



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 6, 2019

Ms. Angela Zizza, Manager
Valley Terrace
2820 Christian Street
White River Junction, VT 05001-9822

Dear Ms. Zizza:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 11, 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: 1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/11/2019
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NAME OF PROVIDER OR SUPPLIER
VALLEY TERRACE

STREET ADDRESS, CITY, STATE, ZIP CODE
2820 CHRISTIAN STREET
WHITE RIVER JUNCTION, VT 05001

(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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R100	Initial Comments: An unannounced onsite investigation into a self-reported incident and a complaint was conducted by the Division of Licensing and Protection on 2/11/19. The following regulatory finding was identified.	R100		
R206 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that an incident of resident to resident abuse was reported to Adult Protective Services (APS) in the required timeframe for 2 residents sampled (Resident #1, #2). Findings include: Per record review, Resident #1 had an argument with Resident #2 over playing music in a common area of the home, and Resident #1 pushed a computer and an amplifier into the lap of Resident #2, as well as knocking snacks and other items off the table. Resident #2 responded by hitting Resident #1 on the arm with their cane, causing a laceration. Per review of the investigative summary and the APS reporting form, the incident occurred on 4/2/18 at 3:40 PM.	R206	R206 SS=D 5.18 The action taken to correct the above deficiency is outlined as follows: All future incidents of suspected resident to resident abuse will be reported to APS and the Division of Licensing & Protection with 48 hours according to regulation. This will be the responsibility of the Executive Director and the Health Services Director. All staff will receive training on abuse, neglect and exploitation upon hire. Staff have been in-serviced to report suspected abuse to the Health Services Director, a supervisor, and/or the Executive Director immediately to assure compliance within the 48 hour rule. The Health Services Director or nurse supervisor will monitor daily shift records/reports to assure that all suspected abuse has been reported and reported immediately. An online Training course has been updated on Preventing, Recognizing, and Reporting abuse. This course is a requirement for all staff. Corrective action completed February 20, 2019. <i>Account 226.19 KC/SP</i>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

HVGH11

If continuation sheet 1 of 2

Angela M. J...

Executive Director

2/21/19

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2019
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NAME OF PROVIDER OR SUPPLIER VALLEY TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001
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R206	Continued From page 1 The APS report was not filed until 4/11/18, nine days later. Per interview on 2/11/19 at 2:10 PM, the Manager of the home confirmed that there was a delay in reporting to APS, and that this was not completed within 48 hours as required.	R206		