



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

March 22, 2019

Ms. Doris Fregeau, Manager
Roy Mountain House
118 Mosquitoville Road
Barnet, VT 05821-9534

Dear Ms. Fregeau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 12, 2019**. 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.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

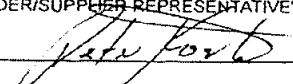
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 546	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2019
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NAME OF PROVIDER OR SUPPLIER ROY MOUNTAIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MOSQUITOVILLE ROAD BARNET, VT 05821
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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
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T 001	Initial Comments	T 001		
T 146 SS=E	<p>IX.9.1.a Physical Plant</p> <p>9.1 Environment</p> <p>9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on direct observation, resident interviews, and confirmed by staff during interviews on 2/12/2019, the TCR (Therapeutic Community Residence) failed to provide and maintain a sanitary, homelike and comfortable environment. *This is a repeat deficiency, with previous citations in 2014, 2016 and 2017. The specifics are detailed below:</p> <p>1. Per observation upon entering the home on 2/12/2019 and during the initial tour, a noticeable odor of dirt and stale cigarette smoke is present. The baseboard register in the kitchen is found to be broken and dirty. The door handle on the microwave oven is missing. The living room contains 2 broken, upholstered recliners and a tile on the side of the stairs leading to the top level is broken with a protruding piece noted on its top.</p>	T 146	See attachment	

Division of Licensing and Protection	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
STATE FORM	 0089 7TYZ11	Senior Director of Licensed Residential Services 3/15/19	If continuation sheet 1 of 2

T146 POC accepted 3/20/19 G.Coleman RN/PMU

Division of Licensing and Protection

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T 146	<p>Continued From page 1</p> <p>Also noted are broken curtain rods on the windows in several rooms, dirty curtains in resident rooms and dirty floors on the staircases. Both bathrooms (one on each floor) are noted to be soiled, with hair on the sink, no means to wipe hands after using the facility/washing hands and the shower curtains are dirty. A missing hand rail for the staircase is scheduled to be fixed and replaced today. Resident bedrooms are cold when their doors are closed for privacy. These observations are confirmed by 2 staff members on duty.</p> <p>2. Per observation during the initial tour, a resident's room located on the upstairs level is noted to be cold when the door to the room was opened by the surveyor. The resident reported that "the cold comes in from the windows; it's worse if I leave the door closed. I use extra blankets." Staff confirmed being aware of this and are trying to procure a heating element for the room so that the temperature will be comfortable to residents when their doors are closed.</p>	T 146		
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Facility: Roy Mountain House

Date of Survey: 2/12/2019

Plan of Correction Date: 3/15/2019

T146

IX.9.1.a PHYSICAL PLANT

9.1 Environment

- All identified repairs and issues will be addressed and resolved within 30 days of this Plan of Correction.
- The home's Shift Duties will be revised to more thoroughly address identified issues and additional staff training will be provided within 14 days.
- The Residential Manager will ensure that any safety and/or cleanliness-related concerns are addressed promptly and that household repairs are completed in a timely fashion.
- The licensee will develop a formal inspection process within 30 days and will provide additional monitoring and oversight through increased periodic inspections.
- Date corrective action to be implemented: Immediate and ongoing; identified issues to be completed within 30 days.