

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

July 8, 2015

Mr. Alexander Smith, Manager
Robinson House
89 Main Street
Middlebury, VT 05753

Dear Mr. Smith:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 15, 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



JUL 03 2015

PRINTED: 06/25/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/15/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROBINSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 89 MAIN STREET MIDDLEBURY, VT 05753
--	---

(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 survey subsequent to a facility mandated self-report was completed on 6/15/15 by the Vermont Division of Licensing and Protection. The following regulatory violations were found.	T 001		
T 052 SS=E	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	T 052	Please see attached plans of correction.	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE R. Robinson Director	(X6) DATE 7/2/15
--	-------------------------------	---------------------

T052 - T071 POCs accepted 7/8/15 MBChmRN/PMc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/15/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROBINSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 89 MAIN STREET MIDDLEBURY, VT 05753
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRDVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 052	<p>Continued From page 1</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that all staff received training in policies and procedures regarding mandatory reports of resident abuse, neglect and exploitation for 5 of 5 staff training records reviewed.</p> <p>Per review of staff training provided regarding abuse reporting and procedures, there was no evidence of staff trainings provided within the previous 12 months. The lack of required staff training was confirmed during interview with the home's Manager on 6/15/15 at 4 P.M.</p>	T 052		
T 071 SS=C	<p>V.5.13 Resident Care and Services</p> <p>5.13 Policies and Procedures</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to revise it's policy/procedure regarding abuse reporting to include the currently used processes. Findings include:</p> <p>Per review of the facility policy regarding reporting of abuse, (most recent revision in 1999), the policy failed to include the current process for</p>	T 071		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/15/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROBINSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 89 MAIN STREET MIDDLEBURY, VT 05753
--	---

(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 071	Continued From page 2 reporting to the Licensing Agency and Vermont Adult Protective Services. The policy/procedure instructed staff to follow an outdated process that utilized a paper document that is no longer in use, and may be used in this facility in lieu of an incident report. (There was no documentation in the resident record, or in an incident report on site, of a recent resident allegation of abuse.) The policy also included an outdated phone number for the Licensing Agency. The outdated abuse procedure was confirmed during interview with the Manager on 6/15/15 at 2:45 PM.	T 071		
-------	---	-------	--	--

Plan of Correction for Robinson House July 1, 2015

Prefix Tag	Action to correct deficiency	Measures / systemic changes to ensure deficient practice does not recur	Monitoring	Dates Completed
T052	Developed a yearly plan for ongoing monthly mandated staff trainings in addition to agency wide trainings (First Aid/ CPR, CPI) Document staff participation	HR will actively monitor agency wide mandated staff training compliance and send out written reminders. 1 st staff meeting of each month will be a used for residential staff trainings (see attached plan)	Documentation of staff participation Staff training attendance will be part of yearly staff evaluations.	Ongoing monthly staff trainings
T071	The outdated abuse policy will be updated and kept in a prominent location at Robinson House	The correct phone numbers will be added to the policy. In the meantime, staff will receive training in APS procedures and Incident reporting	The training will be documented	September 1, 2015

RH Training Schedule

1st Thursday of the month
9-11 a.m.

July	Med Delegation Steve and Barbara
August	TCR Regulations Part I, II, III
September	Fire Drill and Emergency Evacuation
October	TCR Regulations Part IV
November	Adult Protective Services
December	TCR Regulations Part V
January	Resident Rights
February	TCR Regulations Part VII
March	Blood borne Pathogens
April	TCR Regulations Part VIII, IX
May	Police and Ambulance Contact
June	TCR Regulations Part X, XI
