VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

January 12, 2015

Dale Robb, Administrator
Grace House
35 Washington Street
Rutland, VT 05701

Dear Mr. Robb:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 25, 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

PRINTED: 12/02/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0514	A. BUILDING: _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HOUSE	35 WASHINGTON STREET 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
T 001	Initial Comments An unannounced onsite re-certification survey was conducted on 11/25/14 by the Division of Licensing and Protection. The following are Therapeutic Community Residence (TCR) regulatory findings.	T 001		
T 059 SS=C	V.5.10.a Resident Care and Services 5.10 Records/Reports 5.10.a The licensee shall be responsible for maintaining, filing and submitting all records required by the licensing agency. Such records shall be kept current and available on site at the licensed facility for review at any time by authorized representatives of the licensing agency. This REQUIREMENT is not met as evidenced by: Based on interview the TCR failed to have all required records on-site at the TCR. Findings include: Per request at 8:45 AM for a resident's discharged records, the staff present stated that s/he was unable to obtain all the discharged records as the records are not kept on site at the TCR. In addition, a resident register including all admissions to and discharge out of the TCR was not found, nor the results of the criminal and abuse registry checks for all staff. The Manager at 1:00 PM confirmed the above findings. Also see T0062	T 059	currently seeking discussion/review with DAIL personnel	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE CEO (X6) DATE 12/12/14

T059-T146 POC's accepted 12/16/14 Semmons RN/PMC

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T 062	Continued From page 1	T 062		
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 include: 1. On 11/25/14 at 10:15 AM, the nurse surveyor requested information regarding staffing and background checks. The Manager stated that background checks are not on site and handled off-site by Human Resource at Serenity House. The Manager proceeded to call the Human Resource and the files were sent over later that morning. The Manager at 1:00 PM confirmed that Grace House did not have the required personnel files on site.	T 062	currently seeking discussion review with DAEC personnel	
T 113 SS=C	VII.7.1.a.1 Nutrition and Food Services 7.1 Food Services 7.1.a Menus and Nutritional Standards 7.1.a.1 Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the	T 113	7.1.A.1 A menu has been created that indicates all the foods available for clients at all times as well as the resident prepared main meals. This menu will be posted weekly. The	11/26/14

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T 113	Continued From page 2 facility failed to assure that menus were planned and posted at least one week in advance. This potentially affects all residents of the home. Findings include: Per observations during the initial tour of the home on 11/25/14 at 9:30 AM, the menu posted for residents' information included one evening meal, Monday through Friday only. No information regarding breakfast or the noon meal was listed. Per interview with the staff present for the tour, s/he stated residents "are on their own for lunch and weekend meals but there is food available. Per observation of the refrigerators and pantry, packaged and canned goods were available. Per telephone interview later in the morning, the Supervisor stated that a list could be made to show what choices would be available to the residents The failure to meet the requirement to have weekly menus for 3 meals daily was confirmed with the Manager at 1:00 PM.	T 113	Operations manager will monitor this procedure for compliance.	
T 146 SS=E	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations and interviews the TCR failed to provide a clean and safe environment.	T 146		

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T 146	Continued From page 3 This has the potential to effect all residents in the home. Findings include: 1. During the initial tour on 11/25/14 at 8:25 AM, with a staff person, the following were observed: a) An accumulation of dirt, dust and tobacco was noted in the bedroom on the second floor. b) Cleaning solutions such as Lysol were unsecured in second floor bathrooms as well as on the 'eye wash' sink. There was build up of mold underneath the sink as well; c) The downstairs bathroom as well as the upstairs bathroom and a resident room had sharp, exposed metal heating covers and missing end caps. Per interview the Maintenance Manager at 10:18 AM confirmed the above observations and stated that this would be "taken care of right away".	T 146	1. A weekly room inspections will be conducted by staff and residents will be required to maintain cleanliness. 1. B. Staff will increase the supervision and monitoring of house chore performance. documenting each weeks performance. 1. C Maintenance has been instructed to repair and or replace any and all sharp exposed metal heating covers and to survey the house monthly to discover and remedy any new dangers that arise. The operations manager will monitor compliance for 1A, 1B, 1C	12/1/14 ongoing 12/1/14 ongoing 12/1/14 ongoing

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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Dale A. Ralf CEO 12/16/14

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