

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

April 5, 2012

Mr. Steven Doe, Administrator
Our Lady Of The Meadows
1 Pinnacle Meadows
Richford, VT 05476

Provider #: 0197

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 13, 2012**. 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

MAR 26 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED 03/13/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OUR LADY OF THE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS RICHFORD, VT 05476
--	---

(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 re-licensing survey was initiated on 3/12/12 by the Division of Licensing and Protection, and was completed on 3/13/12. Based on information gathered, one regulatory violation was cited as follows.	R100		
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 reviews and staff interview on 3/13/12, the home had on staff a person with criminal convictions. Findings include: 1. Based on record reviews conducted on 3/13/12, the Vermont Criminal Information Center	R181	See attached Plan of Correction.	

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

6899

W6BF11

If continuation sheet 1 of 2

ADMINISTRATOR

3/23/12

PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2012
NAME OF PROVIDER OR SUPPLIER OUR LADY OF THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS RICHFORD, VT 05476	
(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 (VCIC) background check revealed two misdemeanor convictions (1/11/1999 and 12/26/2008) for one of five employee records reviewed. The home did not have a waiver from the Division of Licensing and Protection to retain this employee. During an interview on 3/13/12 at 10:15 AM, the Administrator confirmed that the home could not show evidence of a waiver to retain the employee (who had two misdemeanor convictions on the VCIC background check).	R181		

847
3/23/12

Our Lady Of The Meadows
Plan of Correction
Residential Care Home State Survey
March 12, 2012

R181

5.11.d

Action: A waiver from the Division of Licensing and Protection has been requested to retain the employee. (See Attachment A)

Measures: The Administrator will insure that a waiver will be requested from the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 for all perspective employees who have a record of convictions

Monitors: The Administrator and Administrative Team will monitor this practice to insure that this deficiency will not reoccur.

R181 PC accepted 3/26/12 JHosmer RN / P. Motz RN