

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 <u>http://www.dail.vermont.gov</u> 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,

Jamela M Cota RN

Pamela M. Cota, RN Licensing Chief

PRINTED: 08/17/2021 FORM APPROVED

	Division of Licensing and Protection STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING:	
0655		B. WING		08/11/2021
VIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
TA VERGENNES	VERGEN	INES, VT 05491		
(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE	
nitial Comments		T 001		(e -
vas conducted on 8 _icensing and Prote	/11/2021 by the Division of ction. As a result of the			
V.5.13 Resident Care and Services		Т 071	T 071 POC:	
5.13 Policies and Procedures			respond to Grievances. The policy	0
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.			includes the issuance of a written response within 10 days of receiv grievance. This policy was given surveyor when asked. Valley Vista did not follow our poli	ing the to
			regarding the handling of grievan	ces.
by: Based on staff inter TCR (Therapeutic C to follow their own p pertaining to the ma resident complaint a	view and record review the community Residence) failed policies and procedures magement and resolution of a		system to ensure that we are meen needs of our patients by following company policy. DON will review open grievances	ating the our weekly
Per record review F drug detoxification s was discharged on treatment, Resident regarding staff perfo services provided. Rights/Patient Com	services on 3/19/20201 and 3/29/2021. During this time of #1 wrote a letter to TCR staff ormance and care and The TCR policy Patient plaints and Grievances last		admission with Bill of Rights as w Grievance forms. The Patient Bill of Rights is also p on the wall in our Vergennes Fac	ell as posted ility, and
of receipt the Pro complete a review of written report and receipt of a Patient	gram Director should of the grievance and submit a within 10 working days of Grievance Form, the Risk		the VP of nursing/DON were ask location of these by the surveyor	ed for , nor
wine and Protection	\cap	INA CO	Gund, APRN	917 H continuation sheet
AVENV V 5 EPHO TEETTEFF Fovtisiii	(EACH DEFICIENC REGULATORY OR nitial Comments in unannounced on vas conducted on 8 icensing and Prote- nvestigation the follow vere identified: 7.5.13 Resident Car 1.3 Policies and Pro- Each residence mus rocedures that gow he residence mus rocedures that gow he residence and the residence upon this REQUIREMEN by: Based on staff inter "CR (Therapeutic Co o follow their own po- pertaining to the ma- esident complaint a Findings include: Per record review For drug detoxification a was discharged on reatment, Resident regarding staff perfor- services provided. Rights/Patient Com- updated 10/2020 st of receipt the Pro- complete a review of written report and receipt of a Patient Manager will comp	 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) initial Comments In unannounced on-site complaint investigation ras conducted on 8/11/2021 by the Division of icensing and Protection. As a result of the ivestigation the following regulatory findings were identified: 7.5.13 Resident Care and Services 3.13 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 o follow their own policies and procedures bertaining to the management and resolution of a esident complaint and grievance. (Resident #1) Findings include: Per record review Resident #1 was committed to drug detoxification services on 3/19/20201 and was discharged on 3/29/2021. During this time of reatment, 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 	Image: Precedence by Full Redulatory or Lsc IDENTIFYING INFORMATION) PREFX TAG In unannounced on-site complaint investigation has conducted on 8/11/2021 by the Division of icensing and Protection. As a result of the westigation the following regulatory findings were identified: T 001 If is resident Care and Services T 071 If a Policies and Procedures T 071 If a Policies and procedures <td>IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATION intial Comments 1 001 in unannounced on-site complaint investigation ras conducted on 8/11/2021 by the Division of locensing and Protection. As a result of the westigation the following regulatory findings rere identified: T 071 T 071 POC: 1/3 Policies and Procedures T 071 T 071 POC: iach residence must have written policies and procedures that govern all services provided by ne residence. A copy shall be available for review the tesidence upon request. T 071 T 071 POC: This REQUIREMENT is not met as evidenced with the residence upon request. Valley Vista did not follow our poliregarding the handling of grevance formance and care and services provided. The TCR policy Patient Regident of nager and assure that our policy is bein followed. CR (Therapeutic Community Residence) failed of flowed of on 202201. During this time of reatiment, Resident #1 was committed to frag detoxification services on 3/19/20201 and was discharged on 3/29/2021. During this time of patients given a packet on admission with Bill of Rights as w Grievance Forms are accessible patients. Performance and care and submit a motione acre and submit a motion of the grevance forms. The Patient Bill of Rights as a for the wall in our Vergennes Fac Grievance Forms are accessible patients. Present the Program Director should complete a review of the grievance forms are accessible patients.</td>	IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATION intial Comments 1 001 in unannounced on-site complaint investigation ras conducted on 8/11/2021 by the Division of locensing and Protection. 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TO71-TO92 POC'S accepted Finishtosh PN/PML

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A, BUILDING:B, WINGADDRESS, CITY, STATE, ZIP CODE		C 08/11/2021	
		0055				
		0655				
AME OF P	ROVIDER OR SUPPLIER		IDDRESS, CHY, SIA	ATE, ZIP CODE		
ALLEY V	ISTA VERGENNES		NNES, VT 05491			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	DN (X5) DBE COMPLET	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	IE APPROPRIATE DATE	
T 071	Continued From page 1		T 071			
	interview at 1:05 PM Clinical Services cor received a grievance saw the letter until 8 on-site) when it was was further confirme policy and procedure of a Patient Grievan response provided to	written response." Per I the VP of Nursing and firmed although the TCR from Resident #1 s/he never /11/2021 (at the time of the brought to his/her attention. It d staff failed to follow the e related to the management ce nor was a written o Resident #1 regarding about the TCR and specific		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 		Т 092	T 092 POC: Per our policy, each patient is giver packet on admission with Bill of Rig well as grievance forms.	i a Ihts as	
				Additionally, the Patient Bill of Righ posted on the wall in our Vergenne facility, and grievance forms are rea accessible to patients. Valley Vista has a policy in place to respond to grievances. The policy the issuance of a written response 10 days of receiving the grievance. Valley Vista did not follow our polic regarding the handling of grievance. We have created an electronic trac system to ensure that we are meet needs of our patients by following the	s adily includes within ey es. sking ing the	
				company policy. DON will review open grievances wand assure that our policy is being followed.	veekiy	

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T 092	to acknowledge a wirresolve concerns. (F Per record review Redrug detoxification s was discharged on 3 treatment, Resident regarding staff perforservices provided. T Rights/Patient Comp updated 10/2020 sta of receipt the Prog complete a review o written report and receipt of a Patient O Manager will comple created and send a interview at 1:05 PM Clinical Services con received a grievance saw the letter until 8 on-site) when it was was further confirme policy and procedur of a Patient Grievan resoonse provided to	itten grievance or attempt to Resident #1) Findings include: esident #1 was committed to ervices on 3/19/20201 and 3/29/2021. During this time of #1 wrote a letter to TCR staff rmance and care and he TCR policy Patient plaints and Grievances last ittes "Within five working days	T 092	SEE POC for T092 OUTLINE Please note that the Facility the VP of nursing/ DON were location of these by the surv they contacted to discuss a of survey,	Manager nor e asked for eyor, nor were		

Division of Licensing and Protection STATE FORM

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