

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

February 13, 2012

Ms. Sarah Jane Alexander, Administrator
Eagle Eye Farm
P.O. Box 247, 3014 Abbott Hill Road
West Burke, VT 05871-0247

Provider #: 0513

Dear Ms. Alexander:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **December 12, 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: 0513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/12/2011
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NAME OF PROVIDER OR SUPPLIER EAGLE EYE FARM	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 247, 3014 ABBOTT HILL ROAD WEST BURKE, VT 05871
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(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
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{T 001} INITIAL COMMENTS

{T 001}

An unannounced on-site follow up survey was conducted by the Division of Licensing and Protection on 12/12/11. The survey served as a follow up to the 6/27/11 survey, and found that the facility failed to correct all violations cited on 6/27/11. The findings are as follows:

{T 082} VI.2.B.1.a. Common Model Program Standards

{T 082}

Treatment Components
Process--Intake
The residence shall have clearly stated written criteria for determining the eligibility of individuals for admission.

This STANDARD is not met as evidenced by:
Based on record review and interview, the residence did not have clearly written criteria for the eligibility of the Therapeutic Community Residence (TCR) residents. Finding include:

1. Per record review of the TCR's policies, there was no clearly written criteria for TCR residents. In accordance with the Scope and Purpose of Therapeutic Community Residences as described in Section I of the Rules for TCR Licensing Regulations, residents shall be persons for whom a transitional program is appropriate, meaning growth-enhancing rather than custodial. Per interview during the follow up visit on 12/12/11 at 12:05 PM, the Operations Manager confirmed that the Policy had not been updated as the TCR is in process of changing their operating license.

{T 089} VI.2.B.3.a. Common Model Program Standards

{T 089}

Treatment Components

New scope; purpose developed to reflect growth enhancing components of the program. [T 082]

*T082 Poc accepted 2/9/12
SEMMONS RN/ AMCOTARN*

Division of Licensing and Protection

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

Signature R. Alexander

TITLE

Operations Manager

(X6) DATE

23 Jan.

STATE FORM

6899

VL3012

If continuation sheet 1 of 4

2012

AMC

Division of Licensing and Protection

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(T 089)	Continued From page 1 Process-- Treatment plan The treatment plan shall reflect steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 2 of 3 residents at facility that reflects steps to be taken to solve identified problems. (Resident #1 & #2) Findings include: 1. Per record review for Residents #1 & #2, a treatment plan had not been developed. Although a TBI (Traumatic Brain Injury) service plan was written, it did not identify steps to be taken to solve identified problems. Per interview on 12/12/11 at 2:20 PM, the Operations Manager confirmed there was no treatment plan that identified the steps needed to solve identified problems.	(T 089)	We revamped our treatment plans for Residents #1 & #2. The plans are now in each Residents file. [T 089] The treatment plans now show the steps needed to resolve known problems. [T 089] T089 POC accepted Hallie Simmons RN Director	
(T 090)	VI.2.B.3.b. Common Model Program Standards Treatment Components Process-- Treatment plan The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment. This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 2 of 3 residents at facility that contains clear and concise statements of at least the short term	(T 090)	The treatment plans were revamped to include short-term goals, etc. [T 090]	

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{T 090} Continued From page 2

goals the resident will be attempting to achieve or a time schedule for their fulfillment or reassessment. (Resident #1 & #2) Findings include:

1. Per record review for Residents #1 & #2, there was no treatment plan that identified clear and concise short-term goals nor time frames for completion. Although a TBI service plan was written, it did not identify specific goals, outcomes and steps needed for the treatment plan, nor time schedules for their fulfillment or reassessment. Per interview on 12/12/11 at 2:00 PM the Operations Manager confirmed there was no treatment plan that identified goals or a time frame for completion.

{T 090}

The treatment plans include short-term goals as well as time frames (outcomes).
[T090]

{T 101} VI.2.B.6.a. Common Model Program Standards

Treatment Components
Process--Resident Records
A residence shall ensure:

1. its responsibility for safeguarding and protecting the resident record against loss, tampering or unauthorized disclosure of information;
2. Content and format of resident records are kept uniform;
3. entries in resident records are signed and dated.

This STANDARD is not met as evidenced by:
Based on observation and interview the residence failed to keep resident records in a uniformed manner. Findings include:

1. Per observation on 12/12/11 at 11:30 AM, the current residents' records, located in metal file cabinets, had missing information such as intake

{T 101}

T090 POC accepted 12/12/11
SEMMONS RW Pincot RW

We have made copies & have the records backed up on computer. I am purchasing a Fire proof lock box to put zip drive in as extra precaution.
[T101]

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(T 101)	Continued From page 3 summaries and treatment plan reviews. Per interview the Operations Manager confirmed that "the files are not complete yet" and stated that they are still working on keeping the files in uniform format.	(T 101)	I have put together a notebook for Residents #1, #2 & #3 which are kept in metal filing cabinet. All the information, both historical & current are kept in same. This will be common practice from this point forward. They will contain the necessary information. [T101]		
			T101 PDC accepted 2/11/12 P. MacArthur / Semmons RN		