VERMONT

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

June 25, 2024

Jolynn Whitten, Manager
The Village At White River Junction
101 Currier Street
White River Junction, VT 05001

Dear Ms. Whitten:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 28, 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0660	A. BUILDING: _____ B. WING _____	C 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER 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
R100	Initial Comments: An unannounced onsite investigation for a facility reported incident and complaint was conducted by the Division of Licensing and Protection on 5/28/24 - 5/31/24. There were no regulatory deficiencies identified with the complaint investigation. Regulatory deficiencies were identified with the Facility Reported Incident. Findings include:	R100		
R213 SS=F	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure one applicable resident (Resident #1) was treated with consideration and full recognition of dignity. Per record review of the Facility Incident Report, on 4/17/24 Resident #1 was observed at approximately 7:15 PM by Staff #1 to be secured to his/her wheelchair by an apron. Staff #2 notified additional staff who observed the apron securing Resident #1 to the wheelchair. Staff reported the observation to the on-shift Nurse. The Nurse was unaware of the apron attached to the wheelchair in secured manner, the apron was removed, and the resident was observed without findings of injury or harm. Management was notified of the observation on the morning of 4/19/24.	R213		

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R213	Continued From page 1 Per record review of Resident #1, resides on the memory care floor of the ALR. The resident care notes revealed the resident to sustain frequent falls. The resident receives physical therapy services to address falls. Through Staff interview it was identified the resident does fall frequently and demonstrates poor safety awareness. The care plan identifies a problem area of Memory/Wandering/Falls, to include interventions of periodic checks when in room, encourage to be out and engage in activities, encourage to be out in high visibility areas. The facility internal investigation identified that after dinner Resident #1 received evening care and was then moved to the common area, where the resident was left unsupervised and secured to the wheelchair. The written statement of Staff #1 states "I toileted my residents, [Resident #1] was first due to [pronoun] falling asleep. After toileting [pronoun] and getting [pronoun] ready for bed, I put the bib back on [pronoun] but because [pronoun] was falling asleep, I tied it behind [pronoun] to the chair." Additionally, Staff #1 statement stated, "It was too early to put them to bed I didn't leave [Name] in the room because my relief hasn't arrived yet and because [pronoun] is a fall risk." Per interview on 5/28/24 at 3:15 PM, the Manager confirmed the facility policy indicates the home as restraint free community; staff are provided training upon hire titled, "Obtaining a Restraint Free Environment" which defines and identifies varying forms of restraints. All staff were provided with retraining by 3/1/24. The Manager confirmed the statements received by Staff #1 through the internal investigation. The Manager acknowledged identifying the apron presented to	R213		

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R213	Continued From page 2 be used as a restraint and went against the facility care practices and policy. Per review of staff training records, Staff #1 was hired through a staffing agency in February 2024 and completed the training "Obtaining a Restraint Free Environment" on 2/17/24. The deficient practice poses a risk of more than minimal harm to all facility residents, as the ALR is to ensure all staff demonstrate competency in care practices in accordance with the facility policy and procedures, and training related to Resident Rights. The occurrence failed to ensure the Resident was treated with respect and full recognition of their Dignity, by utilizing an apron as a restraint and failing to utilize the interventions established in the care plan for fall prevention.	R213		

R213 Residents' Rights 6.1

Completion Date 7/26/24

Resident #1's care plan has been updated, including the goal for potential or actual risk for falls/injuries. A family care plan meeting was held and additional interventions have been put into place to address this goal.

All aprons with strings have been removed from the Memory Care neighborhood.

All staff to complete training on Restraint Use and Reporting Requirements, in addition to required mandatory training upon hire and annually on the topic of Residents' Rights.

Executive Director and/or designees will perform routine rounds to ensure compliance with residents' rights.

R 213 Accepted
Jenielle Shea, RN
6/25/24