



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 9, 2021

Ms. Marina Ecklund, Manager
Valley Vista Vergennes
1 Alden Place
Vergennes, VT 05491

Dear Ms. Ecklund:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 11, 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: 0655	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/11/2021
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NAME OF PROVIDER OR SUPPLIER VALLEY VISTA VERGENNES	STREET ADDRESS, CITY, STATE, ZIP CODE 1 ALDEN PLACE VERGENNES, VT 05491
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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 An unannounced on-site complaint investigation was conducted on 8/11/2021 by the Division of Licensing and Protection. As a result of the investigation the following regulatory findings were identified:	T 001		
T 071 SS=D	V.5.13 Resident Care and Services 5.13 Policies and Procedures Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the TCR (Therapeutic Community Residence) failed to follow their own policies and procedures pertaining to the management and resolution of a resident complaint and grievance. (Resident #1) Findings include: Per record review Resident #1 was committed to drug detoxification services on 3/19/2020 and was discharged on 3/29/2021. During this time of treatment, Resident #1 wrote a letter to TCR staff regarding staff performance and care and services provided. The TCR policy Patient Rights/Patient Complaints and Grievances last updated 10/2020 states "Within five working days of receipt... the Program Director should complete a review of the grievance and submit a written report. ...and within 10 working days of receipt of a Patient Grievance Form, the Risk Manager will complete a review of the grievance	T 071	T 071 POC: Valley Vista has a policy in place to respond to Grievances. The policy includes the issuance of a written response within 10 days of receiving the grievance. This policy was given to surveyor when asked. Valley Vista did not follow our policy regarding the handling of grievances. We have created an electronic tracking system to ensure that we are meeting the needs of our patients by following our company policy. DON will review open grievances weekly and assure that our policy is being followed. Each patient is given a packet on admission with Bill of Rights as well as Grievance forms. The Patient Bill of Rights is also posted on the wall in our Vergennes Facility, and Grievance Forms are accessible to patients. Please note that the Facility Manager nor the VP of nursing/DON were asked for location of these by the surveyor, nor were they contacted to discuss a close out at end of survey	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Manna Ecklund
TITLE
APRN
Valley Vista Vergennes Manager
DATE
9/7/21
If continuation sheet 1 of 3

T071-T092 POC's accepted FmuintoshRN/pmc

Division of Licensing and Protection

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T 071	Continued From page 1 created and send a written response." Per interview at 1:05 PM the VP of Nursing and Clinical Services confirmed although the TCR received a grievance from Resident #1 s/he never saw the letter until 8/11/2021 (at the time of the on-site) when it was brought to his/her attention. It was further confirmed staff failed to follow the policy and procedure related to the management of a Patient Grievance nor was a written response provided to Resident #1 regarding concerns presented about the TCR and specific staff.	T 071	SEE POC for T 071 OUTLINED ON PAGE 1	
T 092 SS=D	VI.6.8 Residents Rights VI. Residents Rights 6.8 A resident may file a complaint or voice a grievance without interference, coercion or reprisal. Each residence shall establish an accessible written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission and posted in a prominent, public place on each floor of the residence. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing within ten (10) days, and a method by which each resident filing a complaint or grievance will be made aware of the designated Vermont protection and advocacy organization as an alternative or in addition to the residence's grievance mechanism. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR failed to protect a Resident's Right by failing	T 092	T 092 POC: Per our policy, each patient is given a packet on admission with Bill of Rights as well as grievance forms. Additionally, the Patient Bill of Rights is posted on the wall in our Vergennes facility, and grievance forms are readily accessible to patients. Valley Vista has a policy in place to respond to grievances. The policy includes the issuance of a written response within 10 days of receiving the grievance. Valley Vista did not follow our policy regarding the handling of grievances. We have created an electronic tracking system to ensure that we are meeting the needs of our patients by following our company policy. DON will review open grievances weekly and assure that our policy is being followed.	

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T 092	Continued From page 2 to acknowledge a written grievance or attempt to resolve concerns. (Resident #1) Findings include: Per record review Resident #1 was committed to drug detoxification services on 3/19/2020 and was discharged on 3/29/2021. During this time of treatment, Resident #1 wrote a letter to TCR staff regarding staff performance and care and services provided. The TCR policy Patient Rights/Patient Complaints and Grievances last updated 10/2020 states "Within five working days of receipt... the Program Director should complete a review of the grievance and submit a written report... and within 10 working days of receipt of a Patient Grievance Form, the Risk Manager will complete a review of the grievance created and send a written response." Per interview at 1:05 PM the VP of Nursing and Clinical Services confirmed although the TCR received a grievance from Resident #1 s/he never saw the letter until 8/11/2021 (at the time of the on-site) when it was brought to his/her attention. It was further confirmed staff failed to follow the policy and procedure related to the management of a Patient Grievance nor was a written response provided to Resident #1 regarding concerns presented about the TCR and specific staff.	T 092	SEE POC for T092 OUTLINED ON PAGE 2. Please note that the Facility Manager nor the VP of nursing/ DON were asked for location of these by the surveyor, nor were they contacted to discuss a close out at end of survey,	