

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

December 12, 2014

Ms. Debra Olivetti, Administrator
Middlesex Therapeutic Community Residence
1076 Us Route 2
Montpelier, VT 05602-8840

Dear Ms. Olivetti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 13, 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

<p>T 079 SS=D</p>	<p>V.5.16.b Resident Care and Services</p> <p>5.16 Reporting of Abuse, Neglect or Exploitation</p> <p>5.16.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 residence may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to APS.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the TCR did not submit all the required elements of a report of an allegation of exploitation for one resident in the sample.(Resident #2) Findings include:</p> <p>A self report received by the Division of Licensing and Protection (DLP) regarding an allegation of exploitation was not complete. Per review on 11/10/14 of the incident Report dated 10/23/14, it stated that staff overheard payment of money to Resident #2 from another staff person, who allegedly 'borrowed' money from Resident #2. There is no evidence that an investigation was conducted to establish any cause of said allegation of exploitation, additional information or whether the vulnerable adult was further protected. Per interview on 11/10/14 at 1:36 PM the Licensed Mental Health Social Worker stated that Resident #2 neither admitted or denied that staff 'borrowed' money. Per interview with the acting Clinical Supervisor at 3:46 PM, stated that the Human Resource Department (HR), located off-site, conducts investigations concerning staff and "we still don't have the investigation because that is handled by them". The Clinical Supervisor at that time confirmed the TCR does not have the investigation report.</p> <p>also see T-0071</p>	<p>T 079</p>	<ol style="list-style-type: none"> 1. The MTCR Policy Manual is under review and revision specific to mandatory reporting of abuse, neglect or exploitation to assure incidents are being reported and investigations are conducted in a timely manner. 2. Staff will receive additional information and training on APS reporting requirements. <p>POC T-079 accepted 12/11/14 Shirley J. Emmerson RN</p>	<p>12/31/14</p> <p>12/31/14</p>
<p>T 085</p>	<p>6.1 Residents' Rights</p>	<p>T 085</p>		

<p>SS=E</p>	<p>VI. Resident Rights</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A residence may not ask a resident to waive the resident's rights. A resident has the right to exercise any rights without reprisal.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to treat one of three residents in the sample with with consideration and full recognition of the resident's individuality and privacy. (Resident #1 and Resident #2) In addition, the residence failed to prevent staff behavior that may negatively effect residents' dignity. Findings include:</p> <p>1. Per record review on 11/10/14, a staff person failed to treat Resident #1 with recognition of the resident's individuality and privacy. The treatment plan [dated June 2014] identified that, for target behaviors, staff were to talk to the client giving feedback about the maladaptive behavior, remind the resident about respectful communication, or go to (his/her) room if behavior can't be stopped, give clear points about the behavior, do not argue, and walk away. In addition, the level of observation for monitoring Resident #1 was one hour checks.</p> <p>According to a report received on 06/10/14, Resident #1, who is diagnosed with a mental disability, was not following the TCR's rules and not responding to redirection, had an outburst and went to (his/her) room. A few moments later a staff person followed the resident down the hall and gestured at the resident, who then came out of the room yelling and threw an object at the staff.</p> <p>Per interview on 11/12/14 at 12:09 the Acting Director [AD] stated that the Resident identified as part of (the resident's) treatment plan that (her/his) room is a safe place where (s/he) could go when upset or needs to express (her/his) behavior. The AD further stated "I don't think (the staff person) had any reason to go into (her/his) room."</p> <p>Per interview on 11/12/14 at 2:04 PM the</p>		<p>1.. Failure to treat residents with consideration and full recognition of their individuality and privacy:</p> <p>A. There will be an immediate review regarding staff following treatment plans as written. Based on the outcome of the review, in deficiencies are identified additional training shall occur.</p> <p>B. Beginning immediately, ongoing discussions about individual resident needs will occur during treatment team meetings and daily rounds.</p> <p>2. Use of profanity and/or vulgar language:</p> <p>A. The use of profanity and/or vulgar language is considered misconduct.</p> <p>B. The following steps are being taken:</p> <p>a. An HR investigation will be completed in any instance of misconduct.</p> <p>b. Any employee who has engaged in unsafe behavior as determined by statute and TCR regulations may be suspended from his/her job, and/or have their duties modified in order to ensure the safety of the residents</p> <p>c. The staff at MTCR will receive mandatory on-site training in "Effective Interpersonal Communication" through the EAP. Effective and appropriate communication among staff will be re-assessed quarterly and documented in staff meeting notes.</p>	<p>12/31/14</p> <p>Completion Date: tentatively on 1/7/15 or 1/9/15 when both EAP and MTCR staff will be available.</p>
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	<p>staff person stated that Resident #1 was throwing fluids at staff and was told to go to the resident's room. The staff person stated "I went down to [the resident's] room to check in on [he/him] but [s/he] freaked out because [s/he] was still upset...". The staff person confirmed "I just poked my head in...I had a pretty good rapport" but was not able to state why there was the need to monitor the resident instead of just walking away and leaving the resident in her/his safe place as the treatment plan directs.</p> <p>2. During review of personnel files and record review during the self-report investigation on 11/10/14, it came to the attention of OLP that a staff person used profanity and/or vulgar language. October 22, 2014 report by two employee witnesses noted that a staff person was speaking loudly in a rude and nasty voice to another employee, and when that employee reminded [him/her] that residents can hear [the] remarks, [s/he] stated "mind your own f***ing business". Per interview on 11/12/14 at 2:04 PM the staff person when questioned whether [s/he] swore or used vulgar language at staff in the presence of residents, responded "it is possible, it happens here, it is not uncommon, everyone swears at one another". Per interview on 11/13/14 at 9:50 AM the Mental Health Social Workers stated that vulgar language [swearing/profanity] is not used. Although if staff get upset it is expected for them to go to a space away from the residents. S/he confirmed loud harsh tones or staff conflicts would be upsetting to residents and would effect their emotional status.</p>		<p>3. As noted above, the MTCR Policy Manual is currently under review and revision. This includes policies and procedures specific to internal investigation procedures.</p> <p>POC T. O'85 accepted 12/11/14 Susan J. Emmons RN</p>	<p>12/31/14</p>
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