

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

April 2, 2014

Mr. Richard Keane, Administrator
Serenity House
98 Church Street
Wallingford, VT 05773

Provider # 0524

Dear Mr. Keane:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey and complaint investigation conducted on **March 6, 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

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Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/06/2014
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 98 CHURCH STREET WALLINGFORD, VT 05773
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(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-licensing survey and complaint investigation were conducted on 03/05/14 and completed on 03/06/14 by the Division of Licensing and Protection. The following are regulatory violations.	T 001	<i>Plan of Correction (attached)</i>	
T 054 SS=D	V.5.9.d Resident Care and Services 5.9 Staff Services 5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the residence as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to take all reasonable steps to comply with the requirement for 1 of 5 staff persons reviewed, who has been convicted of an offense.	T 054		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dillon W. Keane, CEO</i>	TITLE	(X6) DATE <i>03/26/2014</i>
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T 146	<p>Continued From page 2</p> <p>1. During the initial tour on 03/05/14 at 10:15 AM, with the Operations Coordinator, the following were observed:</p> <p>a) An accumulation of dirt and dust on all floors, stairwells and carpets throughout the building.</p> <p>b) threadbare and worn carpets throughout the building but especially in the upstairs hallways.</p> <p>Per interview with the Maintenance Manager at 12:15 P.M. stated that the residents are assigned chores which include cleaning the floors in the morning and stated that the resident responsible for the upstairs was re-assigned to the downstairs. S/he confirmed the carpets are dirty and worn "and probably need to be replaced or just taken out".</p>	T 146		
T 150 SS=C	<p>IX.9.2.a Physical Plant</p> <p>9.2 Residents ' Rooms</p> <p>9.2.a Each bedroom shall provide a minimum of 100 square feet per bed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the resident's room did not meet the required minimum of 100 square feet (sq. ft.) per bed. Findings include:</p> <p>During the initial tour on 03/05/14 at 10:15 A.M. the following was observed:</p> <p>a) Bedrooms #1, #9 and #11 had three beds in each and failed to meet the minimum square footage of 100 square feet (sq. ft.) per bed. The measurements were noted as 18 x 12 feet (216 sq.ft.), 11 x 14 feet (154 sq.ft.) and 14 x 13 feet</p>	T 150		

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T 150	<p>Continued From page 3 (182 sq.ft.), respectively.</p> <p>b) The following Bedrooms are noted to have 2 beds and less than 100 sq.ft. per bed; Room #2 (12'x12'=144 sq.ft.), Room #3 (13'x11'=151 sq.ft), Room #4 (14'x11'=154 sq.ft.), Room #6 (14'x13'= 182 sq.ft), Room #7 (10'x13'=130 sq.ft.), Room #8 (11'x14'=154 sq.ft.), and Room #10 (11'x11'=110 sq.ft.).</p> <p>c) Bedroom #5 is a single bed room with the dimensions of 9'x11'=99 sq.ft.</p> <p>Per interview at 12:10 P.M. the Maintenance Manager confirmed that the rooms did not meet the minimum square foot requirement per bed and also acknowledged that the TCR did not contact the Division of Licensing and Protection for a variance.</p>	T 150		
T 187 SS=C	<p>IX.9.11.c Physical Plant</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>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.</p>	T 187		

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T 187	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to rotate fire drills among all times of day. This has the potential to effect all residents. Findings include:</p> <p>Per review on 03/05/14 of the Fire Drill Log Book no night fire drills, which would be reflected from 11:00 PM - 6:00 AM, were conducted. For the past year the fire drills were held in the mornings on 01/15/13 (7:04 A.M.), 03/29/13 (11:02 A.M.), 09/15/13 (11:16 A.M.) and 01/30/14 (7:31 A.M.). The afternoon fire drill on 05/04/13 and evenings on 07/26/13 (6:45 P.M.) and 11/18/13 (6:10 P.M.). The Maintenance Manager, at 12:10 PM, stated that residents "really don't like to be awakened, they get mad at me" and confirmed that the night drills were not conducted.</p>	T 187		

**Plan of Correction
For Serenity House On-Site Survey
Conducted March 5, 2014 by the Division of Licensing and Protection**

Standard V.5.9.d – Residential Care and Services

5.9 Staff Services

Action to be taken – The director has contacted the licensing chief and discussed the circumstances regarding the specific employee and the criminal background information. The director was advised by the licensing chief to request a waiver from the assistant director. The director submitted this request March 19, 2014. Pending the outcome of the waiver request the director shall retain or terminate the services of the specific employee.

Measure for change and Monitoring – The CEO or his/her designee shall review all personnel files at the time a perspective staff member is initially hired. The review shall include contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33V.S.A §6911 and 33V.S.A. §4919 to see if employees are on the abuse registry or have a record of convictions as well as checking of all references. Any employee that may be granted a waiver from Licensing and Protection will also be approved for hire by the Board of Directors.

Date of corrective action completion – April 1, 2014

Standard IX.9.1.a Physical Plant

9.1 Environment

Action to be taken – a) In addition to residence chores of daily cleaning the Maintenance Manager will conduct and oversee a deep cleaning of facility at least once per month.

b) The threadbare and worn carpets especially in the upstairs level of the facility need to be taken out and replaced. The Maintenance Manager has submitted an estimate to completely redo the upstairs with Resilient Plank and Tile Flooring. This capital improvement will need approval from the Board of Directors. The CEO will advise the board that this corrective action is essential and will seek board approval as soon as possible.

Measure for change and monitoring – a) The CEO will coordinate with the maintenance manager to implement an annual schedule for monthly deep cleaning. The director will follow up after each monthly cleaning with the Maintenance Manager to assure the cleaning is satisfactory. b) The director will make periodic checks with the maintenance manager on the progress of the new flooring installation.

Date of corrective action completion – Part a May 1, 2014, Part b December 1, 2014

Standard IX.9.2.a Physical Plant
9.2 Resident's Rooms

Action to be taken – The CEO will seek a variance/waiver from the Division of Licensing and Protection to maintain the existing number of 24 licensed beds.

Measure for change and monitoring – NA

Date of corrective action complete – Pending outcome of variance request

Standard IX.9.11.c Physical Plant

9.11 Disaster and Emergency Preparedness

Action to be taken – Fire Drills will be scheduled to be held at all times of the day and night.

Measure for change and monitoring – The Maintenance Manager will create an annual schedule for Fire Drills that will include at least 1 drill from 6:00AM to 12:00Noon, 12:00Noon to 6:00PM, 6:00PM to 12:00Midnight and 12:00Midnight to 6:00AM. The CEO or his/her designee will review the Fire Drill Log quarterly to determine that Fire Drills are held at all times of the day as above.

Date of corrective action complete – June 30, 2014

Plans of correction accepted 3/27/14 SEMMONS RN/PNC