

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 31, 2012

Ms. Paula Patorti, Administrator
Our House Residential Care Home
162 Jackson Avenue
Rutland, VT 05701

Provider #: 0360

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **December 27, 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, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/27/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 162 JACKSON AVENUE 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)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R100	Initial Comments: An unannounced on-site complaint investigation was completed by staff from the Vermont Division of Licensing and Protection on 12/27/11. The following regulatory violation was found.	R100	Complaint was one year old.	
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 staff interview and record review, the licensee had a person on staff who had been convicted of a crime and who had other evidence of misconduct resulting in license suspension without investigation of the allegations. Findings include:	R181	All staff profiles are up to date - (This staff member was "given a chance" to make her case" that it was mistaken identity" she never did and was terminated) - and have been with this one exception. Continuing four background checks... Adult Abuse... Child Care Abuse... O.T.G... Criminal History	

Division of Licensing and Protection

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

Paula [Signature]

TITLE

ADMINISTRATOR

(X6) DATE

1/20/12

STATE FORM

0000

08PC11

If continuation sheet 1 of 2

Paul

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/27/2011
NAME OF PROVIDER OR SUPPLIER OUR HOUSE RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 162 JACKSON AVENUE 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)	(X5) COMPLETE DATE
R181	Continued From page 1 Based on an anonymous complaint and verified during staff interviews and personnel record reviews on 12/27/11, the licensee kept on staff a care giver who had a criminal record during 2 separate terms of employment. Per review of background checks in the employee's file, the care giver had a criminal record upon hire during November, 2001 and again upon rehire during April, 2008. During interview on 12/27/11 at 11:40 AM, the licensee confirmed that she knew the care giver had a criminal record but failed to request in writing a waiver/variance from the Licensing Agency to hire/retain this person. In addition, the licensee stated that she became aware of an adverse action against this care giver (LNA license revocation) during February 2010; however, she stated she allowed the care giver to continue working at the home for another 15 months, (until June 2011) without evidence of an investigation into the allegations on the licensee's part. The licensee said that she met with the care giver on 2/16/10 (per her notes) and the care giver denied that she was the person who had lost their Licensed Nursing Assistant (LNA) license. The licensee stated that she told the care giver she needed to 'straighten this out'. There was no evidence that the licensee made any attempt to investigate the veracity of the information regarding the LNA license revocation and she confirmed that she had not looked further into this issue. The licensee showed the surveyor her copy of the Vermont Board of Nursing's action against the care giver's LNA license.	R181	No one is hired or scheduled without the background checks - No Variances H.R. manager will continue to monitor and will check the Board of Nursing's website for New hires. <i>PCA accepted 1/30/12 May Butler RN</i>	1/27/12