staff to enable more efficient retrieval of information, archiving all old record checks.  We will change our log to include a checklist more detailed to assure we are better able to monitor staff logs and dates.  We will complete and file all staff record checks as above for our January check, by December 15 2024. We will Checkr National check our two out of state staff by the end of January before the end of their annual dates.  We note that 2023 record checks and prior had been performed, we were late in the year for 2024. This plan as outlined will correct the areas of deficiency.	assistant manager is delegated the responsibility and owner will monitor