

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 10, 2014

Mr. John Duffy, Administrator
Valley Vista
23 Upper Plain
Bradford, VT 05033

Provider #0540

Dear Mr. Duffy:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite complaint investigation conducted on **February 26, 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:ne

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0540	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/26/2014
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NAME OF PROVIDER OR SUPPLIER VALLEY VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 23 UPPER PLAIN BRADFORD, VT 05033
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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 complaint investigation was conducted on 02/26/14 by the Division of Licensing and Protection. The following are Therapeutic Community Residence regulatory violations.	T 001		
T 052 SS=C	<p><u>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</u></p> <p>5.9 Staff Services</p> <p>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:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, 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	<p>V 5, 9, b, 4</p> <p>PRIOR TO PROVIDING DIRECT CARE TO PATIENTS, EMPLOYEES WILL BE GIVEN TRAINING ON POLICIES + PROCEDURES COVERING MANDATORY REPORTING OF ABUSE, NEGLECT AND EXPLOITATION.</p> <p>3/20/14</p> <p>TRAINING IN THE ABOVE WILL ALSO BE ADDED TO THE EXISTING SCHEDULE OF ANNUAL MANDATORY EMPLOYEE TRAININGS</p> <p>5/14</p> <p>THIS CORRECTION WILL BE MONITORED BY QUARTERLY REVIEW OF HR RECORDS + TRAINING SCHEDULES</p> <p>6/14</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Langer TITLE: HR Coordinator (X5) DATE: 3-27-2014

T052, T079, T086 + T092 POC's accepted 4/3/14 SEMMONS RNL/PMC

PMC

Fax 8022412348

Mar 17 2014 01:27PM P004/008

PRINTED: 03/14/2014
FORM APPROVED

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER VALLEY VISTA		STREET ADDRESS, CITY, STATE, ZIP CODE 23 UPPER PLAIN BRADFORD, VT 05033		
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T 062	Continued From page 1 (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on interview the TCR failed to have documented ensure adequate training is provided to staff regarding mandatory reports of abuse, neglect and exploitation. This has the potential to effect all employees & residents. Findings include: 1. Per request on 02/26/14 at 1:30 P.M. for information regarding staff training for mandatory reports of abuse, neglect and exploitation, the information of the trainings was not provided. Per interview at 2:19 P.M. the Administrator confirmed and stated "to tell you the truth it [abuse/neglect/exploitation reporting] is not adequately covered in our trainings".	T 062	V 5.16.b. THE POLICY ON PATIENT COMPLAINTS & GRIEVANCES, AS WELL AS THE POLICY ON ABUSE & NEGLECT HAVE BEEN EXPANDED, CORRECTED AND CLARIFIED TO MEET THIS STANDARD. THESE REVISIONS INCLUDE TRAINING REQUIREMENTS	3/20/14
T 079 SS=D	V.5.16.b Resident Care and Services 5.16 Reporting of Abuse, Neglect or Exploitation 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. This REQUIREMENT is not met as evidenced by: Based on record review and interviews the TCR	T 079	THIS CORRECTION WILL BE MONITORED BY QUARTERLY REVIEW OF TRAININGS	7/15/14

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Mar 17 2014 01:27pm P005/008
 PRINTED: 03/14/2014
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NAME OF PROVIDER OR SUPPLIER
VALLEY VISTA

STREET ADDRESS, CITY, STATE, ZIP CODE
**23 UPPER PLAIN
 BRADFORD, VT 05033**

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T 079	<p>Continued From page 2</p> <p>failed and/or delayed to report and investigate an allegation of abuse for one applicable resident (Resident #1) Findings include:</p> <p>1. Per interview on 02/26/14 at 10:55 A.M. the Clinical Director stated "I remember a shoving incident and I remember we did do an investigation". However, the Clinical Director couldn't remember reporting to the State of Vermont's Adult Protective Services (APS) but "thought someone from New Hampshire came here to investigate". Per record review of the Patient Complaints and Grievances Form there was no documentation that APS was contacted nor if an investigation per the TCR's procedures was carried out.</p> <p>Per review of the Individual Progress note dated 12/05/13 which states "... [resident #1] vocalized earlier in the day the [s/he] felt treated unfairly and belittled by a 1st shift RA [staff]. Patient did not want to speak with [RA] about [his/her] feelings without fear of retaliation." Per a Progress note dated 12/07/13 which states "patient talked about how [s/he] does not feel safe at Valley Vista".</p> <p>Per interview at 11:45 A.M. a clinical supervisor stated that "[Clinical Director] determined not to report because[s/he] didn't assess it to be abuse". S/he incorrectly thought that reports should be reported to ADAP [Alcohol and Drug Abuse Program]. Per interview at 2:10 P.M. the Administrator confirmed the delay to report and investigate an allegation of abuse.</p>	T 079	<p>VI. 6. 2.</p> <p>PATIENT'S RIGHTS & RESPONSIBILITIES WILL BE EXPLAINED TO THEM DURING THE ADMISSION PROCEDURE. RECEIPT OF A COPY OF THE RIGHTS SHALL BE VERIFIED BY A SIGNED, DATED PATIENT SIGNATURE ATTESTING TO THAT FACT.</p> <p>3/29/14</p> <p>THIS WILL BE MONITORED BY WEEKLY PATIENT MEDICAL RECORD REVIEWS. DISCREPANCIES WILL BE BROUGHT TO THE ATTENTION OF THE APPROPRIATE DIRECTOR FOR CORRECTIVE ACTION.</p> <p>4/15/14</p>	
T 086 SS-D	<p>VI. 6.2 Residents' Rights</p> <p>VI. Residents' Rights</p>	T 086		

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T 088	Continued From page 3 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 record review and staff interview, the TCR failed, for one applicable resident, to provide evidence that residents receive an explanation of resident rights at the time of admission. (Resident #1). Findings include: 1. Per record review on 02/26/14 Resident #1 was admitted 12/04/13 and the necessary Rights and Responsibilities of Residents documentation was not signed and dated as having been received by the resident. Per interview on 02/26/14 at 1:58 P.M. the Director of Nursing (DNS) stated that the resident rights and grievances procedures are reviewed with the resident by the resident aide (RA) during orientation. The DNS confirmed at that time there is no evidence that the resident received and/or signed the orientation packet.	T 088	VI.6.8 PATIENTS WILL RECEIVE INFORMATION DURING ADMISSION ORIENTATION ON THE PROCESS OF FILING A COMPLAINT OR GRIEVANCE. THE PROCEDURE WILL ALSO BE POSTED IN A PROMINENT PUBLIC PLACE ACCESSIBLE TO ALL PATIENTS	4/15/14
T 092 SS-D	VI.6.8 Residents Rights VI. Residents Rights 6.8 A resident may file a complaint or voice a grievance without interference, coercion or reprisal. Each residence shall establish an accessible written grievance procedure for	T 092	THIS CORRECTION WILL BE MONITORED BY WEEKLY PATIENT MEDICAL RECORDS REVIEWS AND VISUAL VERIFICATION OF POSTINGS	4/15/14

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T 092	<p>Continued From page 4</p> <p>resolving residents' concerns or complaints that is explained to residents at the time of admission and posted in a prominent, public place on each floor of the residence. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing within ten (10) days, and a method by which each resident filing a complaint or grievance will be made aware of the designated Vermont protection and advocacy organization as an alternative or in addition to the residence's grievance mechanism.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the TCR failed to follow the grievance procedure for one applicable resident. (Resident #1) Findings include:</p> <p>1. Per record review on 02/26/14 Resident #1 logged a complaint which was not investigated in a timely manner per the TCR's policy and procedures. Per review of the Patient Rights policy and procedures which states "Patients should expect that they can register complaints and grievances without fear of reprisal, and that such will be addressed consistently, adequately, and promptly. Also it states under the first bullet 'Complaints necessitating immediate action in the absence of the Program Director include: alleged abuse or neglect of patients, imminent health or safety concerns, matters which if not promptly could adversely affect the patient community'. Per interview the on 02/26/14 at 10:55 A.M, the Clinical Director stated the "complaint process is usually handled in less than a day". S/he also stated that data is collected such as talking to staff, looking at film, following up with the</p>	T 092	<p>V. 6. 8 (CONT)</p> <p>PER CURRENT POLICY, PATIENT COMPLAINTS + GRIEVANCES POLICY, A REPORT, SEPARATE FROM THE PATIENT COMPLAINT + GRIEVANCE FORMS WILL BE CREATED BY THE DIRECTOR REVIEWING THE COMPLAINT. THIS REPORT BECOMES PART OF THE PATIENT'S MEDICAL RECORD.</p> <p>3/20/14</p> <p>THIS CORRECTION WILL BE MONITORED BY THE WEEKLY PATIENT MEDICAL RECORD REVIEWS.</p> <p>4/15/14</p>

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Mar 17 2014 01:28pm P008/008

PRINTED: 03/14/2014
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T 092	Continued From page 5 department heads and/or staff and then meet with patient. Per review of the Valley Vista Complaint Form from the resident dated 12/05/13 and two dated 12/06/13, there is no response noted on the reverse side of any of these three Complaint forms which shows the investigative steps, findings, recommendations or action plan. S/he confirmed during interview that the procedure for the grievance was not followed as evident by the lack of documentation that the film was reviewed, staff were interviewed and the resident's complaint was responded in a timely manner.	T 092		
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