

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

February 6, 2015

Mr. Alexander Smith, Administrator  
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 **December 31, 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

PC:jl

FEB 05 2015

PRINTED: 02/02/2015  
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  12/31/2014
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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, on-site re-licensure survey was conducted by staff from the Division of Licensing and Protection on 12/30/14 to determine compliance with the Vermont Therapeutic Community Residences (TCR) Licensing Regulations and to review a self-reported incident. There were no regulatory violations related to the self-report. The following regulatory violations are from the licensing survey.	T 001	Please see attached Plan of Correction.	
T 009 SS=A	V.5.2.d Resident Care and Services  5.2 Admission Agreements  5.2.d On admission, the residence must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. The admission agreement shall include a space for the resident to sign and date to indicate that the residence has met this requirement.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to implement the requirement for the admission agreement to include a space for the resident to sign and date the receipt of information regarding advance directives upon admission to the home for 1 applicable resident admitted in 2014. (Resident #1) Findings include:  Per record review on 12/30/14, Resident #1 was admitted to the home on 5/1/14. The admission agreement did not include the resident's written signature and date, acknowledging receipt of	T 009		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]* TITLE *CR Director* (X6) DATE *1/2/15*

*Am*

Division of Licensing and Protection

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T 009	Continued From page 1  information regarding their right to form an advanced directive. During interview on the afternoon of 12/30/14, the Manager confirmed that they had not yet implemented this requirement of the TCR regulations effective on 1/6/14.	T 009		
T 052 SS=C	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		

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T 052	Continued From page 2  (7) General supervision and care of residents  This REQUIREMENT is not met as evidenced by: Based on staff interview and record reviews, the facility failed to assure that all staff completed the annual training for all of the TCR required trainings. (Five of five staff training records reviewed were incomplete.) Findings include:  Per interview with the Director of Residential Services on 12/31/14 at 11:45 AM, the facility had not maintained written records of all staff training for the past year and failed to provide the staff trainings specified in the TCR regulations annually. Of the 5 staff records reviewed, none had completed all of the required training specified in the TCR regulations effective on 1/6/14.	T 052		
T 060 SS=B	V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services  5.10 Records/Reports  5.10.b The following records shall be maintained and kept on file:  (1) A resident register including all admissions to and discharges out of the residence.  (2) A record for each resident which includes:  i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin;	T 060		

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T 060	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>ii. The health care provider ' s name, address and telephone number;</li> <li>iii. Instructions in case of resident's death;</li> <li>iv. The resident ' s intake assessment summary, identification of problems and areas of successful life function;</li> <li>v. Data from other agencies;</li> <li>vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form;</li> <li>vii. A signed admission agreement;</li> <li>viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record);</li> <li>ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document giving legal authority to another, if any.</li> </ul> <p>This REQUIREMENT is not met as evidenced by:</p>	T 060		

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T 060	Continued From page 4  Based on staff interview and record review, the facility failed to assure that resident records included instructions in case of death for 3 of 3 residents in the total sample. ( Residents #1 - #3). Findings include:  Per interview with the Director of Residential Services on 12/31/14 at 11:45 A.M., the facility failed to implement the requirement for each resident's medical record to include written documentation of instructions in case of a resident's death. Per review of the medical records for the Residents #1, 2 and 3 on 12/30/14 and 12/31/14, there were no such instructions found.	T 060		
T 086 SS=A	VI. 6.2 Residents' Rights  VI. Residents' Rights  6.2 Each residence shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission. Receipt of the rights by the resident shall be indicated by a signature and date by the resident on a line for that purpose on the admission agreement.  This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the facility failed to assure that residents of the home verified by signature, receipt of a copy of the Resident Rights upon admission to the home for 1 applicable resident who was admitted to the home in 2014. (Resident #1). Findings include:  Per document review and confirmed by interview	T 086		

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T 086	Continued From page 5  on 12/30/14 at 4:45 P.M., the Director of Residential Services stated that Resident #1, had not verified by signature on the admission agreement, receipt of an explanation and a copy of the TCR Resident Rights upon admission. Although the resident did receive a copy of their rights upon admission to the home in 2014, the home had not yet implemented the new TCR regulatory requirements (as of 1/6/14) for written confirmation of this fact as a part of the admission agreement.	T 086		
T 187 SS=E	IX.9.11.c Physical Plant  9.11 Disaster and Emergency Preparedness  9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that fire drills were conducted at least quarterly and included drills during the TCR Regulation specified times of the day, including morning, afternoon, evening and night time. Findings include:	T 187		

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T 187	Continued From page 6  Per review of fire drill records with the Manager on 12/30/14 at 3:10 PM, fire drills for 2014 were done on 11/20/14 at 6:23 PM and on 5/8/14 at 9:42 AM. The Manager confirmed that they had not completed fire drills at least quarterly and had not conducted any drills during the afternoon and night time hours, as required by TCR regulations.	T 187		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

AH  
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  551	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  12/31/2014
NAME OF PROVIDER OR SUPPLIER  ROBINSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 89 MAIN STREET MIDDLEBURY, VT		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
T 009	<p>V.5.2.d Resident Care and Services</p> <p>5.2 Admission Agreements</p> <p>5.2.d On admission, the residence must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. The admission agreement shall include a space for the resident to sign and date to indicate that the residence has met this requirement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to implement the requirement for the admission agreement to include a space for the resident to sign and date the receipt of information regarding advance directives upon admission to the home for 1 applicable resident admitted in 2014. (Resident #1) Findings include:</p> <p>Per record review on 12/30/14, Resident #1 was admitted to the home on 5/1/14. The admission agreement did not include the resident's written signature and date, acknowledging receipt of information regarding their right to form an advanced directive. During interview on the afternoon of 12/30/14, the Manager confirmed that they had not yet implemented this requirement of the TCR regulations effective on 1/6/14.</p>		
T 086	<p>VI. 6.2 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>6.2 Each residence shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission. Receipt of the rights by the resident shall be indicated by a signature and date by the resident on a line for that purpose on the admission agreement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the facility failed to assure that residents of the home verified by signature, receipt of a copy of the Resident Rights upon admission to the home for 1 applicable resident who was admitted to the home in 2014. (Resident #1). Findings include:</p> <p>Per document review and confirmed by interview on 12/30/14 at 4:45 P.M., the Director of Residential Services stated that Resident #1, had not verified by signature on the admission agreement, receipt of an explanation and a copy of the TCR Resident Rights upon admission. Although the resident did receive a copy of their rights upon admission to the home in 2014, the home had not yet implemented the new TCR regulatory requirements (as of 1/6/14) for written confirmation of this fact as a part of the admission</p>		

The above isolated deficiencies pose no actual harm to the residents

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

AH  
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNIFs AND NFs	PROVIDER #  <b>551</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: <b>12/31/2014</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
<b>T 086</b>	Continued From Page 1 agreement.

Re-Licensing Plan of Correction for Robinson House

Survey ended 12/31/14

Prefix Tag	Action to correct deficiency	Measures / systemic changes to ensure deficient practice does not recur	Monitoring	Dates Completed
T009 <i>POC accepted 2/11/15 My Balt, pw</i>	Develop Advanced Directive Information and Resident Sign-off Form	Form will be included in new Intake Form Packet	Form will be included on checklist for all paperwork needed at intake.	March 1, 2015
T052 <i>POC accepted 2/11/15 My Balt, pw</i>	Coordinate with HR to ensure all staff attend the required agency wide training on a timely manner Document ongoing staff training	HR will actively monitor staff training compliance and send out written reminders.  Develop form for staff trainings.	Staff training attendance will be part of yearly staff evaluations.	Throughout the year
T060 <i>POC accepted 2/11/15 My Balt, pw</i>	Written documentation of instructions in case of a residents death will be added to each residents file	Form will be included in new Intake Form Packet	Form will be included on checklist for all paperwork needed at intake.	April 1, 2015
T086 <i>POC accepted 2/11/15 My Balt, pw</i>	Add signature and date line on Residents' Rights Policy that is given out at Intake time	New form will be explained and signed and dated by each resident	File check	March 1, 2015
T187 <i>POC accepted 2/11/15 My Balt, pw</i>	Conduct fire drills on a quarterly basis, including morning, afternoon, evening and night time drills. <i>incl. staff in attendance hence</i>	Set up automatic reminder through computer software	Quarterly check-ups	January 21, 2015