



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

July 12, 2024

Chadd Viger, Manager
Serenity House
Po Box 207
Wallingford, VT 05773-0207

Dear Mr. Viger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 21, 2024**. 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: 0524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2024
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 207 WALLINGFORD, VT 05773
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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 174	<p>Continued From page 1</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 the Facilities Manager failed to ensure hot water temperatures were maintained below 120 degrees in residential areas.</p> <p>During the facility tour commencing at 9:45 AM, water temperatures were identified to exceed the temperatures of 120 degrees. Water Temperatures: a.) Bathroom Room 1: 140.2. b.) Nursing office sink : 136.2 fluctuating up to 140.1. c.) Third floor bathroom: 142.6.</p> <p>Per interview on 5/21/24 at 11:30 AM the Manager acknowledged the thermostat was raised approximately a week ago. The Manager confirmed the hot water thermostat was lowered and confirmed a policy is not in place to identify monitoring of Hot Water Temperatures.</p> <p>Water Temperatures were rechecked at 2:13 PM all temperatures were within range at/below 120 degrees.</p> <p>The deficient practice is a risk for more then minimal harm as water temperature are to be maintained below 120 degree for safety and prevention of the potential risk of burns.</p>	T 174		
T 187 SS=F	IX.9.11.c Physical Plant	T 187		

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T 187	<p>Continued From page 2</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, the TCR failed to ensure the completion of fire drills on a quarterly basis.</p> <p>Per interview on 5/21/24 at 12:00 PM, the Manager confirmed the TCR fire drill records indicate the last conducted drill was on 2/16/23. The manager believed drills to have occurred since the last recorded date, however was unable to locate documentation to account for the drills. The manager confirmed to utilize the regulations, as policy for conducting fire drills.</p> <p>The deficient practice is potential for more than minimal harm, as all facility occupants, including resident and staff are to be aware of emergency response procedures in cases of fire.</p>	T 187	<p>T187 Response: Recovery House has a desaster preparedness plan, which includes fire/evacuation drills. Recovery House will develop a 2024-2025 fire drill schedule, including the staff responsible for conducting and documenting said drill. This schedule will be completed by 7/31/24.</p> <p>T187- Accepted-7-12-24- LTCM</p> <p><i>Chadd Viger</i> 6/2024</p>	