

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 8, 2022

Ms. Linda Simoneaux, Manager Woodstock Tcr 1087 W Woodstock Road Woodstock, VT 05091

Dear Ms. Simoneaux:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 5**, **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

Licensing Chief

Division of Licensing and Protection (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 04/05/2022 B. WING 0114 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1087 W WOODSTOCK ROAD WOODSTOCK TCR WOODSTOCK, VT 05091 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 001 T 001 Initial Comments An unannounced on-site complaint investigation was conducted on 4/5/2022 by the Division of Licensing and Protection. The following regulatory violation was identified as a result of the investigation: T 023 T 023 V. 5.5.a Resident Care and Services SS=G 5.5 General Care 5-18-If a resident's care needs 22 change after admission to 5.5.a Upon a resident's admission to a the program, resident will be therapeutic community residence, necessary assessed for level of services shall be provided or arranged to meet the resident's personal, psychosocial, nursing care by the program manager, with or by and medical care needs. The home's manager consultation with a Medical shall provide every resident with the personal care and supervision appropriate to his or her provider and/or Mental individual needs. Health Services provider. If that resident is assessed to need a different level of care, all attempts will be made This REQUIREMENT is not met as evidenced to arrange discharge or transfer to the recommended Based on observation, interview and record level of care as quickly as review the Therapeutic Community Residence possible. (TCR) failed to provide the necessary services to include supervision and monitoring checks to If care needs exceed the ensure the psychosocial and safety needs of the supports the program can resident were met for Resident #1, who was provide, the resident will be experiencing a mental health crisis. Findings sent to ED for include: evaluation or re-evaluation, (if previously assessed). Per review of Non Bill Chart Note created by Adult Services Assistant Director dated 3/14/2022 at 5:46 PM states: "I received a number of calls over the weekend and today about (Resident #1) struggling to perform [his/her] usual actions of self administering insulin, testing blood sugar.....

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Linda Simoneaux MA RN HCRS Adult

STATE FORMervices Assistant Director 5-27-2022

6899

H2RL11

If continuation sheet 1 of 4

TOD3 POC accepted 6/2/22 FMcintohPN/PM

Division	of Licensing and Prot	ection			FORIV	1 APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY		
	3. 33. N. 23. N. 13. N.	IDENTIFICATION NOMBER:	A. BUILDING:		COMPLE	ETED
			B. Walle		С	
	0114		B. WING		04/0	5/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
WOODST	OCK TCR	1087 W	WOODSTOCK RO	DAD		
		WOODS	TOCK, VT 05091			
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ICED TO THE APPROPRIATE DATE	
T 023	Continued From page 1		T 023			
			. 520	If a residents need for super	vision	
	[s/he] was talking to [himself/herself], slamming			exceeds the usual supports		
	the door upstairs hallnot eatingis behaving in			program and they do not me		
	an unpredictable manneraltered perception,			criteria for a higher level of c		
	difficulty concentrating[S/he] was observed to			or are otherwise unable to a	CCASS	
	be talking to [herself/himself], laughing and			a higher level of care	00000	
	crying[S/he] is at risk of poor judgement" A			immediately,		
	HCRS (Health Care & Rehabilitation a Mental Health & Substance Abuse Services) Community			Program supports will be	oorts will be	
	Support Note dated	3/14/22 Resident #1's Case		temporarily enhanced, such	as	
	Support Note dated 3/14/22, Resident #1's Case Manager stated s/he had heard from Woodstock		additional safety check			
	TCR staff the resident "has been experiencing			supplemental	, 01	
	a mental health crisis since Friday (3/11/22)		staffing to provide suppo			
	[s/he] was very psyc	hotic and said [s/he] was		assessed to be needed by the		
	depressed[s/he]	did not think anything was		staff in charge, in consultatio		
	wrong with [him/her] and did not want to accept			with		
	any help". After multi	ple requests from staff,		providers, supervisor and the	9	
	Resident #1 finally consented to be			manager or administrator on		
	screened/evaluated I	by HCRS Crisis Intervention		(if after business hours). The		
	Specialist at an Emergency Department for			enhanced		
	possible psychiatric h	nospitalization. Resident #1,		supports will be temporarily i	n	
	with a diagnosis of Schizoaffective Disorder and			place to support resident unt	il	
	Bipolar Disorder, was	s screened in the ED		transfer or discharge can be		
	determine :45 PM & 4	1:00 PM via telemedicine to		arranged.		
	psychiatric boosit-li-	t #1 required involuntary		To increase staffing - HCRS		
	psychiatric hospitalization. The screener noted "staff report [Resident #1] has been talking to			enhancing Woodstock House		
	Ihimself/herselfl and (s/he) has been talking to			staffing resources by recruiting	ng	
	[himself/herself] and [s/he] has been dysregulated and other residents are afraid of [her/him]".			and training		
	and reductite a	o analo or [ner/IIIII] ,		staff from other HCRS		
1	Although Woodstock TCR staff requested to hold			departments to supplement for	ulltim	
	Resident #1 in the ED until a bed was available at					
	a more secure facility, this request was not					
	granted and Resident	#1 was discharged on the				
		back to the Woodstock				
	TCR. A safety plan in	cluded returning Resident				
	#1 to the ED if s/he w	as unable to remain safe.				
	Transferring Resident	#1 to a more secure HCRS				
- 1	facility would have pro	ovided additional monitoring;				
	safety supports; awak	e staff; and alarmed doors.				
	Woodstock TCR staff	confirmed there were no				

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED						
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:								
			B WING		C 04/05/2022						
0114			B. WING	B. WING							
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	FE, ZIP CODE							
1087 W WOODSTOCK ROAD											
WOODSTO	OCK TCR	WOODST	OCK, VT 05091								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			O BE COMPLETE							
T 023	Continued From page 2		T 023								
1 020	additional staffing supports available to provide higher level of observation at the Woodstock TCR										
	due to agency wide s	taπing shortages.									
	Upon roturn to the To	CP a Chart Note dated									
	Upon return to the TCR, a Chart Note dated 3/14/2022 at 10:53 PM to 11:09 PM Woodstock TCR Team Leader states Resident #1										
	"appears disoriented and is struggling to										
	complete routine tasks that [s/he] used to do										
	everyday." The Team Leader stated Resident										
	stayed up for a while after receiving his/her										
	medications, ate dinner and eventually went to										
	his/her room. The Manager eventually retired for										
	the night. Overnight staff at the facility are										
	permitted to sleep during the overnight shift as										
	possible when resident needs do not require staff support. No other HCRS staff was made available to assist with monitoring the resident's										
	safety during the rest of the night hours into morning. During early morning hours on 3/15/22										
		ed away from the facility. At M it was noted an exit door									
		ent #1 was not found. An									
		as started and authorities									
		2 at approximately 9:32 AM									
	EMS rescued Reside										
		EMS report states the									
	·	rom the river by a bystander.									
	Resident #1 was hyp	othermic (abnormally low									
		n shock, skin mottled and									
		nd brusing noted on lower									
		erature on the early morning									
		ock was recorded between									
		enheit. Resident #1's body									
		orded at 80.2 degrees									
		described by EMS to have									
		and required intubation									
		on machine) to assist in multiple IV (intravenous)									
		nt #1 was transported to a									

H2RL11

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING 0114 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1087 W WOODSTOCK ROAD WOODSTOCK TCR WOODSTOCK, VT 05091 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) T 023 Continued From page 3 T 023 medical center requiring hospitalization in the Intensive Care Unit. Per interview on the afternoon of 4/5/2022, the Woodstock TCR Team Leader and the HCRS Adult Services Assistant Director reconfirmed. although Resident #1 had demonstrated a rapid psychiatric decline over the weekend of March 11-13, the resident's care needs did not exceed what the Woodstock TCR was able to safely and appropriately provide after his/her return from the ED. However, prior to discharge from the ED the same staff identified Resident #1 to require a higher level of care to include closer monitoring/supervision, and a secure unit with awake staff. While awaiting the resident's impending admission to the secured facility, safety monitoring was not implemented for Resident #1, resulting in a critical incident requiring hospitalization and critical care intervention.

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