



AGENCY OF HUMAN SERVICES

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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 22, 2019

Mr. Eric Fritz, Manager  
Woodstock Terrace  
456 Woodstock Road  
Woodstock, VT 05091-9759

Dear Mr. Fritz:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 24, 2019**. 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,

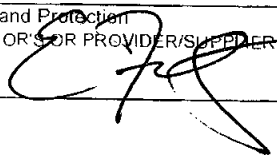
A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/24/2019
NAME OF PROVIDER OR SUPPLIER  WOODSTOCK TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091		
(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
A 001 VI	Initial Comments  An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 4/24/19. There was a regulatory finding.	A 001	<b>A 901</b> Resident #1 no longer a resident in the facility. All current residents residing in the facility have been reviewed for being at risk of harm or placing others at harm due to a decision, behavior or action.	
A 901 IX SS=D	<p>9.1 Whenever the licensee determines that a resident's decision, behavior or action places the resident or others at risk of harm, the licensee shall initiate a service negotiation process to address the identified risk and to reach a mutually agreed-upon plan of action.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to initiate a service negotiation risk plan of action for 1 of 3 residents, Resident #1. Findings include:</p> <p>Resident #1 became upset and left the facility on 2/23/19 and was observed by staff to be walking toward a busy highway with no concern for his/her safety. The medical record presents that the resident had aggressive behaviors and would often refuse his medications. Resident #1 also had documented episodes of hallucinations, both visual and auditory, and these hallucinations would cause the resident to act out in unsafe ways. The Registered Nurse (RN) confirmed in an interview on 4/24/19 at 10:38 AM, that the resident would act out and then on occasion would apologize or not realize that s/he had the behaviors. During the interview with the RN, s/he further stated that the facility realized that the resident was at risk of harm after leaving the facility on 2/23/19 and further realized that s/he was also at risk for harm to him/herself or others secondary continued refusal of taking his/her</p>	A 901	<p>At this time, it has been determined that no one is at risk of bringing harm to themselves or others due to a decision, behavior or action.</p> <p>The Health Services Director will monitor residents on an ongoing basis to assess whether someone may be at risk for harm to themselves or others. Should it be determined that anyone is at such a risk, a mutually agreed upon Negotiated Risk Plan will be formulated and implemented.</p> <p>The Executive Director will conduct random audits to monitor compliance with this plan and report the results to the Quality Assurance and Improvement Committee on a quarterly basis.</p>	5/16/19

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



TITLE

EXECUTIVE DIRECTOR

(X5) DATE

5/13/19

A901 POC accepted 5/20/19 BBorkellRN/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/24/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODSTOCK TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>456 WOODSTOCK ROAD</b> <b>WOODSTOCK, VT 05091</b>		
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A 901	Continued From page 1  medications that were ordered to assist with managing his/her aggressive behaviors. S/he confirmed that the facility did not initiate a negotiated risk with the resident.	A 901		