



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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 14, 2023

Ms. Cheryl Jacobs, Manager  
Second Spring South  
Po Box 320  
Richmond, VT 05477

Dear Ms. Jacobs:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 3, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.  
State long Term Care Manager

Division of Licensing and Protection

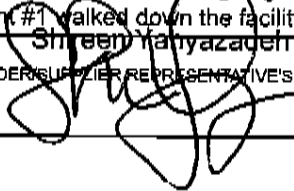
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0386</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER  
**SECOND SPRING SOUTH**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**PO BOX 320  
RICHMOND, VT 05477**

(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:  An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 8/1/23 and completed on 8/3/23. Three of the complaints were entity reported incidents. No findings were identified related to these complaints. One anonymous complaint was investigated and the following regulatory violations were identified related to the complaint. Findings include:	R100		
R178 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure by staff to demonstrate appropriate action during an incident of elopement involving 1 applicable resident; failed to ensure sufficient qualified staff were always available at all times to provide necessary care and staff failed to follow RCH policies/procedures related to authorized drivers. (Resident #1) Findings include:  Per review of an incident report dated 3/20/23 notes Resident #1 had been experiencing intermittent agitation, pacing in and out of the facility and had lacked sleep for a undetermined period of time. At approximately 1:00 AM on 3/20/23 Resident #1 stated s/he "was going for a walk". As Resident #1 walked down the facility	R178	: 5.11.a (Sufficient Staffing / Driver's List) - (A) Ensure hiring lifecycle is properly completed to ensure adequate staffing levels. - (B) Ensure up to date drivers list is maintained and disseminated to each site. 5.11.a (Sufficient Staffing / Driver's List) - (A) Adhere to current hiring best practices and CSC policy on hiring protocol. - (B) Direct HR Generalist to meet with APM's to ensure up to date driver's list and schedule quarterly check-ins for continuity.  9/14/23 POC accepted R 178 Marifrances McIntosh, RN	5.11 (A) Director of HR has made this current as of 8/25/2023 (B) Director of HR ha made the drivers list current and will share with Program Director by 9/8/2023. 5.11.a (B) HR generalist will schedule quarterly check-ins with Program Director by 9/8/2023 to ensure continuity.

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

*Shreen Kanyazadeh*  


Program Director  
TITLE

9/1/2023  
(X5) DATE  
**9/14/23**

Division of Licensing and Protection

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R178	<p>Continued From page 1</p> <p>driveway onto a main road, 2 staff members from the RCH followed behind, monitoring the whereabouts of the resident. A third staff member decided to use his/her personal vehicle and also followed after Resident #1. Once found, Resident #1 agreed to be transported back to the residence. However, the staff member/driver of the vehicle decided to pick up the other 2 staff members along with Resident #1 and instead of immediately returning to the RCH, an extended drive for approximately 30 minutes transpired involving an unstable and unpredictable resident with a staff member not authorized to drive residents/staff. In addition, during this period of time only 1 staff member and 11 residents were left at the facility for the period of time of the elopement incident. Per review of staff night schedules notes between 3-5 staff are routinely scheduled. In addition, the staff member/driver involved in the 3/20/23 incident had not been granted approval from the Human Resource (HR) department to be placed on the "HR Driver List". Per HR policy #304/Transportation last revised on 10/21 states: "CSC (Collaborative Solutions Corporation) vehicles, vehicles driven, and persons driving in support of CSC ' s mission will adhere to the following procedures and operate safely and legally. 2. OPERATING CSC VEHICLES: a. CSC vehicles may only be driven by CSC staff who are on the Human Resources driver list."</p> <p>Per review of email correspondence between the Clinical Manager and the HR department for CSC dated 4/1/23, it was confirmed with HR that the staff member/driver had not been granted permission to transport residents whether utilizing a CSC or personal vehicle. This determination was a result of previous driving violations associated with this individual staff/driver. Per</p>	R178		

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R178	Continued From page 2  interview on the afternoon of 8/1/2023 the Director of Clinical Services confirmed this specific employee had other performance issues and as a result her/his termination was pending when the staff member/driver subsequently resigned.  Refer to tag: R-181	R178		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH failed to ensure that an applicant who was	R181	5.11.d (Staff Services / Background Checks) - (A) Conduct retraining session with HR Generalist. - (B) Create protocol for hiring exception documentation  9/14/23 POC accepted R 181 Marifrances McIntosh, RN	5.11. d (A) On 8/23 the Director of HR retrained HR generalist. (B) Director of HR has created a policy that will be reviewed on 9/5 and will be implemented on 9/8.

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R181	<p>Continued From page 3</p> <p>hired by the facility did not have a conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to public welfare. Findings include:</p> <p>Per review of an employees personal file a criminal record check was obtained by the RCH. The results of the background check revealed that the employee had 2 criminal convictions identified upon hiring in July 2019. The RCH human resource department had not completed written evidence that the decision to employ this individual with a relevant criminal conviction did not pose a threat to residents. The absence of this acknowledgment was confirmed by the RCH Clinical Director via telephone interview on the afternoon of 8/3/23.</p>	R181		