Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 15, 2016

Mr. Michael O'Brien, Manager
Crisis Stabilization & Inpatient Diversion Program
RMHS
Po Box 222
Rutland, VT 05702-0222

Dear Mr.O'Brien:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 4, 2016.** 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

Division of Licensing and Protection

[illegible] CORRECTION	(x1) PROVIDER/SUPPLIER/CLIA 0606	(x2) MULTIPLE INSTRUCTION B. WING	(x3) DATE SURVEY COMPLETED 02/04/16

CRISIS STABILIZATION & INPATIENT DIVERSION PO BOX 222, RUTLAND, VT 05702

(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
T001	Initial Comments An unannounced on site complaint investigations was conducted on 02/04/16 by the Division of Licensing and Protection. The following are Therapeutic Care Residence (TCR) regulatory findings.	T001		
T052 SS=C	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limit to, the following: (1) Resident Rights; (2) Fire Safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation (5) Respectful and effective interaction with residents (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and	T 052	The management of the residential programs are undergoing restructuring which is increasing the level of clinical supervision and training for all staff. Staff will be assigned specific required trainings which will be a component of their performance appraisal. All current staff will be in compliance with the training requirement within 60 days. POC-T052 accepted 3/15/16 Sion D. Emmon RN Michael O'Brien Michael O'Brien MA Director of CSID	5/2/16.

T 052	(7) General supervision and care of residents This REQUIREMENT is not meet as evidenced by: Based on staff interview and record review, the facility failed to insure that at least twelve hours of training was provided each year for each staff person give direct care to residents for 3 of 5 continued from page 1 employee records reviewed. Findings include: 1. Per review of the training records for 5 direct care staff employed, 3 of the 5 staff had not completed at least twelve hours of the seven State required TCR trainings.	T 052		
T 062 SS=C	V.5.10.B.4 Resident Care and Services 5.10 Records/Reports 5.10.b.4 The results of the criminal record and abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to maintain and have on site the results of the criminal record and abuse registry checks for all staff This has the potential to effect all residents. Findings included: 1. On 02/01/16 at 09:45 AM, the nurse surveyor requested information regarding background checks. The Administrator stated that background checks are not on site and handled off-site by the Human Resource Department. A telephone call to Human Resource, in the afternoon, acknowledged "they are not on the server right now." The Manager at 1:00 PM confirmed that the	T 062	The background checks for all CSID staff will be available 24 hours per day 7 days a week online upon request. POC T-062 accepted 3/15/16 Susan L Emmons RN	3/11/16

	TCR did not have the required personnel files on-site.			
T 078 SS=D	V.5.16.a Resident Care and Services 5.16 Reporting of Abuse, Neglect or Exploitation 5.16.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to Adult Protective Services (APS) as required by 33 V.S.A. 6903. APS may be contact by calling toll-free 1-800-564-1612. Reports must be made to APS within forty eight (48) hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on interview and record reviews, the TCR failed to report to the APS within forty-eight (48) hours of learning of a suspected, reported or alleged incident for one applicable resident. (Resident #1) Findings include: Support staff during interview at 9:30 AM stated that they were aware an allegation of abuse was made by Resident #1 on 02/01/16, "because the police arrived." There is no evidence that a facility self-report was made. Support staff further stated that they gave the resident paper so that the resident can write a grievance. The Administrator and Divisional Director of Behavior at 1:00 PM acknowledged "our process fell apart because the police came and we assumed that a report was made." The administrator confirmed at that time, that a report was not made to APS within 48 hours of learning of a suspected, reported or alleged incident.	T 078	All CSID staff will be retrained in reporting requirements. POC T-078 accepted 3/15/16 Joan L Emmons RN	3/18/16

Community Care Network
Rutland Mental Health Services
thriving community, empowered lives.

P.O. Box 222
Rutland, VT 05702

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March 2, 2016

Pamela M. Cota, RN
Licensing Chief
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060

Dear Ms. Cota,

Attached is the Plan of Correction for the Crisis Stabilization and In-patient Diversion program of Rutland Mental Health Services for the review conducted on February 4, 2016. We are very optimistic and excited with the improvements we are making with the CSID program and see your involvement as making a positive contribution to helping us provide the very best services to our clients.

Sincerely,

Michael O'Brien, MA
Director of CSID
Box 222
Rutland, VT 05702

RUTLAND MENTAL HEALTH SERVICES
RUTLAND COMMUNITY PROGRAMS
AFFILIATES OF
COMMUNITY CARE NETWORK

FACSIMILE TRANSMITTAL SHEET

TO: PAMELA ROTA RN
FROM: MICHAEL O'BRIEN
COMPANY: DIV. OF LICENSING + PROTECTION
DATE: 3/2/16
FAX NUMBER: 802-241-0343
TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER: 802-775-2381

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