



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

May 4, 2022

Ms. Jennifer Lynch, Manager
Woodstock Tcr
1087 W Woodstock Road
Woodstock, VT 05091

Dear Ms. Lynch:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 15, 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,

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: 0114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2022
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NAME OF PROVIDER OR SUPPLIER WOODSTOCK TCR	STREET ADDRESS, CITY, STATE, ZIP CODE 1087 W WOODSTOCK ROAD WOODSTOCK, VT 05091
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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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T 001	Initial Comments An unannounced on-site re-licensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 3/15/2022 to determine compliance with the Licensing and Operating Regulations for the Therapeutic Community Residences (TCR). The following regulatory violations were identified related to the re-licensure survey:	T 001	Please see attached plans of correction.	
T 052 SS=F	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens,	T 052		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Linda Simoneaux MA RN
Linda Simoneaux MA RN HCERS Assistant Director of Adult Services 4-6-2022

Jennifer M Lynch
Jennifer M Lynch, Team Leader 4/6/22

T052 - T101 POC's accepted 4/27/22 Fmclinton RN/AM

Division of Licensing and Protection

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T 052	Continued From page 1 maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the TCR failed to ensure all staff received the required 12 hours of yearly training. Findings include: During the course of survey on 3/15/2022, the facility staff was requested to demonstrate via training records that staff employed at the TCR who provide direct care to residents had received the 12 hours of required yearly training to include: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision. Per review of training records noted 5 of 5 employees had not completed all of the required training's. This was confirmed with the Residential Services Manager during the afternoon of 3/15/22.	T 052	
T 054 SS=F	V.5.9.d Resident Care and Services 5.9 Staff Services 5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within	T 054	

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T 054	Continued From page 2 or outside of the State of Vermont. This provision shall apply to the manager of the residence as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the TCR failed to ensure that applicants who have been hired by the facility did not have a conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to public welfare. Findings include: Per review of TCR employees' background checks provided by the Human Resource Department revealed 2 of 5 employees were identified to have past criminal convictions. The TCR staff were unable to provide the surveyor written evidence that the decision to employ both individuals, despite the relevant criminal conviction, did not pose a threat to residents.	T 054	
T 146 SS=F	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a	T 146	

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T 146	<p>Continued From page 3</p> <p>safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the TCR failed to maintain a safe environment as it relates to infection control during the Covid-19 outbreak situation by the failure of staff to screen visitors for potential signs of the Covid-19 virus. Findings include:</p> <p>Upon arrival to the TCR on 3/15/2022 at 8:55 AM a screening process was not in place to monitor visitor's symptoms; screening questions related to possible exposure to the Covid-19 virus and preliminary contact information for those individuals visiting the TCR. Per interview on the morning of 3/15/2022 the newly assigned manager stated individuals seldom visit however surveillance testing is routinely conducted with employees. Further clarification of the manager's responsibility was discussed ensuring the environment is consistently safe for the residents and staff and to remain informed regarding the Vermont Department of Health guidance and directives for health care facilities and as it relates to Covid-19. Per interview on the afternoon of 3/15/2021, the Adult Services Assistant Director confirmed the TCR should have a process in place for screening visitors for Covid-19.</p>	T 146		

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T 187	Continued From page 4	T 187	
T 187 SS=F	IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c Each residence 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 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR failed to conduct fire drills as required on at least a quarterly basis. Findings include: Per review of the TCR fire drill log on the afternoon of 3/15/22 noted over the past 12 months only 1 fire drill was conducted on 5/2/2021 with no other drills conducted. Per further review noted 8 months later, 2 drills have been conducted on 1/4/2022 at 11:07 AM and 2/28/2022 at 2:46 PM. The TCR manager confirmed former managerial staff had not conducted fire drills as required.	T 187	

T 052 SS=F V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b

This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the TCR failed to ensure all staff received the required 12 hours of yearly training. Findings include: During the course of survey on 3/15/2022, the facility staff was requested to demonstrate via training records that staff employed at the TCR who provide direct care to residents had received the 12 hours of required yearly training to include: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision. Per review of training records noted 5 of 5 employees had not completed all of the required training's. This was confirmed with the Residential Services Manager during the afternoon of 3/15/22.

Prior to working on site with residents, all staff completed online training covering Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision. This likely covers 6 to 8 hours of training. I agreed that this did not cover 12 hours of documented formal training.

Infection control and safe storage and administration/ assistance of medications is covered in depth in the 8 hour Medication Delegation training, which all WTCR staff have completed.

Plan of Correction: Now that we can resume in person training- all staff will attend an in-person live 8 hour Therapeutic Options training before May 7th that covers in depth Resident Rights; Mandatory Reporting; Emergency Response; Respectful Interactions and General Supervision. This added to the hours of online training and the training provided as part of the usual new staff training as outlined on the list attached will more then cover the 12 hours annual training.

Plan of correction: see attached training checklist with tally of hours – this will be added to our Relias training system to clearly track the hours of training and the training content for each staff.

I am also taking this opportunity to redesign our training tracking in our new online Relias system to accurately document the hours of training ongoing to all staff.

I think this will be a great improvement to our current system. Thank you for the motivation!

T 054 SS=F V.5.9.d Resident Care and Services 5.9 Staff Services 5.9.d

This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the TCR failed to ensure that applicants who have been hired by the facility did not have a conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to public welfare. Findings include: Per review of TCR employees' background checks provided by the Human Resource Department revealed 2 of 5 employees were identified to have past criminal convictions. The TCR staff were unable to provide the surveyor written evidence that the decision to employ both individuals, despite the relevant criminal conviction, did not pose a threat to residents.

The written evidence that the decision to employ the individuals was sent to the surveyor.

Plan of correction: Any written evidence documenting the decision to employ a person with a convicted offense will be kept on site in a locked file or electronically in a protected electronic file.

T 146 SS=F IX.9.1.a Physical Plant 9.1 Environment

This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the TCR failed to maintain a safe environment as it relates to infection control during the Covid-19 outbreak situation by the failure of staff to screen visitors for potential signs of the Covid-19 virus. Findings include: Upon arrival to the TCR on 3/15/2022 at 8:55 AM a screening process was not in place to monitor visitor's symptoms; screening questions related to possible exposure to the Covid-19 virus and preliminary contact information for those individuals visiting the TCR. Per interview on the morning of 3/15/2022 the newly assigned manager stated individuals seldom visit however surveillance testing is routinely conducted with employees. Further clarification of the manager's responsibility was discussed ensuring the environment is consistently safe for the residents and staff and to remain informed regarding the Vermont Department of Health guidance and directives for health care facilities and as it relates to Covid-19. Per interview on the afternoon of 3/15/2021, the Adult Services Assistant Director confirmed the TCR should have a process in place for screening visitors for Covid-19.

Plan of Correction: Woodstock House re-instated screening of all visitors.

T 187 SS=F IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c

This REQUIREMENT is not met as evidenced by: T 187 Based on staff interview and record review, the TCR failed to conduct fire drills as required on at least a quarterly basis. Findings include: Per review of the TCR fire drill log on the afternoon of 3/15/22 noted over the past 12 months only 1 fire drill was conducted on 5/2/2021 with no other drills conducted. Per further review noted 8 months later, 2 drills have been conducted on 1/4/2022 at 11:07 AM and 2/28/2022 at 2:46 PM. The TCR manager confirmed former managerial staff had not conducted fire drills as required.

Plan of correction: Woodstock House immediately implemented accurately conducted and documented fire drills. Fire drills will be reviewed on a monthly basis with Manager to ensure compliance.

Respectfully Submitted-

Linda Simoneaux MA RN 4/6/2022

Jenn Lynch 4/6/2022

HCRS Adult Services Assistant Director

Woodstock House Team Leader

WOODSTOCK HOUSE
New Residential Specialist Shadow Shift Check List

Discussion Items	RS shadow Initial	Date
New Hire Paperwork- check with HR for completion		
Program Philosophy- 30 mins (relates to Respectful Communication and Res rights)		
Daily program schedule- 30 mins (awake/quiet times, med times, staff support , meals, community meetings, guidelines/rules,)		
Resident Rights and Bulletin board postings (grievance, resources)- 2 hour- includes online training Resident Rights		
Respectful Communication with Residents (2 hours- includes online training Respectful Communication and Res rights)		
Mandated Reporter/APS (1 hour includes online training)		
Resident's Right to Privacy 15 mins		
General care and supervision of residents- 1 hour		
Residential Admission Agreement- 30 mins		
Fire Safety and Evacuation Routes Demonstrated- 15 mins		
Emergency Protocols- 1 hour- includes Online training		
Health and Safety Bulletin Board (with emergency contacts and information)- 30 mins and tour of building for shut locations, electrical boxes, fire extinguishers etc.		
Infection Control – (glove locations, first aid supplies, cleaning and sanitizing procedures) 2 hours (includes online training: Blood Borne Pathogens, and Health and safety quiz)		
Shift Change & Report- 1 hour (general care)		
Unplanned Departure Policy- 30 mins- (includes online emergency training)		
Treatment plan/Charts (explanation and location)- 1 hour		
LLL Residential Treatment Plans (included in Tx plans/charts)		
LEC explanation (when applicable)		
Peer Support Advocates – 15 minutes		
Community Outings (Daily and weekend)- 15 mins		
Sharps / non permitted items- 15 mins		
Meal Preparation /Menu / Refrigerator Temperatures- 30 mins		
Labeling Foods- 15 mins		
Kitchen Clean Up- 15 mins		
Grocery Shopping / Credit Card / Receipt procedure and location- 30 mins		
Gas/ Credit Card /Van checklist -- 30 mins		
Smoking/Drug/Alcohol Policies- 15 mins		
Staff Meetings/on call supports for afterhours issues – 15 mins		
Medical Appointments- 15 mins		
Petty Cash procedures- 15 mins		
Program Incentives procedures, monies and forms- 1 hour (blue cards)		

Self disclosure and boundaries- how to support people in a residential program? 1 hour and ongoing for ever and ever		
Transportation- in house and outside resources : when/how/why and limits		
HIPAA and need to know information- 30 mins (includes online)		
Supervisions- 15 mins		
Initial Training Hours total a minimum of 19.75 hours, face to face and online		
<i>Initial Supervision with Team Leader to review above topics (1 hour)</i>		

Residential Specialist Signature: _____ Date: _____

Residential Specialist Name (Printed): _____

Supervisor Signature: _____