

Division of Licensing and Protection
103 South Main Street
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

February 2, 2015

Mr. Michael Zacharias, Administrator
Second Spring South
118 Clark Road
Williamstown, VT 05679-9449

Dear Mr. Zacharias:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 22, 2014**. 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:jl

JAN 22 2015

PRINTED: 01/06/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2014
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SECOND SPRING SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679
--	---

(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 conducted on 12/22/14 by the Division of Licensing and Protection. The following regulatory violations were identified.

R100

R181 V. RESIDENT CARE AND HOME SERVICES
SS=D

R181

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 home failed to assure background checks were obtained through Adult Protective Services (APS) for 1 of 4 staff members reviewed. Findings include:

Per record review the home failed to obtain a

*5.11d
A review of all background checks will be performed by Human Resources Director to ensure compliance.*

3-1-15

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *J M* TITLE *Exec Director* (X6) DATE *1-19-15*

R181 - R207 POC's accepted 1/30/15 Bitower/pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SECOND SPRING SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679
--	---

(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 background check with APS for 1 Recovery Staff member, who provided direct care to residents during his/her employment period. This was confirmed by the Training and Compliance Coordinator during interview on the afternoon of 12/22/14.	R181		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures 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. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through staff interview the home failed to develop written policies and procedures to direct staff in the process for identifying and reporting potential abuse, neglect and/or exploitation of residents. Findings include: During the course of an investigation specific to the issue of potential abuse and/or exploitation of a vulnerable adult it was identified that the home had not developed policies and procedures specific to the facility's process for reporting abuse neglect and exploitation. Per record review and although the home had developed a policy, titled Emergency Response Protocol - Compliance Coordinator Notification, the stated purpose was "To provide a clear outline of when to contact the Compliance Coordinator for compliance related issues. The protocol listed	R200	5.15 Policy & Procedure* for APS reporting developed by Compliance officer. All Staff will be retrained through company * See Attached.	3-1-15

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2014
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SECOND SPRING SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679
--	---

(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
R200	Continued From page 2 "Resident complaints of abuse, neglect or exploitation" as one type of event that should be reported to the Compliance Coordinator, but did not direct staff in the process of how to identify and when to report abuse, neglect or exploitation. The Training and Compliance Coordinator confirmed, during interview on the afternoon of 12/22/14, that the home did not have a policy that addressed the identification and reporting of abuse, neglect and exploitation.	R200		
R206 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.18 Reporting of Abuse, Neglect or Exploitation</p> <p>5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the home failed to report an allegation and/or suspicion of potential abuse and/or exploitation of 1 of 4 residents reviewed, to APS (Adult Protective Services) within the required time frame. (Resident #1). Findings include:</p> <p>1. Per record review the home became aware of a potentially inappropriate relationship between Resident #1 and Staff Member #1 on 5/8/14. Although Staff Member #1 was immediately</p>	R206	<p>5.18a</p> <p>Policy + Procedure* for APS reporting developed by Compliance Officers 3-1-15</p> <p>All staff will be retrained through art company.</p> <p>* See Attached</p>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SECOND SPRING SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679
--	---

(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
R206	Continued From page 3 placed on administrative leave and an internal investigation conducted to determine if any abuse or exploitation of the resident had occurred, the home did not report the incident to APS until 8 days later on 5/14/14. The Training and Compliance Coordinator confirmed, during interview on the afternoon of 12/22/14, that the incident had not been reported to APS within the required 48 hours after becoming aware of the incident.	R206		
R207 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home and staff failed to report, to Adult Protective Services (APS), an allegation of potential abuse involving one resident. (Resident #2). Findings include: 2. Per record review Resident #2 had a Medical Appointment form which included a physician note, dated 11/17/14, that indicated the resident had been evaluated by the physician, on that	R207	5.18 b Policy + Procedure * for APS reporting developed by Compliance Office All staff will be retrained throughout the company. * See Attached	3-1-15

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SECOND SPRING SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679
--	---

(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
R207	<p>Continued From page 4</p> <p>date, for a possible infection. The note stated "Patient reports concern for an encounter/incident with another person at Second Spring." A nursing note, dated 11/17/14 at 7:45 PM stated that the resident had reported that s/he thought someone had been in his/her room two nights prior to 11/17/14, but was unclear about details. Subsequent notes, on 11/18/14, 11/20/14 and 11/21/14 revealed that the resident had continued to report the same concern that someone had entered his/her bedroom and been sexually inappropriate with him/her on a night prior to 11/17/14. The resident was not able to recall what had happened and not able to identify a perpetrator. Despite the resident's repeated allegation the incident was not reported to APS.</p> <p>During interview on the afternoon of 12/22/14 the Training and Compliance Coordinator confirmed that, as of that date, the incident had not been reported to APS. S/he stated that because the internal investigation concluded that the allegation was not valid, s/he did not realize it should be reported to APS.</p>	R207		

SUBJECT – Adult Protective Services protocol

Introduction and Purpose

To outline reporting procedures to Adult Protective Services (APS) for concerns about abuse, neglect or exploitation and mandated reporting. To define Vulnerable Adults, Abuse, Neglect and Exploitation.

Summary

All employees of Second Spring are mandated reporters meaning they are mandated, by law, to report suspicions of abuse, neglect or exploitation for our vulnerable adult population.

Definitions

VULNERABLE ADULT

The term “vulnerable adult” has a very specific meaning as defined by Vermont law under Title 33 of the Vermont Statutes Annotated (33 V.S.A. §6902). A person is a vulnerable adult if he/she is:

1. is age 18 or older; and
2. is a resident of a licensed facility such as a nursing or community care home; or
3. is a patient in a psychiatric unit or hospital; or
4. has received personal care services for longer than one month; or
5. regardless of residence or whether any type of service is received, is impaired due to brain damage, infirmities of aging, or a physical, mental, or developmental disability:

ABUSE

Vermont law provides a broad definition of “abuse” as it applies to vulnerable adults.

Abuse is defined as:

1. any treatment of a vulnerable adult which places his or her life, health, or welfare in jeopardy or which results in impairment of health;
2. any conduct committed with intent to cause or reckless disregard of unnecessary pain, harm, or suffering; unnecessary or unlawful confinement or restraint of a vulnerable adult;
3. intentionally subjecting a vulnerable adult to behavior which results in intimidation, fear, humiliation, degradation, agitation, disorientation, or other forms of serious emotional distress;
4. any sexual activity with a vulnerable adult by a caregiver who volunteers for or is paid by a care-giving facility or program. (This definition shall not apply to a consensual relationship between a vulnerable adult and a spouse, nor to a consensual relationship between a vulnerable adult and a caregiver hired, supervised, and directed by the vulnerable adult);
5. administration of a drug, substance or preparation to a vulnerable adult for a purpose other than legitimate and lawful medical or therapeutic treatment.

NEGLECT

Neglect may be a single incident or repeated conduct which results in physical or psychological harm.

"Neglect" is defined as:

1. Failing to provide care or arrange for goods or services necessary to maintain the health or safety of a vulnerable adult, including food, clothing, medicine, shelter, supervision, and medical services;
2. Not protecting a vulnerable adult from abuse, neglect, or exploitation by others;
3. Failure to carry out a plan of care for a vulnerable adult when such failure results in physical or psychological harm or a substantial risk of death to the vulnerable adult;
4. Not reporting significant changes in the health status of a vulnerable adult to a physician, nurse, or immediate supervisor, when the caregiver is employed by an organization that offers, provides or arranges for personal care;

EXPLOITATION

Vermont statutes define exploitation of a vulnerable adult as:

1. Willfully using, withholding, transferring or disposing of funds or property of a vulnerable adult for the wrongful profit or advantage of another;
2. Acquiring possession, control or an interest in funds or property of a vulnerable adult through undue harassment or fraud;
3. Forcing a vulnerable adult against his or her will to perform services for the profit or advantage of another;
4. Any sexual activity with a vulnerable adult when the vulnerable adult does not consent or is incapable of resisting due to age, disability or fear of retribution or hardship

Reporting Process:

The law requires that CSC report suspected abuse, neglect or exploitation within 48 hours– do not delay notification. Follow the steps below immediately.

The preferred method of APS reporting is to notify Senior Management of a concern, suspicion or allegation of abuse, neglect or exploitation immediately. This will allow the corporation to investigate and initiate any needed changes or responses as soon as possible and outline steps taken to address the concern when we report to APS with-in the 48 hour time limit and in any follow-up communication with APS.

A report can be made in person, by email or phone call to any member of Senior Management and should be documented on an internal incident report form. This allows us to address issues that do not meet the standard for reporting to APS, but may still need a change or response. Either the Executive Director or the Compliance Coordinator will then make verbal and written notification to APS with-in the 48 hour time limit as required by law.

Alternately, staff may report concerns about abuse, neglect or exploitation directly to APS. To do this staff can consult the APS website at: <http://www.dlp.vermont.gov/protection> for information on filing a report either online or by telephone at **1-800-564-1612**

Follow up:

Staff are encouraged to follow up with the Training and Compliance Coordinator or the Executive Director as to the results of any APS report. The only items that will not be discussed with staff members is any personnel actions that may result. Treatment and outcome information is and will always be available for staff.

New Employees

To insure the safety of our residents all new employees will have a background check done at the time of hire in accordance with Collaborative Solutions Personnel Policy 3.03 "Background Checks".

Training

All employees of Collaborative Solutions Corporation will be trained upon hire and annually thereafter on abuse, neglect and exploitation and APS reporting procedures.