



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 2, 2024

Kelly Lemieux, Manager
Rivers Edge Community Care Home
5 Hunt Street
Bennington, VT 05201

Dear Ms. Lemieux:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 24, 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: 0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIVERS EDGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET BENNINGTON, VT 05201
--	--

(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 onsite relicensure survey was conducted by the Division of Licensing and Protection on 7/24/24. Regulatory deficiencies were identified. Findings include:	R100		
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 record review and staff interview the</p>	R179	<p>Response to 5.11.b</p> <p>RN put together new employee folders containing all 7 mandatory trainings. Packet will be given to all new employees and reviewed by RN when completed. All staff will have 12 hours of training each year that will be provided by RN.</p> <p>New Employee mandatory training policy developed on 09/16/24</p> <p>R179 Accepted 10/2/24 Jenielle Shea, RN</p>	8/16/24

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

Kelly Linnell TITLE *Mgr.*

(X6) DATE
8/07/24

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER: **RIVERS EDGE COMMUNITY CARE HOME**
STREET ADDRESS, CITY, STATE, ZIP CODE: **5 HUNT STREET BENNINGTON, VT 05201**

(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
R179	<p>Continued From page 1</p> <p>RCH failed to ensure that all staff providing direct care to residents had at least twelve (12) hours of required training each year. Findings include:</p> <p>During the course of a re-licensing survey on 7/24/24, the manager was requested to demonstrate via training records that staff employed at the RCH who provide direct care to residents had received the twelve (12) hours of required yearly training. Per record review, 5 out 5 staff had not completed trainings in Fire Safety, 4 out 5 staff had not completed trainings in Emergency Preparedness, 4 out 5 staff had not completed trainings in Effective Communication.</p> <p>Per interview on the afternoon of 7/24/24 the Owner/Manager confirmed the training records provided for review were not complete with all required 12 hours of training completed. The manager confirmed the facility policy titled "Staff Services" to identify trainings to be provided.</p>	R179		
R181 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</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</p>	R181		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
RIVERS EDGE COMMUNITY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**5 HUNT STREET
BENNINGTON, VT 05201**

(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
R181	<p>Continued From page 2</p> <p>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 RCH failed to ensure that an applicant who was hired by the facility did not have a conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to public welfare. Findings include:</p> <p>Per review of the sampled Vermont Criminal Information Center Background Checks, 1 out of the 5 staff of the applicable sample, revealed a conviction. The VCIC record was requested by the RCH on March 2024. The employee file did not contain documentation by the facility of further review, for employment.</p> <p>The licensing agency issued a Memorandum on June 25, 2015, the memorandum includes "3. 2. If a prospective or current employee's background check is returned with a criminal offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to public welfare, the facility must keep the following on file: The employee's name, The criminal offense, The reason the facility has determined that the employee's prior criminal offense poses no foreseeable risk of abuse, neglect, or exploitation to residents."</p> <p>Per interview on 7/24/24 the Manager confirmed</p>	R181		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
RIVERS EDGE COMMUNITY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**5 HUNT STREET
BENNINGTON, VT 05201**

(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
R181	Continued From page 3 the employee file does not contain a formal document, to indicate that the decision to employ this individual with a relevant criminal conviction, did not pose a threat to residents. The Manager confirmed the facility does not have a policy and procedure to identify the RCH's process in review of background checks with convictions.	R181	The employee in questions background check came back with offences. While interviewing questions were answered with sincerity, prior training [redacted] demonstrated trust and compassion towards our residents. In my opinion [redacted] has been a wonderful asset to our Staff. Manager will create a document to file regarding individual and does not pose any threats to residents.	8/15/24
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure development of and access to policies and procedures that govern all services provided by the home. Findings include: Per interview on 7/24/24, at 1:30 PM the Manager confirmed a policy is not developed to account for the review of criminal background checks with convictions.	R200	Policy: Criminal Background Policy being developed by Manager & RN	R181 Accepted Jenielle Shea, RN 10/2/24 R200 Accepted Jenielle Shea, RN 10/2/24

Pronouns redacted by DLP 10/2/24