

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 1, 2018

Ms. Susanne Shapiro, Manager
West River Valley Assisted Living Residence
Po Box 341
Townshend, VT 05353-0341

Dear Ms. Shapiro:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 21, 2018**. 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
Licensing Chief



MAR 01 2018

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/21/2018
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NAME OF PROVIDER OR SUPPLIER WEST RIVER VALLEY ASSISTED LIVING RESII	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 341 TOWNSHEND, VT 05353
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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
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R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 2/20 and 2/21/18, in conjunction with the re-licensure survey. There were no findings with the complaint investigation; however, there were findings surrounding the re-licensure survey.	R100	R104 The following language has been added to the admission agreement used for West River Valley Assisted Living: "If at any time the facility needs you to transfer to another facility or for any reason need to give you discharge notice, you will have the right to appeal such a decision. At this point you will need to notify administrator that you wish to appeal the decision or the director of the licensing agency, Department of Aging and Independent Living (DAIL) within 10 business days. The request can be made in writing or merely orally. DAIL will make a decision within 8 business days. The resident can further appeal such a decision to the Human Services Board, and at this point will be given information as to how to do this. Vermont Legal Aid is available to assist any resident with matters related to a discharge/transfer. If you do not understand a letter regarding a discharge/transfer or if you would like help with the process or requesting an appeal, you can contact the Long Term Ombudsman, Katrina Boemig, at 802.885.5181, Vermont Protection and Advocacy or the Vermont Senior Citizen's Law Project. During any appeal the resident has the right to remain in his/her apartment at Valley Cares."	
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement	R104		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Suzanne Shapiro RN

TITLE

EXECUTIVE DIR.

(X6) DATE

2/26/18

Division of Licensing and Protection

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R104	<p>Continued From page 1</p> <p>requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide information regarding transfer and discharge rights in the admission agreement for 5 of 5 records reviewed. Findings include:</p> <p>During record review of the sampled records, it was found that there was no information regarding transfer and discharge rights in the admission agreement. During an interview with the administrator at 10:45 AM s/he stated that if a resident is discharged a letter is given to them or the family representative that outlines the resident's right to appeal and confirmed that the admission agreement does not contain information regarding the resident's transfer and discharge rights.</p>	R104	<p>R-104 POC accepted 3/1/18 B. Bartell, RW / S. Remy, RW</p>	
R302 SS=B	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties</p>	R302	<p>R302</p> <p>The Fire drill practice at Valley Cares has always been such that we have done two drills for each of the three shifts twice per year, and a total of 6 fire drills annually. After the citation that we need to conduct fire drills not only on the evening shift, but during evening hours, we will now conduct one fire drill per year at or after 6 PM. The first one at this time of day has been scheduled for 3/15/18 at 6:00 PM.</p> <p>We will use the month of March in the future for the annual fire drill during evening hours.</p>	

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R302	<p>Continued From page 2</p> <p>under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to conduct fire drills during the evening hours as per requirement. Findings include:</p> <p>On 2/20/18 at 11:15 AM a review was completed of the facility fire drill log records and it was found that although there were fire drills conducted on the evening shift (2-10 PM) there were no fire drills conducted during the evening hours. The two fire drills that were conducted on the evening shift occurred at 2:15 and 2:31 PM. After reviewing the requirements with the administrator, at the time of the discovery, s/he confirmed that there were no fire drills during the evening hours.</p>	R302	<p>R-302 POC accepted 3/1/18 B. Bartell^{RP} s. Lemay, R</p>

VALLEY CARES, INC.

February 26, 2018

P.O. Box 341 • Townshend, VT 05353
www.valleycares.org • 802-365-4115

MAR 01 2018


Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, Vermont 05671-2060

To Whom It May Concern,

Please find enclosed Plan of Correction following our state re-licensing survey on March 21, 2018.

Please let me know if there are any further questions.

Sincerely,

A handwritten signature in cursive script that reads "Susanne Shapiro".

Susanne Shapiro, RN
Executive Director