

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 15, 2016

Mr. Dale Robb, Manager
Serenity House
98 Church Street
Wallingford, VT 05773-0207

Dear Mr. Robb:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 23, 2016**. 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

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 02/23/2016
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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
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T 001	Initial Comments An unannounced onsite re-licensing survey was conducted on 02/23/16 by the Division of Licensing and Protection. The following are Therapeutic Community Residence regulatory violations.	T 001		
T 052 SS=Ej	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 illness, maintaining clean environments, blood borne pathogens and universal precautions; and	T 052	V.5.9.b.1.2.3.4.5.6.7. Resident Care and Services, 5.9 Staff Services. Recovery House has designated Sierra Bush, Operations Coordinator, as "Training Officer", Sierra's duties include the creation and monitoring of a Training Schedule and the incorporation of required trainings into the existing orientation packet. In addition the Training Officer has been assigned the duty of coordinating trainings with the Rutland Regional Medical Center. Monitoring of the implementation of the required training schedule has become an element in quarterly job review of the Operations Coordinator. date completed - 4/1/16 PAC T-052 accepted 3/15/16 Sierra J. Emman RN	

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

TITLE

(X6) DATE

Dale Volk

Chief Executive Officer

3/15/16

Division of Licensing and Protection

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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 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:</p> <p>Per review of staff personnel files, the facility had not demonstrated twelve (12) hours of staff training for the past year for the annually required trainings specified in the TCR regulations, nor new hire training requirements. Of the 5 staff records reviewed, two new employees [hired on 03/31/15 & 04/16/15 respectively] did not have trainings before providing direct care to residents. The training for the new employees were conducted on 06/24/15, two to three months later. Also, the Emergency/First Aid response training had not been completed. Three of the five staff reviewed had been working longer than one year but failed to show evidence of at least twelve (12) hours of training specified in the TCR regulations. Per interview on 02/23/16 at 1:11 PM the Operations Co-coordinator confirmed the above findings,</p>	T 052		
T 1341 SS=E,	<p>VII.7.3.b Nutrition and Food Services</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.b Areas of the residence used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean</p>	T 134	<p>VII.7.3.b Nutrition and Food Services, 7.3 Food Storage and Equipment, Recovery House has established a "Kitchen Cleaning Checklist". The checklist details those things that must be done on a daily, weekly, monthly and quarterly basis. The checklist requires that the cook or, in the absence of the cook the staff person in charge of the kitchen, sign off on the completion of the chores on the checklist. The checklists will be reviewed on</p>	

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T 134	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <ul style="list-style-type: none"> Based on observation and staff interview, all areas used for food and equipment storage were not kept clean at all times. Findings include: <p>Per observations of the kitchen areas with the Cook and Chief Financial Officer on 02/23/16 at 10:10 AM, the following areas were not clean and sanitary:</p> <ol style="list-style-type: none"> The stove vent and hood had visible soiling with a build up of greasy dust. The shelf above the stove also had a build up of dust and non-cooking items stored on it. The actual stove top and front had splatters of grease and food. The storage shelf under the prep table had visible dried crumbs and food debris. A stored mixing bowl noted to have dried green flaky substance on the rim. The two refrigerators (non-client) in the main kitchen had dried spills and food debris throughout the inside surfaces and shelves. <p>The above findings were confirmed during the observations at that time.</p>	T 134	<p>the first Monday of the month by the Operations Coordinator to confirm compliance. In addition, Recovery House Inc. has set aside funds to modernize the kitchen and food prep/storage areas. This activity will include a new stove, dishwasher, and other modifications designed to make the kitchen as sanitary and efficient as possible.</p> <p>Date completed: checklist system - 4/1/16 other modifications 10/1/16</p> <p><i>POC T-134 accepted 3/15/16 Steven J. Emminger RN</i></p>	
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T 187 IX.9.11.c Physical Plant SS=E	<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</p>	T 187	<p>IX.9.11.c Physical Plant, 9.11 Disaster and Emergency Preparedness</p> <p>Recovery House Inc. has been scheduling all necessary and required Disaster and Emergency Preparedness events through a paper system. While this system has worked for the most part our DAIL re-licensure survey has identified gaps in this</p>	
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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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T 187	<p>Continued From page 3</p> <p>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> <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> <ul style="list-style-type: none"> Per review of the Fire Drill Log on 02/23/16, no night fire drills were conducted and one quarterly drill is missing. From 01/23/15 until 02/22/16 [present] fire drills were conducted on 01/23/15, 04/30/15 and 05/28/15 and actual events on 08/15/15, 10/30/15 and 11/10/15, however, the times of day were either days (morning) afternoons (approximately 1:00 - 2:00 PM) or evenings (11:00 PM). There were no drills held during the night hours which would be reflected from 12:00 PM - 6:00 AM. There was no quarterly fire drill from November 2015 to February 2016. The Director at 2:14 PM confirmed that the night drills and a quarterly drill were not conducted. 	T 187	<p>system. To remedy this situation and prevent recurrence Recovery House is moving the schedule of Disaster and Emergency Preparedness events into an electronic format that specifies the days these events will take place and the person responsible for the event. The Disaster and Emergency Preparedness events will move to the Recovery House Master Schedule which will more clearly identify the date/time of an event and notify the person responsible for conducting the event. The event will result in the completion of an Emergency Drill Report form which will be reviewed by the administrative team. The Operations Coordinator will be responsible for Disaster and Emergency Preparedness events and this item will be an element in quarterly job performance reviews.</p> <p>Date completed 4/1/16 <i>Poc T-187 accepted 3/15/16</i> <i>Sharon Emma RN</i></p>	
T 188 SS=B	IX.9.11.d Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the residence, at all times. A list of	T 188		

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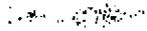
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T 188	<p>Continued From page 4</p> <p>emergency telephone numbers shall be posted by each telephone.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview there was no telephones on the first and second floor nor was there a list of emergency telephone numbers. Findings include:</p> <ol style="list-style-type: none"> 1. During the initial tour on 02/23/16 at 10:36 AM, no telephone was noted on the first and second floor which can house up to a total of 24 residents. There were no emergency numbers listed on the bulletin boards. Per interview, the Administrator stated some Residents are able to have personal cell phones. The overnight staff carries a cordless phone and does rounds hourly. The Administrator confirmed there is no upstairs telephone and no emergency numbers posted. 	T 188	<p>IX.9.11 d Physical Plant 9.11 Disaster and Emergency Preparedness</p> <p>This item in the re-licensure survy brings several factors into play. Recovery House Inc. has placed a call to Suzanne Leavitt, RN, MS, Assistant Division Director at (802) 241 - 0480 (call made 3/15/16) requesting an informal review of this item. Recovery House's primary concern is the safety of our residents and we would like to discuss this requirement in the context of a Residential Substance Abuse Facility.</p> <p><i>APC T-188 accepted 3/15/16</i> <i>Spencer Egan - RN</i></p>	
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Changing Lives One Day at a Time



Recovery House, Inc.

P.O. Box 207

Wallingford, Vermont 05773-0207

www.recoveryhousevt.org

FACSIMILE TRANSMITTAL SHEET

To: Survey and Certification
Department of Disabilities, Aging and
Independent Living

From: SERENITY HOUSE

Dale Robb
Chief Executive Officer

FAX NUMBER: 802.241.0343

DATE: 03-15-2016 TIME SENT: _____

TOTAL NUMBER OF PAGES (INCLUDING THIS COVER SHEET) 7

COMMENTS: Response to Summary Statement of Deficiencies

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

