



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 17, 2019

Ms. Cindy Blanchard, Manager  
Safe Haven  
4 Highland Avenue  
Randolph, VT 05060

Dear Ms. Blanchard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 17, 2018**. 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 black ink 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:  0529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  12/17/2018
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NAME OF PROVIDER OR SUPPLIER  SAFE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 4 HIGHLAND AVENUE RANDOLPH, VT 05060
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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
T 001	Initial Comments  The Division of Licensing and Protection conducted an unannounced, onsite relicensing survey on 12/17/2018. The following regulatory violations were identified.	T 001		
T 015 SS=E	V.5.3.b.1.2.3.4.5 Resident Care and Services  5.3 Intake  5.3 b The intake process shall be completed no later than seven (7) days from the date of admission and shall include a comprehensive assessment focusing on the following:  (1) Early history in brief summary;  (2) Review and written summary of current adjustment in major areas of life function - personal, social, familial, educational and vocational with an identification of major dysfunctions leading to the need for residential treatment.  (3) As recent a medical report as possible to include orders for medications, cautions, on adverse reactions and symptoms to watch for.  (4) Review of specific substance abuse if applicable.  (5) Appropriate abstracts from agencies, institutions, and programs previously used by the individual.	T 015	T.015/V5.3.b.1.2.3.4.5 Resident Care and Services Intake  The House Manager or Safe Haven Director will review all intake documentation obtained within the first seven (7) days of admission to ensure completeness of information gathered, which shall include a recent medical report and orders for medication. The House Manager or Safe Haven Director will note date and time of review on intake paperwork.	02/20/19

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cristina Gullett, LCSW Director of Acute Care Services - Program Development TITLE: \_\_\_\_\_ (X6) DATE: 12/20/18  
STATE FORM 6889 OZSF11 If continuation sheet 1 of 4

tag 015 - tag 052  
plan of correction accepted  
with addendum  
S Sharbrook, RN 1/16/19

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER  
**SAFE HAVEN**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4 HIGHLAND AVENUE  
RANDOLPH, VT 05060**

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T 015	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the residence failed to ensure that the comprehensive assessment completed at the time of intake contained all required elements for 2 out of 3 residents in the sample. (Resident #1 & Resident #2). Findings include:  Documentation gathered at the time of Resident #1 and Resident #2's intake failed to include a recent medical report and orders for medication. The House Manager and Director confirmed on the morning of 12/17/2018 that a medical report and medication orders had not been obtained for Resident #1 and Resident #2 within seven days from the date of admission.	T 015		
T 036 SS=D	V.5.8.b Resident Care and Services  5.8 Medication Management  5.8.b The manager of the residence is responsible for ensuring that all medications are handled according to the residence's policies and that designated staff are fully trained in the policies and procedures. The manager shall assure that all medications and drugs are used only as prescribed by the resident's physician, properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all medications	T 036	<b>T.036/V.5.8.b Resident Care and Services Medication Management</b>  An assessment of each guest's ability to self administer medications will be completed at time of intake, as well as times when a new medication is prescribed. The agency nurse, House Manager or Safe Haven Director will note date and time of assessment on intake paperwork.	02/20/19

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T 036	Continued From page 2  were administered in accordance with established policies and procedures for one out of three residents in the sample (Resident #1). Findings include:  A medication inventory form was completed with Resident #1 at the time of admission. However, there was no evidence in Resident #1's record of an assessment to confirm that s/he was capable of self-administering medications. Per staff interview and documentation review, the residence's procedure instructing staff in the completion of an assessment of a resident's ability to self-administer medication had not been followed. The lack of Resident #1's assessment for the self-administration of medication was confirmed with the House Manager and Director on the morning of 12/17/2018.	T 036		
T 052 SS=C	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services  5.9 Staff Services  5.9.b. The residence 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:  (1) Resident rights;  (2) Fire safety and emergency evacuation;  (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or	T 052	<b>T.052/V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services Staff Services</b>  The training plan for all staff will include annual training on all topic areas as required by the Licensing and Operating Regulations for Therapeutic Community Residences. The House Manager or Safe Haven Director will ensure availability of training, and will monitor ongoing training needs and staff compliance with training requirements.	02/2019

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I 052	<p>Continued From page 3</p> <p>ambulance contact and first aid;</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</p> <p>(5) Respectful and effective interaction with residents;</p> <p>(6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the residence failed to ensure that direct care staff received annual training in all topic areas as required by the Licensing and Operating Regulations for Therapeutic Community Residences. Findings include:</p> <p>Per review of training records, five out of five direct care staff had not received annual training in Resident Rights. While employees receive this training at the time of hire, there was no evidence that training in Resident Rights had been offered in the past twelve months. Per interview on the morning of 12/17/2018, the House Manager confirmed the training had not been provided.</p>	T 052		
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Safe Haven

Plan of Correction Addendum

Date Survey Completed: December 17, 2018

T 052/ V.5.9.b.1.2.3.4.5.6.7.

Resident Care and Services

Addendum: All Safe Haven staff will receive training in Resident Rights on February 7, 2019.

Per T.C. with Director of Acute Care Services 1/16/2019 1:23 pm

T 052 addendum accepted  
1/16/2019 S Sherbrook RN