



**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

July 23, 2021

Ms. Laurie Griswold, Manager  
Willows Of Windsor  
121 State Street  
Windsor, VT 05089-1213

Dear Ms. Griswold:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 30, 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:  0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 06/30/2021
NAME OF PROVIDER OR SUPPLIER  WILLOWS OF WINDSOR		STREET ADDRESS, CITY, STATE, ZIP CODE 121 STATE STREET WINDSOR, VT 05089		
(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 on-site investigation of two complaints and one facility self-report was conducted by the Division of Licensing and Protection on 6/29/2021 and completed on 6/30/2021. The following regulatory deficiency was identified as a result of the investigation.	R100		
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.3 Discharge and Transfer Requirements  5.3.a Involuntary Discharge or Transfer of Residents  (2) In the case of an involuntary discharge or transfer, the manager shall:  i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.  ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.	R114	The action to be taken to correct this deficiency is that when there is a need to do an involuntary discharge, Willows of Windsor will notify the resident and family/guardian or legal representative in writing giving a 30 day notice. This will include the reasons for the discharge.  If there is a need to do an emergency discharge than Willows of Windsor will notify the state and will follow our policy and procedure guidelines as read on pages 22-24.	

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

*Raune Garsuaf*

TITLE

*owner/manager*

(X6) DATE

*7/14/2021*

STATE FORM

JE0011

If continuation sheet 1 of 3

R114 - Poc accepted 7/21/21 F.McIntosh RN/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 06/30/2021
NAME OF PROVIDER OR SUPPLIER  WILLOWS OF WINDSOR		STREET ADDRESS, CITY, STATE, ZIP CODE 121 STATE STREET WINDSOR, VT 05089		
(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
R114	Continued From page 1  iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal.  iv. Place a copy of the notice in the resident's clinical record.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RCH failed to follow the required Involuntary Discharge process by not providing a resident 30 days notice before a involuntary discharge from the RCH is effective. Findings Include:  1. On 11/24/2020 Resident #1 was hospitalized for evaluation and stabilization of Suicidal Ideation. During hospitalization the RCH staff had been in communication and agreement about a discharge plan for Resident #1. However, on the day of discharge 12/14/2020 as Resident #1 was being transported back to the RCH, the owner of the RCH informed staff at the hospital s/he would not accept Resident #1 for readmission and if brought to the facility, the police would be notified and the resident removed. Per interview on 6/30/2021 at 11:50 AM a hospital staff member confirmed conversations and agreements had been discussed with RCH staff regarding a safe discharge for Resident #1. "They were willing to take her back". While hospitalized a Patient Safety Plan had been created along with coping skills for Resident #1 which were expected to be utilized with the readmission to the RCH by Resident #1 and assist staff with the management of the resident's behaviors.  As required, the RCH failed to provide a 30 day notice to Resident #1. On 12/15/2020 a	R114	Although this was an isolated deficiency, the measures put into place to prevent a recurrence are as follows:  1.) Review all policies and procedures for an involuntary discharge with Key Staff. (pg's 17-24)  2.) Review all policies and procedures for an emergency discharge with Key Staff (pg's 17-24)  These corrective measures will be monitored by Willows of Windsor owner Laurie Griswold (See attached discharge monitoring sheet)  All corrective actions will be put into place by August 1, 2021	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 06/30/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  WILLOWS OF WINDSOR	STREET ADDRESS, CITY, STATE, ZIP CODE 121 STATE STREET WINDSOR, VT 05089
--	--

(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
R114	Continued From page 2  Discharge/Transfer Notice was faxed to the hospital by the RCH owner stating Resident #1's care needs exceeded the level of care provided at the RCH. Although Resident #1 had the right to remain at the RCH during an appeal of the Discharge Notice, the owner prevented this by not permitting the resident to return as previously agreed upon and planned. Per interview at 2:05 PM on 6/29/2021, the owner stated the reason why it was determined not to accept Resident #1 back was because the resident posted on a Internet site (Facebook) derogatory remarks regarding the safety of the residents at the RCH.	R114		

## Education attendance

**Topic** Residential Care Home  
Proper discharge / Emergency

**Date** July 7, 2021 discharge of a resident

Please read completely  
& then sign below.

**Printed name**

**Signature and title.**

DOREEN STOODLEY

Doreen Stoodley RN

**Willows of Windsor  
DISCHARGE/TRANSFER NOTICE**

DATE: \_\_\_\_\_

RESIDENT NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESIDENT REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear, \_\_\_\_\_

This letter is to notify you that we intend to Discharge/Transfer you from  
The Willows room \_\_\_\_\_, on (Date) \_\_\_\_\_. The specific  
reasons for your Discharge/Transfer  
are;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have the right to appeal the decision of discharge/transfer. You have the

right to remain in the Willows Room \_\_\_\_\_, until there is a final decision on your appeal. To appeal, you must complete the following steps;

1. You or your representative must inform the Manager or the State Survey Agency Director, Suzanne Leavitt that you wish to appeal this discharge/transfer notice. You can make this request verbally or in writing to;

**Suzanne Leavitt, State Survey Agency Director  
Division of Licensing & Protection  
HC 2 South 280 State Drive  
Waterbury, VT 05671-2060  
Telephone: (802) 241-0480**

2. You must request the appeal within 10 business days from the date you received this notice.
3. At the time you request the appeal, you or your legal representative must provide material or information to the State Survey Agency Director explaining why you disagree with the proposed Discharge/transfer.
4. The State Survey Agency Director or a designee will make a decision within eight business days of your request to appeal this discharge/transfer.
5. If you do not understand this letter or if you need help requesting an appeal, you can contact The Long-Term Ombudsman, Disability Right's Vermont or the Vermont Senior Citizen's Law Project. Please let Laurie Griswold (home manager) know if you need assistance contacting one of these agencies.

If you do not wish to appeal this notice, you do not need to take any further action. I Laurie Griswold the manager of the Willows, residential home will inform you of the next steps to proceed with the discharge/transfer. You do not have to leave the home/room until the date specified in the first paragraph of this letter.

Please let me Laurie Griswold (manager) know if you have any questions.

The Willows of Windsor  
Residential Home Care Facility

Policy and Procedure for Discharge  
And Transfers of Residents

Discharge and Transfer Requirements

Involuntary Discharge or Transfer of Residents From The  
Home (The Willows).

(1) An involuntary discharge of a resident is the removal of the resident from a residential care home when the resident or the resident's legal representative has not requested or consented in advance to the removal. A transfer is the removal of the resident from the room the resident currently occupies to another room in the home or to another facility with an anticipated return to the home. An involuntary discharge or transfer may occur only when:

- A. The resident's care needs exceed those which the home is licensed or approved through a variance to provide; or
- B. The home is unable to meet the resident's assessed needs; or
- C. The resident presents a threat to the resident's self or the welfare of other residents or staff; or
- D. The discharge or transfer is ordered by a court; or
- E. The resident has failed to pay monthly charges for room, board and care in accordance with the admission agreement.

(2) In the case of an involuntary discharge or transfer, the manager shall:

- A. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner, the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not



have a family member or legal representative and requests assistance, the notice shall be sent to the Long-Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.

- B. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.
- C. Include a statement in the written notice that the resident may remain in the room or home during the appeal.
- D. Place a copy of the notice in the resident's clinical record.

(3) A resident has the right to appeal the decision by the home to discharge or transfer. The process for appeal is as follows:

- A. To appeal the decision to transfer or discharge, the resident must notify the administrator of the home or the director of the licensing agency. Upon receipt of an appeal, the administrator must immediately notify the director of the licensing agency.
- B. The request to appeal the decision may be oral or written and must be made within 10 business days of the receipt of the notice by the resident.
- C. Both the home and the resident shall provide all the materials deemed relevant to the decision to transfer or discharge to the director of the licensing agency as soon as the notice of appeal is filed. The resident may submit orally if unable to submit in writing. Copies of all materials submitted to the licensing agency will be available to the resident upon request.
- D. The director of the licensing agency will render a decision within eight business days of receipt of the notice of appeal.
- E. The notice of decision from the director will be sent to the resident and to the home, will state that the decision may be appealed to the Human Services Board, and will include information on how to do so.

- F. The resident or the home will have 10 business days to file a request for an appeal with the Human Services Board by writing to the Board. The Human Services Board will conduct a de novo evidentiary hearing in accordance with 3 V.S.A. §3091.

### Emergency Discharge or Transfer of Residents

- (1) An emergency discharge or transfer may be made with less than thirty (30) days' notice under the following circumstances:
- A. The resident's attending physician documents in the resident's record that the discharge or transfer is an emergency measure necessary for the health and safety of the resident or other residents; or
  - B. A natural disaster or emergency necessitates the evacuation of residents from the home; or
  - C. The resident presents an immediate threat to the health or safety of self or others. In that case, the licensee shall request permission from the licensing agency to discharge or transfer the resident immediately. Permission from the licensing agency is not necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgement that discharge or transfer must occur immediately. In such cases, the licensing agency shall be notified on the next business day; or
  - D. When ordered or permitted by a court.
2. If the resident agrees to a discharge or transfer, the discharge or transfer may occur prior to the effective date of notice.
3. A home must provide sufficient preparation and orientation to residents to ensure a safe and orderly transfer or discharge from the home.
4. A home may not initiate an involuntary discharge of a resident whose care is provided and paid for under the ACCS/ERC programs because of voluntary temporary leaves from the home.

5. A home is responsible for any charges associated with disconnecting, relocating or reconnecting telephones, cable television, air-conditioning or other similar costs resulting from a home's decision to transfer the resident.

6. A licensee who intends to discontinue all or part of the operation, or to change the admission or retention policy, ownership, or location of the home in such a way as to necessitate the discharge or transfer of residents shall notify the licensing agency and residents at least ninety (90) days prior to the proposed date of change. The licensee is responsible for ensuring that all residents are discharged or transferred in a safe and orderly manner. When such change in status does not necessitate the discharge or transfer of residents, the licensee shall give the licensing agency and residents at least thirty (30) days prior written notice.

7. The home may include language in its admission agreement requiring residents to provide thirty (30) days' notice when the resident intends to voluntarily leave the home.

#### Refunds

1. When a resident is discharged, the resident shall receive a refund, within 15 days of discharge, for any funds paid in advance for each day care was not provided. In the case of a discharge to a hospital or other temporary placement, the effective date for this provision shall be the day the home is notified the resident will not be returning. For the purposes of providing refunds, "day of discharge" shall be considered the day the resident's room is empty of the resident's belongings, if those belongings are too large or difficult for the home to store temporarily. The facility shall temporarily store small items such as clothing and other personal items if necessary.

2. The home shall document in the resident's record the date of notification that the resident would not return, and from whom notice was received.

3. A home may not seek to recover for lost income from ACCS/ERC residents for care on days that are not days of service. A home may not require, induce or accept payment for care for residents in the ACCS/ERC programs for days of residence that are not days of service. In the case of ACCS/ERC residents and homes, the refund shall be based on any funds paid in advance by the resident for care and services. A home shall not offset all or any part of the refund by charging the resident for covered or optional services for any day that does not meet the definition of a day of service.

