



**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

August 30, 2024

Carl Erickson, Manager  
Riverview Life Skills Center  
197 Highlander Drive  
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 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:  <b>0214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>07/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW LIFE SKILLS CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464</b>
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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 7/23/24 by the Division of Licensing and Protection conducted an unannounced on-site follow-up survey to determine if the facility was in compliance with the regulatory deficiencies identified during the annual relicensure survey conducted on 5/6/24. During the follow-up survey conducted on 7/23/24, the facility was found to not to be back in compliance with the following Residential Care Home Licensing Regulations effective 10/3/2000:	{R100}		
{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 checks for all facility staff, and a failure to complete abuse registry checks for 1 out of 5 sampled staff. Findings include:</p> <p>The facility's policies and procedures effective 4/1/2006 provided by a facility Administrator for review on request are outdated and do not include the current regulatory requirements for completion of criminal record and abuse registry background checks.</p> <p>Per record review National Criminal background checks were not completed as of 7/23/24 for all facility staff including the 5 staff previously sampled during the annual relicensure survey on 5/6/24. Documentation of a current yearly</p>	{R190}		

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



TITLE



(X9) DATE

8/20/2024

Division of Licensing and Protection

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{R190}	Continued From page 1  Vermont Crime Investigation Center criminal background check, and current yearly Adult and Child Abuse Registry checks were not on file and available for review for 1 out of 5 sampled staff.  These findings were confirmed by a facility Administrator at 10:43 AM on 7/23/24.	{R190}	<i>{ Policy for answering orders are complete accurate &amp; signed</i>	
{R200} SS=F	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 develop policies and procedures governing all areas of service provided by the facility. Findings include:  1. Per record review policies and procedures related to obtaining signed medication orders and for ensuring medication orders include the specific dose and frequency of administration have not been developed by the facility.  This finding was confirmed by the Director of Nursing on the afternoon of 7/23/24.  2. On the morning of 7/23/24 the Administrative Manager was requested to provide the facility's policies and procedures governing criminal record and abuse registry background checks for facility staff. The document provided by the Administrator	{R200}	<i>write procedure citing new requirements</i>	

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{R200}	Continued From page 2  for review on 7/23/24 was a copy of the same Vermont Department of Disabilities, Aging, and Independent Living (DAIL) Policy effective April 1, 2006 provided for review during the annual relicensure survey on 5/6/24. This outdated DAIL policy was cited on 5/6/24, as this policy does not include the current regulatory requirements for completion of national criminal background checks; and yearly completion of Vermont Criminal Information Center criminal background checks and Adult and Child abuse registry checks.  This finding was confirmed by the Administrator of the morning of 7/23/24.	{R200}		
{R247} SS=F	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure perishable foods and drinks stored in the kitchen on the lower level of the home were labeled with the dates these items were opened or prepared.  The facility's policy and procedures related to storage and handling of perishable food items are consistent with the regulatory requirements.	{R247}		

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{R247}	Continued From page 3  During the tour of the facility kitchens on the afternoon of 7/23/24 perishable items including milk and other dairy products; non-dairy coffee creamer; deli meats; condiments and salad dressings; containers of take-out and leftovers; beverages; frozen items; and dry goods were observed without labels indicating the date the items were opened or prepared.  This finding was confirmed by the Director of Nursing during the kitchen tour. The Administrative Manager and the Licensee confirmed these findings at 1:59 PM on 7/23/24.	{R247}		
{R266} SS=F	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide care in a safe, sanitary, functional, homelike environment related to the condition of facility bathrooms.  During the tour of the facility bathrooms on the afternoon of 7/23/24 the resident bathroom located near the lower level kitchen was observed with damage to the radiators, ceiling, flooring and bathtub. The flooring along the middle of the base of the tub was observed with an accumulation of debris where the flooring articulates with the base of the tub in this area which ants were observed	{R266}		

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(R266)	<p>Continued From page 4</p> <p>to crawling in and out of. There was also an accumulation of dust and dirt in the corner where the closet wall articulated with the tub. The toilet plunger in this bathroom was placed directly on the floor without a storage container to prevent resident exposure to contaminants and toilet water after use.</p> <p>The ceiling in one of the facility bathrooms sustained additional water damage during the week prior to the follow-up survey, and ceiling tiles in this bathroom were observed to be stained, cracked, and bulging out of the ceiling framework.</p> <p>The bolts on the base of the toilet in one bathroom were protruding upwards approximately 2 inches, which is a risk for injury previously cited during the annual survey on 5/6/24 that had not been addressed. In this bathroom areas of what appeared to be mold or mildew along the top of the shower and ceiling in one bathroom remained unchanged area had not been cleaned, and the white caulking along the base of the shower was peeling away and remained in poor condition.</p> <p>The Director of Nursing confirmed these findings during the tour of the facility bathrooms. At 1:56 PM on 7/23/24 the Administrative Manager and Licensee confirmed these findings, an the Licensee confirmed an estimate had not been obtained for repair of the damage to the bathrooms since the annual survey conducted on 5/6/24.</p>	(R266)		

## Deficiency Statement Plan of Correction (POC)

**Survey Date: July 23, 2024**

**Facility Name: Riverview Life Skills Center**

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
<b>R190</b> Plan of Correction accepted by Jo A Evans RN on 8/29/24	Criminal record checks completed for all staff	8.19.24	Criminal background checks will be completed upon hiring and annually as required by State of Vermont regulations. Annual checks will be reordered every January 1.	Administrator
<b>R200</b> Plan of Correction accepted by Jo A Evans RN on 8/29/24	Policies and procedures updated to include: <ol style="list-style-type: none"> <li>1. P&amp;P for obtaining signed medication orders and for ensuring medication orders include the specific dose and frequency of administration.</li> <li>2. P&amp;P governing criminal record and abuse registry background checks for facility staff.</li> </ol>	8.15.24	Policies and procedures will be updated annually and as needed to include new items.	Director of Nursing, Management
<b>R247</b> Plan of Correction approved by Jo A Evans RN on 8/29/24	Downstairs refrigerators and freezers cleared of outdated food and items in current use labeled appropriately	8.12.24	Food items will be labeled with the date when opened. Food storage areas will be inspected weekly at the time of grocery delivery and outdated items discarded.	Director of Nursing, Management
<b>R266</b> Plan of correction accepted by Jo A Evans RN on 8/29/24	Lower level bathrooms: <ol style="list-style-type: none"> <li>1. Repairs on bathroom near kitchen to be completed on or before 9.15.24.</li> <li>2. Ant problem remediated.</li> <li>3. All toilet plungers stored in plastic containers.</li> <li>4. Ceiling tiles in second lower level bathroom replaced.</li> </ol> Upper Level bathrooms: <ol style="list-style-type: none"> <li>1. Repairs completed in small bathroom near kitchen including floor, heating register covers, paint, caulking, mildew remediation.</li> </ol>	9.15.24	Physical plant will be inspected monthly and as needed as repairs and updates become necessary.	Administrator

	2. Exposed bolts on toilets cut down or covered.			
	3. Toilet plungers stored in plastic containers			