



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

January 11, 2024

Crystal Phillips, Manager
Robinson House
421 Lotsawater Road
Salisbury, VT 05769

Dear Ms. Phillips:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 18, 2023**. 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: 551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2023	
NAME OF PROVIDER OR SUPPLIER ROBINSON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 421 LOTSAWATER ROAD SALISBURY, VT 05769		
(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
T 001	Initial Comments An unannounced, on-site re-licensure survey was conducted by the Division of Licensing and Protection on 12/18/23 to determine compliance with the Vermont Therapeutic Community Residences (TCR) Licensing Regulations effective 3/1/22. The following regulatory violations were identified.	T 001		
T 130 SS=F	VII.7.2.e Nutrition and Food Services 7.2 Food Safety and Sanitation 7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure outdated canned goods were not maintained on the premises. Findings include: During a tour of the facility commencing at 9:20 AM on 12/18/23 2 cans of butter beans expired 7/2/23, a can of Lima beans expired 12/28/22, a can of Bumblebee white crab meat expired on 4/1/23, a can of Campbell's Tomato soup expired on 8/16/23, 2 cans of Campbell's chicken and rice soup expired on 5/5/23, a can of Campbell's cream of celery soup expired on 7/1/23, 2 bottles of Italian dressing expired on 9/7/23, 2 containers of grated parmesan cheese expired on 11/1/23, and a box of Kraft macaroni and cheese expired on 7/6/22 were observed to be stored in kitchen cabinets. This was confirmed by the Staff on duty during the tour of the kitchen commencing at 9:20 AM.	T 130	Date corrected: 12/18/23 The deficiency was corrected by going through the cupboard and disposing of all outdated food System changes include: making sure that staff rotate food weekly after each shopping trip, as well as checking dates each first of the month. A spreadsheet was created and posted in both cubboards with staff dates and initials for accountability The house manager will monitor this process monthly T130- Accepted on 1/11/24-Carol Scott-LTCM	

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

Ortel Phillips

TITLE

Manager

(X6) DATE

1/10/24

Division of Licensing and Protection

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T 174 SS=F	<p>IX.9.6.d Physical Plant</p> <p>9.6 Plumbing</p> <p>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures did not exceed 120 degrees Fahrenheit in resident areas. Findings include:</p> <p>Per observation on 12/18/23 at 9:55 AM water temperatures exceeded the recommended 120 degrees Fahrenheit in four resident areas. The first floor resident restroom water temperature was noted to be 134.8 degrees Fahrenheit, men's resident restroom water temperature was noted to be 127.9 degrees Fahrenheit, downstairs resident restroom water temperature was noted to be 129.6 degrees Fahrenheit, and the kitchen water temperature was noted to be 126.5 degrees Fahrenheit. This observation was confirmed by facility staff members at the time of findings.</p>	T 174	<p>Date corrected: 12/18/23</p> <p>Deficiency was corrected by facilities. The temperature was adjusted while the inspector was still at the house.</p> <p>System changes to ensure compliance: Facilities will add checking the hot water temperature to their quarterly house inspection list.</p> <p>Monitoring will be done by facilities and kept in their records.</p> <p>T174- Accepted on 1/11/24-Carol Scott-LTCM</p>	
T999 SS=F	<p>Final Comments</p> <p>This REQUIREMENT is not met as evidenced by: 4.10 A license shall be issued only for the applicant(s) and premises named in the application and is not transferable or assignable.</p> <p>This requirement was NOT MET as evidenced by:</p>	T999	<p>Date corrected: 12/18/23</p> <p>Action taken to correct deficiency: current license with current managers name was posted in the office Manager will monitor that the correct licence is displayed.</p>	

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T999	<p>Continued From page 2</p> <p>Per observation on 12/18/23 there was a failure to obtain licensure for the current manager of the Therapeutic Community Residence (TCR). Current TCR license dated 3/1/22 through 2/28/23 was issued for the former manager no longer managing the TRC effective in August 2023.</p> <p>This observation was confirmed by the facility manager at the time of finding.</p> <p>4.11 The home's current license certificate shall be protected and appropriately displayed in such a place and manner as to be readily viewable by persons entering the home. Any conditions which affect the license in any way shall be posted adjacent to the license certificate.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Per observation on 12/18/23 there was a failure to post the most current license. Presently the facility licence is posted in the managers office not accessible for viewing by residents or visitors entering the facility.</p> <p>4.13.f The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the</p>	T999	<p>Date corrected: 12/18/23</p> <p>Action taken: license was rehung on the main floor to be redily readable by residents and anyone entering.</p> <p>Systematic changes that we are making to ensure that important information stays posted: facilities installed a plexiglass enclosure. Completed 1/10/24.</p> <p>Date corrected: 12/18/23</p> <p>Results of last inspection were rehung on main floor.</p> <p>Systematic changes: New enclosed area for mandated forms and manager will monitor postings.</p>	
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T999	Continued From page 3 address and telephone number of the licensing agency. This requirement was NOT MET as evidenced by: Based on observation and staff interview there was a failure to ensure a current written report with results of inspection was readily available to residents. The residence shall make current written report results from inspection readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. Findings include: On the afternoon of 12/18/23, when asked to show surveyor where the written reports with inspection results that should be available to the public and residents was posted the manager was unable to locate the reports.	T999	T999- Accepted on 1/11/24-Carol Scott-LTCM	