

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

November 21, 2011

Ms. Lina Metivier, Administrator  
Metivier Residential Care Home  
27 Brooklyn Street  
Barre, VT 05641

Provider #: 0067

Dear Ms. Metivier:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **July 26, 2011**. 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

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/26/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>METIVIER RESIDENTIAL CARE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>27 BROOKLYN STREET BARRE, VT 05641</b>		
(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 onsite licensing and complaint survey was conducted by the Division of Licensing and Protection on 7/25/11 and 7/26/11. The following are regulatory violations.	R100			
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.1 Admission  5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.  (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	<i>I included a copy of my admission agreement - also included in my admission book is base on rental agreement excluding accs services</i>		

Division of Licensing and Protection

TITLE

(X6) DATE

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

STATE FORM

6899

QB7W11

If continuation sheet 1 of 5

*Sara Metivier 8-20-11*

Division of Licensing and Protection

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R104	Continued From page 1  the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to provide 1 of 3 residents in the survey sample (Resident #2) with a current admission agreement. Findings include:  1. Per record review on 7/25/11, Resident #2 has resided at this home for many years. During this time the resident has experienced mental status changes and is no longer able to self-manage personal funds. A guardian is appointed for this resident. There was no signed admission agreement available for review at the time of survey. During interview on 7/25/11 at 2:47 PM, the Manager was unable to locate the original admission agreement. S/he confirmed that there was no current admission agreement available and stated that a new agreement would need to be completed with the guardian of Resident #2 as the original was signed by the resident before guardianship occurred.	R104	<i>all included in admission agreement</i>  <i>working on admission agreement book is complete waiting for guardian to review and sign will be done by 9-1-11</i>	
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7 Assessment  5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation	R134	<i>enclosed is a copy of my residents discharge form</i> <i>all assessment are complete</i> <i>as of 8-20-11</i>	

*R104 11-4-11  
POC accepted  
C. Lanning, RD*

*R134 11-4-11  
POC accepted  
C. Lanning, RD*

*am going to have a hard book with the date each residents assessment is due*

*Lina Pretorius 8-20-11*

Division of Licensing and Protection

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R134	Continued From page 2 implemented, if necessary.  This REQUIREMENT is not met as evidenced by: Based on record and interview, the home failed to assure the that the assessment of Resident #3 was completed. Findings include:  1. Per record review on 7/25/11, the admission assessment for Resident #3 (admitted 10/22/10) was not signed and dated as complete by the RN (Registered Nurse). This resident is assessed to require nursing overview in addition to medication management. During interview on the afternoon of 7/25/11, the Manager confirmed that this resident requires nursing overview and that there was no RN signature / date indicating completion of this assessment.	R134		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure timely annual reassessments for 2 of 3 residents (Resident #1 and Resident #2). Findings include:  1. Per record review on 7/26/11, the annual assessment for Resident #2 was due 5/5/11 and had not been completed to this date. This was	R136	<i>as of 8-20-11 all my assessment complete and up to date sign and review by the nurse  now I will myself make sure its done one week prior to the due date  Completed as of 8-19-11</i>	

*R136 11-4-11  
Poc accepted  
C. L. ... RN*

*Luna Inactive 8-20-11*

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R136	Continued From page 3  confirmed by the Manager and the RN on 7/26/11 at 8:40 AM.  2. Per record review on 7/25/11, the annual assessment for Resident #1 was due 2/1/11 but was not completed until 5/2011. The document contained no specific date of completion by the RN. During interview on 7/25/11 at 3:50 PM, the Manager confirmed that this assessment was over due and did not contain a complete date of completion by the RN.	R136	<i>assessment done sign and date by Nurse on 8-20-11</i>	
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.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 or outside of the State of Vermont. This provision shall apply to the manager of the home 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 in accordance with 33 V.S.A. §6911 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 record review and interview, the home	R181	<i>My variance was granted. <del>or</del> background checks, are completed abuse child, and elderly abuse check, are complete</i>	

*Lina Interview 8-20-11*

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R181	Continued From page 4  failed to assure that no employee with a criminal background works at the home without a waiver and that all employees are screened for criminal and abuse records. Findings include:  1. Per record review on 7/25/11, the home retained one current employee who has a known criminal background. There is no documentation of background check results for this employee and there is no granted variance from the Licensing Agency to retain this employee. A second employee has no background checks performed. During interview on 7/25/11, the Manager confirmed that s/he has retained one employee with a known criminal background, has not performed background checks on a second employee, and has not requested a variance to retain the employee with the positive criminal background.	R181	<i>My employee with a criminal record has a waiver  this matter has been resolved with licensing.  now am well aware of the whole process of new employees and will follow procedure</i>	

*R181 11-4-11  
Doc accepted  
C. Larney PCW*

*Lina Metivier 8-20-11*

Metivier Residential Care Home  
27 Brooklyn street  
Barre, VT 05641

RESIDENT DISCHARGE

Thirty day notice has been given  
to \_\_\_\_\_ on \_\_\_\_\_ he/she must  
vacate the premises by \_\_\_\_\_.

Reason for discharge \_\_\_\_\_

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

Medications **will not** be given to the resident, Any  
medication will be given to the residents case manager or  
guardian. Unless approved by case manager and or  
phyciatrist.

Medication released  
to \_\_\_\_\_ on \_\_\_\_\_

Signature \_\_\_\_\_

Residents new location(if known) \_\_\_\_\_

Signature of  
Owner \_\_\_\_\_ date \_\_\_\_\_  
case manager \_\_\_\_\_ date \_\_\_\_\_

**METIVIER RESIDENTIAL CARE HOME**

**27 BROOKLYN STREET**

**BARRE, VERMONT 05641**

**TEL: (802) 479-9866**

**FAX: (802) 479-9866**

**LICENSED BY THE STATE OF VERMONT**

**AS A LEVEL III RESIDENTIAL CARE**

**FACILITY**



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# **METIVIER RESIDENTIAL CARE HOME CONTRACT AND RENTAL AGREEMENT**

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*It is your responsibility to pay Metivier Residential Care Home for your room and board, at the agreed rate of \_\_\_\_\_ per month. You are also responsible for the charges incurred for shopping and/or transportation (as defined in the residential care home licensing regulations). You should retain a personal needs allowance of at least \_\_\_\_\_ a month.*

*If you qualify for the ACCS programs, we will bill the Medicaid ACCS Program for your Level III care at the rate of \_\_\_\_\_ per day for covered services for each day of service provided you. (A day of service means a day in which you are Medicaid eligible, reside at the Metivier Residential Care Home and have not been absent for the entire 24 hours.)*

**COVERED SERVICES ARE:** (Up to Level III of care)

- 1. Help with the activities of daily living.*
- 2. Medication assistance, monitoring and administration.*
- 3. Twenty Four (24) hour on site:*
  - A. Assistive therapy*
  - B. Restorative nursing.*
  - C. Nursing Assessment.*
  - D. Health monitoring.*
  - E. Case management.*
  - F. Routine nursing tasks*

*These services are equivalent to the terms included in the Residential Care Home licensing regulations.*

*We agree that your room, board, shopping and transportation payment plus funds we receive from the Medicaid ACCS program will be the sole and complete payment to us for required services unless your needs increase to the point where you qualify for nursing home care. Under the terms of the Medicaid ACCS program, the residential care home licensing agreement requires you to pay our room and board for the days in which you are absent.*

*Non-payment of charges will be cause for discharge in accordance with State regulations. For non-payment, we can discharge you 30 days after you have received a written notice. Or we can discharge you earlier if we find another placement for you that you agree to.*

*If you ask us in writing, we will assist you in managing your finances to the extent you desire. We cannot be a guardian or power of attorney for a resident. However, if you ask us we can be a representative payee for the purpose of receiving your Social Security Check.*

*Please limit the amount of money or other valuables that you keep in your room. We will not be responsible for cash or other valuable items such as jewelry, etc. that may be lost, misplaced or stolen.*

### **INVOLUNTARY DISCHARGE OR TRANSFER OF RESIDENTS**

*An involuntary discharge is removal from a residential care home when you or your legal representative has not requested or consented, in advance, to the removal. A transfer is your removal from a room you are currently occupying to another room in the residence or to another facility with anticipated return to your care home. An involuntary discharge or transfer may only occur under the following conditions.*

- 1. Your care needs exceed those which the home is licensed or approved through a variance to provide; or*
- 2. The home is unable to meet your assessed needs; or*
- 3. You present a threat to yourself or to the welfare of other residents/staff; or*
- 4. The discharge or transfer is ordered by the court; or*
- 5. You failed to pay monthly charges for room, board and care in accordance with the admission agreement.*

*In the case of an involuntary discharge or transfer, the manager of the home shall notify you and, if known, a family member and/or your legal representative of the discharge or the transfer and the specific reason (s) for the move. This will be provided in writing and in a language and manner that you understand. In the event of a transfer within the home you will have (72) seventy two hours notice. In the event of a discharge from the home you will have (30) thirty days notice. If you do not have a family member or legal representative and if you require assistance, the notice will be sent to the LONG TERM CARE OMBUDSMAN, OR VERMONT PROTECTION AND ADVOCACY, OR VERMONT SENIOR CITIZENS LAW PROJECT.*

*You have a right to appeal the decision by the Metivier Residential Care Home regarding a discharge or transfer. The process for appeal will be in the termination letter. You may remain in your room during the appeal.*

#### **RESIDENTS RIGHTS AS DEFINED BY THE STATE OF VERMONT**

*You shall be treated with consideration, respect, and full recognition of your dignity, individuality and privacy. A home may not ask you to waive your rights.*

*We have established and we adhere to a written policy, consistent with these regulations regarding your rights and responsibilities. These rights and responsibilities are explained to you at the time of admission.*

*You may retain personal clothing and possessions as space permits, unless to do so would infringe on the rights of others or would create a fire, health or safety hazard.*

*You shall not be required to perform work for the Licensee (Home). If you choose to perform specific tasks for the licensee you do so as a volunteer with no monetary compensation. Examples would be peeling potatoes or fruit or helping set tables for meals. Some residents enjoy the feeling of homelike participation.*

*You have the right to send and receive mail that is not opened by anyone but you.*

*You have the right to reasonable access to a telephone for private conversations. These calls are limited to five minutes. You shall have reasonable access to the home's telephones except when restricted because of unpaid toll charges or misuse. If it is necessary to restrict your use of the phone, we will do so in writing. You may, at your own expense, have a personal telephone in your room.*

*You may complain or voice a grievance with out interference, coercion or reprisal. We have established a written grievance procedure for resolving your concerns or complains. This procedure will be explained to you at the time of admission.*

*You are encouraged to manage your personal finances. We will not manage your finances unless requested in writing by you (the resident) and then only in accordance with your (the resident's ) wishes. The home or licensee shall keep a record of all transactions and shall make the record available, upon request, to the resident or the resident's legal representative. The home or licensee shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the house.*

*Your right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from, or information contained, in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law.*

*You have a right to review your medical or financial records upon request. You shall be free from mental, verbal or physical abuse, neglect and exploitation.*

*When a resident is deemed mentally disabled, such powers as have been delegated by the Probate or Family Court to the resident's guardian shall devolve to the guardian pursuant to applicable law.*

*If you become subject to transfer or discharge from the home you shall be allowed to participate in the decision making process of the home concerning the selection of an alternative placement, you shall receive a 30 (thirty) day written notice of a pending transfer. You have the right to appeal the decision by the home to the discharge or transfer. To appeal the decision to transfer or discharge you or your legal guardian must notify the administrator of the home or the Director of Department of Licensing and Protection. Upon receipt of the appeal the administrator must immediately notify the Director of the Department of Licensing and Protection. You may remain in the home during the appeal process.*

*You have the right to refuse care to the extent allowed by law. This includes the right to discharge yourself from the home. The home must fully inform you of the consequences of refusing care. The home must respect your decision and is absolved of further responsibility. If your refusal of care will result in your needs increasing beyond what the home is licensed to provide or if your refusal of care results in the home being in violation of these regulations, the home may issue you a thirty (30) day written notice of discharge in accordance with regulations.*

*You have the right to formulate advance directives as provided by state law and to have the home follow your wishes.*

*The enumeration of these rights shall not be construed to limit, modify, abridge, or reduce in any way any rights that you otherwise enjoy as a human being or citizen.*

*If you are not satisfied with services or conditions in the home, we want you to tell us about it so we can try to resolve the concern. Our grievance procedure is attached.*

*As part of this agreement we expect you to adhere to the reasonable rules established for us for the orderly management of the home.*

***THE RULES OF THE HOUSE ARE AS FOLLOWS:***

- 1. Quiet before 8 (eight) A. M. and after 8 (eight) P.M.***
- 2. You will be given information on what to do during a fire drill***
- 3. Pets are allowed only at the discretion of the management.***
- 4. House telephones may be used for infrequent 5 (five) minute phone calls. Beyond that we recommend that you arrange for a private phone in your room.***
- 5. You may connect a cable television in your room. Contact Charter Cable at 476-1100. The installation and monthly fees are your expense.***
- 6. Smoking is not permitted in the building.***

***We pledge to respect individual choice, Dignity, privacy, and confidentiality.***

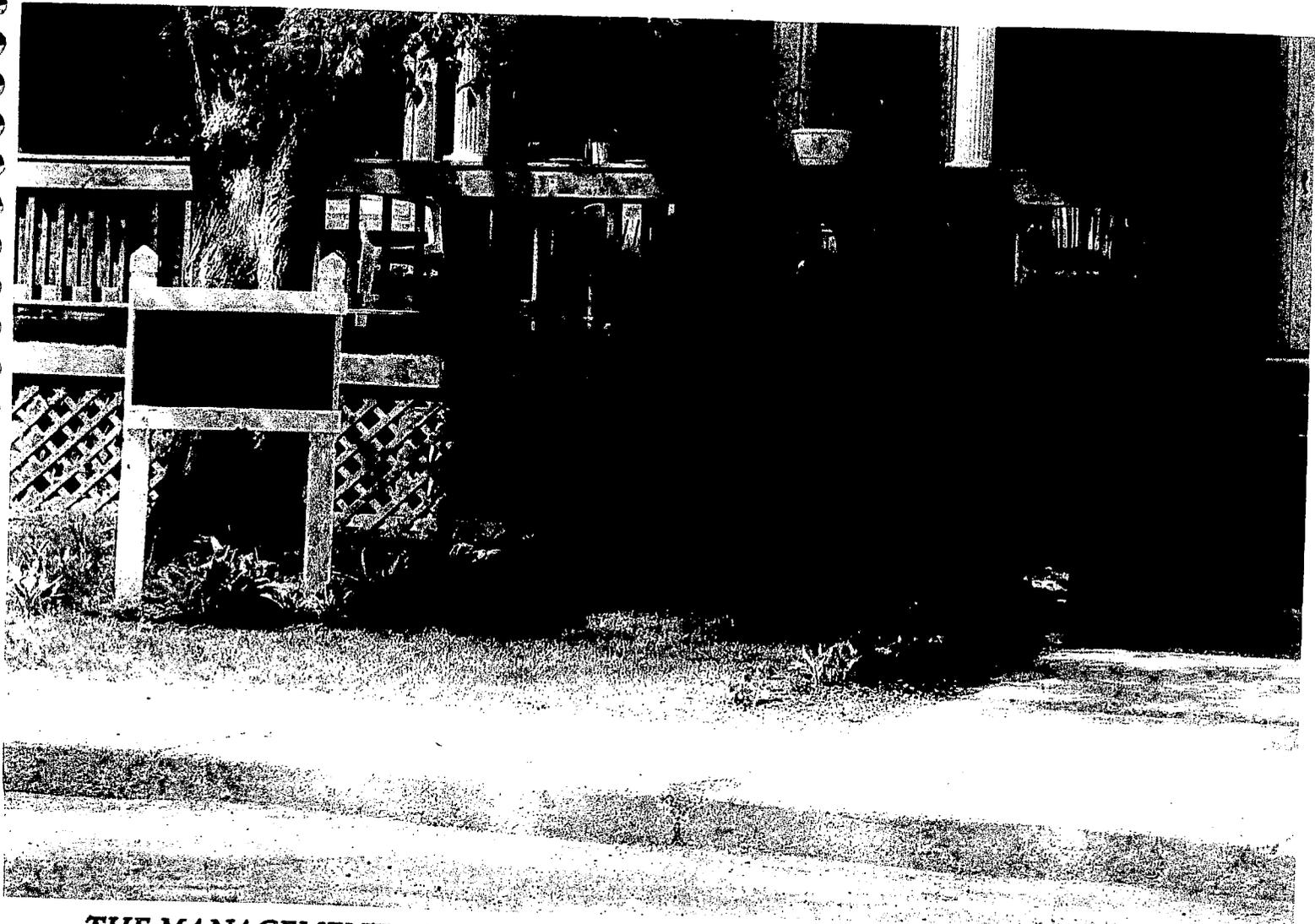
***We shall maximize independence and respect self-determination.***

***We shall respect your rights, strengths, values and preferences, encouraging you to direct you own care and services to the fullest extent.***

*If this living arrangement does not meet your expectations during the first 30 (thirty) days, you may leave without written notice.*

*After the initial 30 (thirty) days, you may terminate this agreement voluntarily with a 30 (thirty) day written notice.*

*If there are subsequent changes to the terms of this agreement such as a change in the monthly charge, we will notify you in writing 30 (thirty) days in advance of the change and ask that you resign this agreement.*



**THE MANAGEMENT AND STAFF OF THE METIVIER RESIDENTIAL  
CARE HOME**

# **METIVIER RESIDENTIAL CARE HOME**

**PROPRIETORS**

**LEO & LINA METIVIER**

**27 BROOKLYN STREET, BARRE, VERMONT 05641**

**PHONE: (802) 479-9866**

**FAX: (802) 479-9866**

## **ADMISSIONS SERVICE AGREEMENT**

*Metivier Residential Care Home is licensed by the State of Vermont as a Level III residential care home that is in full compliance with the requirements of building, fire and safety codes. Residential care homes provide care to persons unable to live independently but not in need of the level of care and services provided in a nursing home.*

*I understand and agree that the State of Vermont regulates the services provided in residential care homes. The regulations contain much more detail about how care must be provided. I understand that I may ask the manager for a copy of the regulations.*

*GENERAL CARE: Upon your admission to our residential care home, we will develop a care plan to provide services necessary to meet your personal, psychosocial, nursing and medical needs.*

*Staff shall provide such care with respect to your dignity, your accomplishments and your abilities. You will be encouraged to participate as fully as possible in your activities of daily life. With your permission, your families are encouraged to participate in your care and in the planning of your care.*

*Your Medication, treatment and dietary services will be consistent with your physician's orders.*

*ROOM: Under this agreement you will be provided with a private/semi-private room. You may bring your personal possessions with you insofar as space permits and unless the possessions will infringe upon the rights of others or can be considered a fire or safety hazard. We will clean your room weekly or as needed. The cleaning involves vacuuming, dusting and washing the floor.*



*If you need or choose to move to another room during your stay at the Metivier Residential Care Home, this agreement may have to be revised in the event the room is larger or there are other changes. (Such as going from a semi-private room to a private room) Reinstallation of phones or other services are your responsibility. If we ask you to move to another room, we will give you 72 hours written notice and we will be responsible for the cost of reinstalling your phone or any other applicable service.*

*You have the right to appeal the decision by the home to change your room. To appeal the decision to change your room you or your legal guardian must notify the administrator of the home or the Director of the Department of Licensing and Protection. Upon receipt of the appeal the administrator must immediately notify the Director of the Department of Licensing and Protection. You may remain in your room during the appeal process.*

**LAUNDRY:** *We will do your personal laundry unless you ask otherwise. We will provide you with clean bed linens weekly, or more often if needed. Your bath linens will be provided daily.*

**BOARD:** *You will be provided with three attractive, healthy and satisfying meals in accordance with the Vermont State regulations and dietary standards as well as according to your own personal dietary needs. Special food are cooked upon request.*

*We offer drinks and snacks before bed. Drinks are available between meals. Therapeutic diets are available when ordered by your physician.*

**ACTIVITIES OF DAILY LIVING:** *Activities of daily living and personal care include the following.*

- 1. Assistance with bathing and personal hygiene including assistance with shaving, combing hair, brushing teeth and shampooing.*
- 2 Assistance with dressing.*
- 3 Assistance with walking or transportation by wheel chair,*

**GENERAL CARE AND SUPERVISION:** *General care and supervision means providing and/or arranging necessary services to meet your needs. They include:*

- 1. Assisting you in setting up appointments.*
- 2. Assisting you in buying personal items.*  
*( We will shop for you if necessary.)*



**GENERAL CARE CONTINUED FROM PAGE 10**

3. *Assisting you in obtaining prescriptions to include transportation to the pharmacy.*
4. *Assisting you in keeping to your schedule by reminding you of important activities such as mealtime.*
5. *Assisting you in monitoring your activities so as to keep you from harm.*
6. *Assisting you with managing your finances. ( you must request assistance in writing)*
7. *We will provide and encourage you to participate in stimulating activities.*

**TRANSPORTATION:** *Transportation for medical services and local community functions will be provided to you as follows. You may have up to four twenty mile round trip outings at no charge per month. Excess miles could be charged the States rate at that time.*

**MEDICATION MANAGEMENT AND ADMINISTRATION:** *If you are able to self manage and administer your medications you may keep your medications in your room in secure storage. Your physician must state in writing that you are able to manage your medications. In all other cases, our staff will assist you under the supervision of our nurse. Our nurse and staff will observe and assess the effects of your medication and keep documentation so as to provide your personal physician with this important information.*

**RECREATIONAL AND SOCIAL ACTIVITIES:** *Metivier Residential Care Home offers daily opportunities for individual and group activities. We utilize community resources to promote a normal and healthy interaction with the Northfield Community. Our activity programs include:*

1. *A program of recreational and social activities.*
2. *Residents will be made aware of and encouraged to participate in community activities.*
3. *Residents are encouraged to suggest and help plan recreational and social activities.*
4. *Metivier Residential Care home will provide residents with supplies and equipment appropriate to our program of social and recreational activities.*

**PERSONAL NEEDS:** *We provide toilet paper, bath soap, shampoo, and paper towels for your personal use as part of your monthly charge. If you desire other items you will have to purchase them.*

*As a Resident of the Metivier Residential Care home, you will receive room, board, linens, bedding and such personal services as allowed under the terms of our license issued by the State of Vermont.*

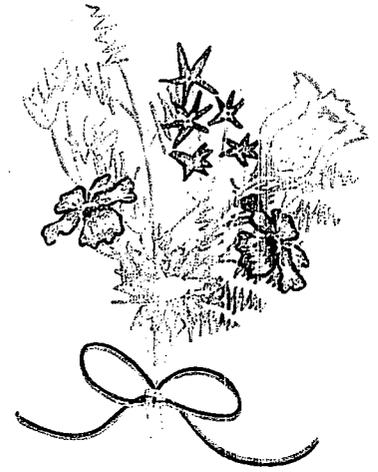


*We provide twenty four hour on duty supervision for your safety seven days a week  
We also provide a registered nurse, on duty part time at no additional charge, who is available for consultation. Our nurse supervises your medications and teaches medication administration to our staff. Our nurse also teaches our staff how to function in relationship to your mental and physical needs.*

**METIVIER RESIDENTIAL CARE HOME**

**PROPRIETOR**

**LEO & LINA METIVIER**



**GRIEVANCE PROCEDURE FOR RESIDENTS**

If you have questions or concerns regarding your care, you are encouraged to express that grievance (concern) to the owner, or to the manager of the Metivier Residential Care Home.

We will listen to your grievance/concern and suggest a resolution. If we cannot resolve your grievance/concern, we will write a report addressing (each of) your grievances(s)/concerns(s) and submit the report within 48 hours to the LONG TERM CARE OMBUDSMAN or THE VERMONT PROTECTION AND ADVOCACY. The report will be a statement about the nature of your grievance/concern and a proposal as to what we, the owner and/ or manager plan to do to rectify your grievance/concern. A copy of that report will be given to you.

You have the right to have an advocate present on your behalf during any stage of the grievance process.

*This grievance policy and procedure is posted in a conspicuous place and a copy is given to each resident.*

Your OMBUDSMAN may be reached at 1-800-769-9164. Call ADULT PROTECTIVE SERVICES at 1-800-564-1612 (abuse, neglect or exploitation). Call VERMONT PROTECTION AND ADVOCACY at 1-800-834-7890.

# **METIVIER RESIDENTIAL CARE HOME**

**PROPRIETORS**

**LEO & LINA METIVIER**

**27 BROOKLYN STREET, BARRE, VERMONT 05641**

*The undersigned has received a copy of the **ADMISSIONS SERVICE AGREEMENT**, a copy of **THE GRIEVANCE PROCEDURE**, a copy of **THE METIVIER RESIDENTIAL CARE HOME CONTRACT AND RENTAL AGREEMENT** and agrees to abide by the terms of this agreement in accordance with the regulations for residential care homes as set forth by the State of Vermont. **THE UNDERSIGNED HAS ALSO RECEIVED A STATEMENT OF PRIVACY PRACTICES.***

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_  
*Resident or authorized legal representative*

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_  
*Owner/Manager*

**COMPLAINTS:** *If you believe your privacy rights have been violated you may file a complaint with the owners of the Metivier Residential Care Home or with the Secretary of the Department of Health and Human Services. To file a complaint with the Metivier Residential Care Home contact:*

***Lina Metivier.***

*My signature below certifies that I have been provided with a copy of the privacy practice by law of the Metivier Residential Care Home.*

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**PATIENT NAME**

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**DATE**

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**METIVIER RESIDENTIAL  
CARE HOME**

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**DATE**

*by: Lina Metivier*