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

August 10, 2015

Ms. Brinda Gosselin, Manager
Home Intervention
13 Kynoch Avenue
Barre, VT 05641

Dear Ms. Gosselin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 21, 2015.** 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

AUG 07 2015

PRINTED: 07/28/2015
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
	0507	A. BUILDING: _____ B. WING _____	C 07/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME INTERVENTION	13 KYNOCH AVENUE BARRE, VT 05641

(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 on-site complaint investigation was conducted on 7/20 and 7/21/15 by the Division of Licensing and Protection. There were regulatory findings.	T 001		
T 052 SS=F	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 limited 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 (7) General supervision and care of residents	T 052	The Program Director or Associate Director will conduct or arrange for all necessary training on a regular basis. Training done by Director or Associate Director will be conducted during staff meeting times, generally the second & fourth Wed. of each month, 3-5 PM. The Director or Associate Director will log all training hours and review the logs regularly to ensure all training requirements are met. The training will be	Documented 8-10-15 BB/SL

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brenda Gonelli RN/BC	Program Director	8/6/15

Division of Licensing and Protection

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	0507		C 07/21/2015

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T 052	Continued From page 1	T 052		
	This REQUIREMENT is not met 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 giving direct care to residents for 5 of 5 employee records reviewed. Findings include: Review of 5 employee records from the sample presented that training on Abuse, Neglect and Exploitation and mandated reporting had not been given from the time period of July 20, 2014 to July 20, 2015. Further review did not provide evidence that all the required in-service trainings were given annually. Employee #1 had not received the required in-service training per requirements on Resident Rights; Abuse, Neglect and Exploitation and General care and supervision. Employee #2 had not received in-service training on Emergency Response; Abuse, Neglect and Exploitation and General care and supervision. Employee #3 had not received the required in-service training on Emergency Response; Abuse, Neglect and Exploitation and General care and supervision. Employee #4 had not received the required in-service training on Abuse, Neglect and Exploitation; General care and supervision and Infection Control. Employee #5 had not received the required in-service training for Abuse, Neglect and Exploitation; General care and supervision; Emergency Response and Fire Safety. Confirmation was made by the Assistant Associate Director on 7/20/15 at 5:38 PM that the required in-services were not completed.		ON going throughout each year. Training on Resident Rights was conducted 7/22/15	ON-going
T 066 SS=D	V.5.10.d.2 Resident Care and Services	T 066		Rec'vd 8-10-15 BB

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T 066	Continued From page 2 5.10 Records/Reports 5.10.d.2 A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that abuse allegations were reported to the licensing agency for 1 of 2 reports investigated involving Resident #1. Findings include: A review of the allegations that Resident #1 made presented that an incident occurred on 6/18/15 and the Assistant Associate Director (AAD) was informed. Per record review a direct care note was written on 6/18/15 during that indicated that Resident #1 was tearful and made statements that "they made sexual advances toward me". The note also indicated that the AAD and the Associate Director (AD) suggested that reassurance be given to the resident. A progress note written by the AD on 6/19/15 indicates that the Resident at 5:10 PM became agitated and stated that s/he had been sexually assaulted. Per interview with the AAD on 7/20/15 at 4:16 PM that Resident #1 had reported to him/her on 6/18/15 that s/he believed two staff members were talking sexually about him/her and at the time did not feel it was reportable. The AD did not report the allegations until 6/30/15. The AAD confirmed on 7/20/15 at 4:16 PM that the allegations had not been reported as per requirement.	T 066	Any report or incident of abuse, neglect or exploitation will be reported to the licensing agency within the specified time frame: within 48 hrs. of learning of the information. A copy of each report shall be placed in a file with the investigation results which shall be done by the Director or Associate Director. Staff will document in their daily note that the report was filed. Staff will report to the Director or Associate Director to ensure the appropriate report was filed within the required time frame	ON-going

pocarat 8-10-15 BB/BD

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T 071	Continued From page 3	T 071		
T 071 SS=D	V.5.13 Resident Care and Services	T 071		
	5.13 Policies and Procedures			
	Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request.		The Director will write a policy & Procedure regarding mandatory reporting. As of 8/6/15, a policy has been drafted and is under review.	8/28/15
	This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to have a written policy and procedure for Abuse, Neglect, Exploitation and mandated reporting. Findings include:			
	During review of the facility policies, there was no evidence of a written policy for Abuse, Neglect and Exploitation and mandated reporting. Per interview with the Assistant Associate Director on 7/20/15 at 4:30 PM, s/he confirmed that a sheet of paper is provided at the time of orientation that includes information regarding Abuse, Neglect and Exploitation and mandated reporting, but there is no specific written policy for the facility and further stated that Abuse, Neglect and Exploitation had not been reviewed with staff in the past 12 months.			

Accepted 8-10-15 BB/B