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

February 15, 2023

Ms. Kathleen Lowell, Manager
Valley Vista Vergennes
1 Alden Place
Vergennes, VT 05491

Dear Ms. Lowell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 4, 2022.** 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0655	A. BUILDING: _____ B. WING _____	C 10/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VISTA VERGENNES	1 ALDEN PLACE VERGENNES, VT 05491

(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 On 10/4/22 the Division of Licensing and Protection conducted an unannounced on-site complaint investigation. The following regulatory deficiencies were identified:	T 001	Please see attached.	
T 071 SS=E	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 observation and staff interview there was a failure to ensure all staff are able to access and find written policies and procedures that govern all services provided by the residence. Findings include: During the course of the investigation staff were observed to have limited knowledge of the facility policies and procedures. When a copy of the policies and procedures was requested during the facility tour commencing at 9:40 AM on 10/4/22 staff provided a copy of a binder given to new hires regarding personnel and job requirements and a second binder provided to resident's on admission that included information about the program, but not policies and procedures of the facility. During an interview commencing at 3:22 PM on 10/4/22 the Resident Specialist Supervisor stated s/he did not have a copy of the infection control policies and protocols and did not know where to find one.	T 071		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katie Conniff TITLE Program Director (X6) DATE 2/10/23

T071 - T146 POC's accepted 2/10/23 pmeetapen

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T 071	Continued From page 1 At 2:34 PM on 10/4/22 the Director stated the facility policies and procedures are on the "Share Drive", and that s/he did not know where they are located on the "Share Drive" at that time.	T 071		
T 146 SS=F	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to provide and maintain a safe environment related to prevention of the spread of Covid-19. Findings include: Based on record review there was a failure to report positive Covid test results for two applicable residents (Residents #3 and #4) to the Vermont Department of Health. On 10/4/22 the facility Director provided copies of email correspondences between the Vice President of Medical and Clinical Services and the Vermont Department of Health (VDH) in response to a request by surveyors for a list of all staff and residents who tested positive for Covid at the facility during the three months prior to the investigation. Per review of the documentation	T 146		

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T 146	Continued From page 2 provided the Vice President reported a positive Covid test result for one resident (Resident #3) who tested positive on "9/17/22", and delayed this report to VDH until at 11:59 AM on 10/4/22 which was the day of the on site complaint investigation. In this email the Vice President stated there were no other Covid cases associated with this positive test result, however during the course of the investigation it was discovered through staff interview and record review another resident (Resident #4) tested positive for Covid on 9/13/22. The Director was informed of this finding, and a subsequent email was sent by the Vice President to the VDH at 3:33 PM on 10/4/22 with notification of Resident #4's positive Covid test result on 9/13/22. Subsequent to a previous Covid outbreak in August of 2022 an email communication to the Vice President from a VDH Epidemiologist dated 8/29/22 stated "please continue to update me ...should there be any additional positives." According to the VDH website all Covid 19 test results are required to be reported to VDH within 24 hours, and further states "Timely reporting of positive COVID-19 test results is especially critical to protect public health." (https://www.healthvermont.gov/disease-control/disease-reporting/lab-result-reporting#:~:text=All%20COVID%2D19%20results%20(positive,Vermont%20residents). During an interview commencing at 1:52 on 10/4/22 the facility Director confirmed Resident #3 tested positive on 9/12/22 and the positive results had been reported to the Vice President of Medical and Clinical Services and the Director of Nursing who are responsible for reporting to VDH. The Director stated s/he did not know if testing was offered to all residents and staff in response to the positive test, or if residents were	T 146		

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T 146	Continued From page 3 informed they could request a Covid test. During an interview commencing at 3:22 PM on 10/4/22 the Resident Specialist Supervisor stated s/he was unaware a resident had tested positive until questioned by a resident. When the Supervisor was asked about the facility infection control protocols during the interview on the afternoon of 10/4/22 s/he responded "we go by what the Director and the Vice President of Medical and Clinical Services tell us to do... they usually tell us what to do". The Supervisor confirmed s/he did not have a copy of the infection control policies and protocols and did not know where to find one.	T 146		

VALLEY VISTA
Addiction treatment for enduring recovery

Plan Of Correction from 10.4.22 Survey

T 071: Valley Vista maintains all Policy and Procedures in a shared drive on our network. We sent out communication with the pathway to all staff on 10/27/2022 and now have a printed binder in the nurses station as well for reference. Valley Vista maintains the statement referring to the Program Director not knowing how to find policies is false and did not take place.

T 146: Valley Vista will follow guidelines by VDH in regards to reporting COVID upon knowledge of positive results. Furthermore on 10/27/2022, staff were re-educated with how to find policies and procedures and a printed copy of policies were placed in a binder in the nurses station for review.

Katie Lowell 2/10/23

Katie Lowell, Program Director