



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

September 23, 2021

Mr. Noah Wainwright, Manager
Roy Mountain House
118 Mosquitoville Road
Barnet, VT 05821-9534

Dear Mr. Wainwright:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 24, 2021**. 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 08/24/2021
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NAME OF PROVIDER OR SUPPLIER
ROY MOUNTAIN HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**118 MOSQUITOVILLE ROAD
BARNET, VT 05821**

(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	T 001		
T 146 SS=F	<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 observation and staff interview there was a failure of the TCR (Therapeutic Community Residence) staff to ensure the safety of the residents by maintaining a hazard free environment. There was also a failure of TCR staff to maintain a comfortable; sanitary and homelike residence. Findings include:</p> <p>1. Per record review and interview on 8/24/2021 the TCR manager and Senior Director of Residential Care confirmed an incident occurred on the late morning of 8/3/2021 where Resident #1 and Resident #2 began exchanging insults. Resident #2 purposely began playing loud music to agitate Resident #1. Resident #1 emptied from a laundry hamper onto the kitchen floor dirty clothing belonging to Resident #2. As the dispute</p>	T 146	See attachment	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Senior Director of Licensed Residential Services DATE 9/16/21

T146 POC accepted 9/22/21 Fmcintosh Rd/PM

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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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T 146	<p>Continued From page 1</p> <p>accelerated both residents continued to confront each other in the kitchen with verbal threats while staff attempted to redirect both residents and de-escalate the situation. However, interventions were not successful resulting in Resident #1 grabbing a unsecured fire extinguisher that was left on the floor beside the clothes dryer and sprayed Resident #2 with the dry powder substance from the fire extinguisher, creating a chemical cloud throughout the kitchen. Staff were able to intervene and remove both residents from the kitchen area. Resident #2 showered to remove the chemical compound and later went to the Emergency Department requiring further treatment for eye irritation requiring topical antibiotics. The unmounted and incorrectly stored fire extinguisher created an unsafe environment for both residents and staff. This was confirmed by the TCR manager on the afternoon of 8/3/2021.</p> <p>2. During an environmental tour of the TCR numerous observations confirmed there was a failure of the TCR staff to maintain a sanitary and homelike residence. The following observations included:</p> <p>a. Holes in walls in living room; in hallway leading up to second floor; large hole in second floor wall with exposed wires and duct tape partially covering holes.</p> <p>b. Ceramic tiles missing on bottom steps in hallway</p> <p>c. Missing kitchen cabinet doors</p> <p>d. Soiled rug in living room; baseboard heaters throughout the facility are covered in dust and debris</p> <p>e. Air conditioner in living room covered with dust and debris</p> <p>f. Upstairs bathroom sink had a large crack along</p>	T 146		

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T 146	Continued From page 2 side of sink g. Unmounted fire extinguisher stored on a shelf near the front kitchen windows, creating more potential for further inappropriate use by unauthorized individuals Per interview on 8/3/2021 at 11:00 AM the Senior Director of Residential Care Homes confirmed the TCR is in need of repair, acknowledging residents frequently punch holes in walls, however the plan is to move residents and staff out of the building once approval is achieved for a new facility. However, while awaiting the move, the residence is in need of cleaning and repairs.	T 146		

Facility: Roy Mountain House

Date of Survey: 8/24/2021

Plan of Correction Date: 9/16/2021

T146

IX.9.1.a PHYSICAL PLANT

9.1 Environment

- The Home's residents were transferred to multiple alternate temporary locations pending a planned move to a new licensed facility. Temporary suspension of the Roy Mountain license was requested by the Home and approved by DLP on 8/27/21.
- As part of the licensure of the new facility, the home's Shift Duties will be revised to more thoroughly address identified sanitation, maintenance, and/or safety-related issues.
- The Residential Manager will ensure that any cleanliness and maintenance-related concerns are addressed promptly, and that identified safety-related concerns are addressed immediately.
- The Licensee will provide additional monitoring and oversight through the completion of both formal and informal inspections at least monthly
- Date corrective action to be implemented: Immediate and on-going