



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 21, 2009

Ms. Barbara Mucha, Administrator
Loretto Home
59 Meadow Street
Rutland, VT 05701

Dear Ms. Mucha:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **November 18, 2009**. 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,

Suzanne Leavitt, RN, MS
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2009
NAME OF PROVIDER OR SUPPLIER LORETTO HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 59 MEADOW STREET RUTLAND, VT 05701	
(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)
R100	Initial Comments: An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 11/18/09.	R100	<p style="text-align: right;">DEC 16 2009</p>
R200 SS=B	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of home policies, the home failed to have written policies and procedures that govern all services provided by the home.</p> <p>Per review of home policies and confirmed during an interview with the Manager of the home on 11/18/09 at 12:15 PM, there is no policy that addresses the transportation of residents to physician appointments. Residents are transported to physician or other outside appointments by a transportation aide employed by the home. Per interview with a staff nurse and the transportation aide, only the residents that reside on the Special Care Unit are accompanied by a staff member to appointments. There is no process for assessing the mental status or physical capability of the residents on the day of their appointment to assure their safety and ability to independently function at the physician's office or other health care facility.</p>	R200	

Division of Licensing and Protection
Deacon Dory Griffin 12-14-09
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrator

(X6) DATE

VCC Policy & Procedures

Transportation Services

When transporting a resident to an appointment, a staff member will assemble, beforehand, an appointment folder that will include, but is not limited to, the following information:

- current physician's orders
- current medication list
- current treatment orders
- copy of resident's profile/face sheet with contact/financial data
- vital sign flow sheet, if pertinent
- diabetic record, if pertinent

- transportation form that includes the following:
 - resident indentifying information
 - section to schedule follow up appts
 - transport aide contact info for pickup and return trip
 - sending facility information
 - notation that addressess resident's current mental and physical capabilities.

- ex Resident is alert and oriented x 3 (person, place, time), Independent with ambulation, can answer own questions and is able to make own needs known.

A resident from a special care unit will also have the above information provided and will also be accompanied by a staff member and/or family/POA at all times during the appointment.

TRANSPORTATION FORM

LORETTO HOME

ST. JOSEPH KERVICK RESIDENCE

Resident: _____ Room # _____

Time of Appointment: _____ with DR. _____

Address: _____ Phone Number: _____

Resident is Alert and Orientated times 3 – Independent with Ambulation,
Can answer own questions –And is able to make their own needs known. 

NEXT APPOINTMENT* _____

*******PLEASE TRY TO SCHEDULE APPOINTMENTS BETWEEN THE
HOURS OF 9 A.M. TO NOON - MONDAYS THRU THURSDAYS –
NO APPOINTMENTS ON FRIDAYS – UNLESS AN EMERGENCY.**

**PLEASE CALL MARCI @ 236-9780
WHEN RESIDENT HAS FINISHED
WITH THEIR APPOINTMENT!
I WILL GIVE YOU MY ETA FOR PICK-UP!!!**

In case of an emergency or if unable to get a hold of Transportation Aide
then please call either Loretto Home @ 773-8840 x 14 – Nursing or
St. Joseph Kervick Residence @ 775-5133 x 14 – Nursing