

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 2, 2015

Ms. Melanie Feddersen, Administrator  
Woodstock Tcr  
1087 Woodstock Road  
W Woodstock, VT 05091

Dear Ms. Feddersen:

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

PRINTED: 01/09/2015  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/15/2014
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NAME OF PROVIDER OR SUPPLIER  WOODSTOCK TCR	STREET ADDRESS, CITY, STATE, ZIP CODE 1087 WOODSTOCK ROAD W WOODSTOCK, VT 05091
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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 onsite licensure and complaint survey was conducted by the Division of Licensing and Protection on 12/15/14 to determine compliance with the Vermont Therapeutic Community Residences (TCR) Licensing Regulations effective 1/6/2014. The following regulatory violations were identified:	T 001		
T 078 SS=B	V.5.16.a Resident Care and Services  5.16 Reporting of Abuse, Neglect or Exploitation  5.16.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within forty-eight (48) hours of learning of the suspected, reported or alleged incident.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the TCR failed to report to Adult Protective Services (APS) within 48 hours of learning of a suspected abuse as required by State Statue for 1 applicable resident who had alleged assault by a TCR staff member. (Resident #1) Findings include:  1. Per record review and confirmed by the TCR Manager during interview on 12/15/14 at 3:20 PM, former Resident #1 had alleged on 4/12/14 an employee of the TCR had "punched him/her in the face". At the time of a psychiatric hospitalization, Resident #1 informed an employee of the TCR of the assault, alleging this	T 078	V.6.16.a All residential staff are trained annually on mandating reporting requirements (see attached policy) and expectations which includes reporting any statements made by past, present, or future residential clients that allege abuse by anyone including past, present, or future residential staff or clients  This policy was reviewed at WTCR staff meeting and individual supervision during the week of 11/9/14. On 4/12/14 Resident #1 left WTCR without notifying staff or other residents. He was picked up by local police and brought to Dartmouth Hitchcock Medical Center. Nurse from DHMC contacted WTCR later that day to inform staff that resident had been admitted. On 4/15/14 Police came to WTCR to investigate assault reported by resident #1. Police spoke to individuals Resident#1 reported as witnesses. Both individuals denied seeing	

*T 078 POC accepted 2/2/15 per address  
Mary Butler RN*

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 1/21/15

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NAME OF PROVIDER OR SUPPLIER  <b>WOODSTOCK TCR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1087 WOODSTOCK ROAD W WOODSTOCK, VT 05091</b>		
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T 078	Continued From page 1 happened during the early morning of 4/12/14. The allegation was reported to the police who conducted an investigation without confirmation such an assault occurred. The TCR conducted their internal investigation however failed to report the allegation of abuse to APS within the required time frame. Although required to file the report with APS within 48 hours of being aware of the allegation, the TCR filed a report on 4/22/14, 10 days after the allegation was made. The failure to make a timely report was confirmed with the TCR Manager.	T 078	Resident #1 being assaulted. On 4/18/14 Residential Coordinator Emily Megas-Russel visited Resident #1 in hospital. Resident reported He did not remember much about night he left WTCR and discussed safety concerns about another resident. On 4/21/14, Residential Manager, Melanie Feddersen, visited resident in hospital. Resident reported he had not been assaulted by staff, but had been yelled at. He returned to WTCR after visit. On 4/22/14, Resident met with Melanie Feddersen and staff he had reported to police had assaulted him. Again he stated he had not been assaulted by staff. Safety plan was created at this time with resident #1 to support him when he was experiencing feelings of safety concerns. Although no direct statements of assault by WTCR staff member were made by Resident #1 to an HCRS staff, it was reported to APS on 4/22/14 to ensure state guidelines were followed.	
T 127 SS=E	VII.7.2.b Nutrition and Food Services  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, TCR staff failed to assure that all perishable foods were labeled, dated and that safe food handling practices were maintained. Findings include:  Per observations during the initial tour of the kitchen at 9:50 AM on 12/15/14, the refrigerator contained opened packages of raw ground meat, with no label of contents and no date. Per interview at the time, the TCR Manager stated that s/he did not know when the ground meat was bought, or pulled from the freezer and opened. S/he confirmed that there was no training for staff related to the dating and use of perishable foods,	T 127		

*T 127 POC accepted 1/2/15 per address list  
Mey Porto, per*

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T 127	Continued From page 2 in accordance with accepted standards of safe food handling practices. There are also no guidelines for perishable foods that are immediately frozen for later use. Staff do not date the items when they are removed from the freezer, to assure the foods are consumed within a safe period.	T 127	VII.2.b Procedure to label and date all food items when they come into WTCR and again when they are opened was reviewed with WTCR staff and residents on 1/13/15. Food Storage requirement info sheet (see attached) was also posted on 1/13/15 to remind staff and residents of requirement.	
T 134 SS=E	VII.7.3.b Nutrition and Food Services 7.3 Food Storage and Equipment  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  This REQUIREMENT is not met as evidenced by: Based on observation and interview, TCR staff failed to assure all areas within the kitchen where food, equipment and utensils are stored was constructed to be easily cleaned and kept clean. Findings include:  Per observations during the initial tour of the kitchen on 12/15/14 at 9:50 AM, accompanied by the TCR Manager, the following areas were found to be visibly soiled and to have unfinished wood surfaces which were not easily cleaned:  a. The upper and lower kitchen cabinets had front doors which showed bare, soiled wood surfaces, the inner doors were unpainted and soiled, the shelves had paper liners in poor condition, with tears and several were visibly soiled with food particles and crumbs.	T 134	VII.7.3.b a. By the end of January 2015 all of the cabinets and drawers in kitchen will be emptied and cleaned, all paper liners will be removed. This task has been added to WTCR maintenance checklist (see attached maintenance checklist) to be completed on a monthly basis. A plan to replace all cabinets and drawers in WTCR kitchen has been made to begin 6/1/15.  <i>134 POC accepted 2/2/15 per address letter Mey Barta, RN</i>	

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T 134	Continued From page 3  b. The window above the kitchen sink was missing several inches of finished wood trim on the lower sides, next to the counter, revealing unfinished framing wood with gaps between the wood construction. The finish trim for the entry doorway into the kitchen was also missing the trim on the right side of the doorway, revealing the unfinished wood frame.  c. The wall behind the stove area had wires and wall crevices which had visible soiling with greasy dust. An opening to the outside wall (approximately 10 inches in diameter) was covered with torn plastic wrap, rather than a permanent cover. A wall fan, which opened to the outside, was heavily soiled with a build up of greasy dust.  d. The metal storage shelf unit next to the stove was soiled with a build up of greasy dust, on the unit as well as some items stored on the unit.  The TCR Manager confirmed during the tour that the areas were soiled and in need of finish work, so that they may be easily cleaned.	T 134	b. A plan has been made to begin kitchen updates on 6/1/15, this includes any missing trim for kitchen entry and windows c. Wall fan was dismantled on 12/18/14 and cleaned. This task was added to monthly maintenance checklist (see attached) to ensure tasked in completed each month. d. Metal shelf next to stove was removed from kitchen on 1/15/15. VII.7.3c As a minimum, Cleaning all appliances is a daily staff chore (see maintenance checklist attached) and it is also a step in the chore assigned to residents as part of "Kitchen Clean up" ( see attached). Cleaning kitchen is an on going task that all staff and residents participate in through out the day as needed.	
T 135 SS=C	VII.7.3.c Nutrition and Food Services  7.3 Food Storage and Equipment  7.3.c All food service equipment shall be kept clean, sanitized and maintained according to manufacturer's guidelines.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, TCR staff failed to assure all food service equipment within	T 135	T135 POC accepted 2/1/15 on addendum May Butler RN	

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T 135	Continued From page 4 the kitchen was kept clean. Findings include:  Per observations during the initial tour on 12/15/14 at 9:50 AM, the stove was observed to be soiled, as well as pans and other items stored on the a shelving unit adjacent to the stove. The observations were confirmed with the TCR Manager, who was present for the tour.	T 135		
T 146 SS=E	IX.9.1.a Physical Plant 9.1 Environment  9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the TCR failed to provide and maintain a safe, functional, sanitary and homelike residence. Findings include:  During a tour of the TCR at 10:15 AM accompanied by the TCR Manager, the following observations were made:  1. In room #1 occupied by 2 residents, debris was noted to cover almost the entire floor of the bedroom to include food wrappers, soda cans/bottles, soiled laundry, trash, plastic bins and other personal belongings. The room was odorous and lacked any indication of assistance	T 146	X.9.1a Bedroom #1 has been cleaned and organized by staff and residents of room on 12/18/14. All debris was cleared and room is being checked at least once weekly on Wednesdays (see maintenance checklist) to ensure all bedrooms at WTCR remain clean and organized. This will also ensure staff provide any "hands on" needed support in this area.  <i>T146 POC accepted 2/2/15 per addendum Mey Balt, PV</i>	

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T 146	Continued From page 5  from TCR staff to engage the residents in maintaining a safe and sanitary environment.  The TCR resident "House Rules" posted in the dining room area states: "We ask that you maintain personal hygiene, do your own laundry and keep your room neat and clean. Food or beverages other than water is not permitted in bedrooms". The TCR Manager acknowledged the lack of staff supervision regarding the conditions noted and the lack of compliance of house rules.  2. Both upstairs bathrooms had grime on the floor and the baseboard heat registers were covered in rust. In addition one of the bathroom ceilings was wide open to the attic. This opening was approximately 2.5 ft. by 2.5 ft with direct exposure from any attic debris to include insulation material.  3. An enclosed front porch located on the second floor used for residents as their smoking area was noted to have 3 large containers sitting on a table overflowing with multiple cigarette butts and also a container found on the floor had additional large quantities of cigarettes. The House Manager stated the cigarettes butt receptacles should have been emptied and confirmed TCR staff have failed to monitor this porch and assure a fire hazard did not exist.	T 146	2. Both upstairs baseboard heat registers are scheduled to be replaced by 3/31/15. The opening to attic has been closed. Cleaning bathroom floor as needed was a step in Bathroom Chore description. It has been updated to "Clean bathroom floor Mondays, Wednesdays, and Fridays" to ensure this task is completed on a regular basis. (see attached).  3. The front porch used for the smoking area has been added to the daily chores the residents complete. This task will be only assigned to smokers. Monitoring this area has also been added to staff daily chores (see maintenance checklist). This two additions will ensure smoking area does not have any fire hazards.	
T 157 SS=D	IX.9.2.h Physical Plant  9.2 Residents' Rooms  9.2.h Each bed shall be in good repair, with a clean, comfortable mattress that is at least six (6) inches thick, and standard in size for the	T 157		

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T 157	Continued From page 6  particular bed, a pillow, bed covering, and a minimum of one (1) blanket, two (2) sheets, and one (1) pillowcase.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the TCR failed to assure each resident was provided a comfortable mattress in good repair. Findings include:  During a tour of the facility with the TCR Manager on 12/15/14 at 10:30 AM a resident's bed mattress in Room # 6 was in disrepair. Springs were noted protruding, the mattress cloth was stained, worn and deteriorated.	T 157	IX.9.2.h Mattress in bedroom #6 was replaced on 1/14/15.  <i>T157 POC accepted 2/2/15 per addendum My K. B. Taylor, RN</i>	

**BATHROOM CLEAN-UP**

1. GET CLEANING BUCKET FROM THE LAUNDRY ROOM AND BRING IT TO THE ASSIGNED BATHROOM. BEFORE BEGINNING CHORE, **PLEASE PUT ON GLOVES.**
2. USE HOSPIDICE TO DISINFECT SURFACES: SINK BASIN, FAUCET, TOILET SEAT, ETC...
3. AFTER SURFACES ARE DISINFECTED, CLEAN SINK WITH SCRUBBLES.
4. CLEAN TOILET BASIN WITH TOILET BRUSH AND THEN WIPE DOWN ENTIRE OUTER SURFACE OF TOILET.
5. CLEAN AND RINSE SHOWER WALLS. SCRUB THE SHOWER FLOOR AND RINSE.
6. EMPTY GARBAGE AND REPLACE THE BAG.
7. SWEEP AND MOP THE FLOOR ON MONDAYS, WEDNESDAYS AND FRIDAYS.
8. REFILL SOAP, PAPER TOWELS, AND TOILET PAPER AS NEEDED OR ALERT STAFF.
9. CHANGE BATHROOM RUG.
10. PROPERLY DISPOSE OF GLOVES. RETURN CLEANING BUCKET TO THE LAUNDRY ROOM.

**YOU'RE DONE!**

*POC accepted 1/21/15  
Mey to the room*

MONTH \_\_\_\_\_

### MAINTENANCE CHECKLIST

Daily	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Wipe garbage can lids																															
Wipe down appliances																															
Sanitize counters																															
House Laundry																															
Kitchen Sink																															
Check smoking porch for potential fire hazards																															
Count Meds																															
<b>Monday</b>																															
Light Fixtures																															
Sanitize garbage cans																															
Sanitize bathroom floor																															
Med Check																															
<b>Tuesday</b>																															
Refridgerators/ Freezers																															
Cupboards																															
Baseboards																															
Shopping list last check																															
Bed Board Update																															
<b>Wednesday</b>																															
Stairs/Hallway																															
Microwave																															
Coffee Maker																															
Room Check																															
Update Emergency forms																															
Update all MARs																															
clean recycle bin																															
Clean dishwasher																															
Reorganize closet kitchen																															
reorganize all ziplocs																															
<b>Thursday</b>																															
Laundry Room																															
Vacum Office																															
Disinfect Phones																															
Doorknobs and remotes																															
<b>Friday</b>																															
Check Vacum bag																															

*PA accepted 2/2/15  
May 2015*

MONTH \_\_\_\_\_

### MAINTENANCE CHECKLIST

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Baseboards																															
Sanitize Bathroom Floor																															
Office fridge temp																															
<b>Saturday</b>																															
Bathrooms																															
mop floors dining/kitchen																															
Sanitize shower floors																															
Stairs/Hallway																															
Office							7	8																							
Change Chores																															
Weekly Menu																															
<b>Sunday</b>																															
Refrigerators/Freezers																															
Mop floors dining/kitchen																															
Staff Bedroom																															
Organizing Recycling																															
Weekly Shopping List																															
<b>Monthly</b>																															
Shower Curtains																															
Behind dryer/hose																															
Cobwebs																															
Dishwasher Temp (130-140)																															
Hot Water Temp (under 120)																															
Bathroom Fans																															
Clean Oven																															
Clean bathroom doors																															
Clean Shower Floors																															
Fan above stove																															
Clean Kitchen Drawers and Cabinets																															
CO2 Dectectors																															
Review Residential Care Plan and Weekly cards																															
CW																															
Theo																															
MB																															
TW																															

*PRC accepted 2/2/15  
My Belts, et*



## **JCAHO Food Storage Requirements**

### ***All foods must be labeled with...***

- ▶ the date purchased
- ▶ the date opened

### ***All leftovers must be...***

- ▶ stored in plastic containers with lids or plastic zip lock bags  
– *plastic wrap and foil do not meet the standards.*
- ▶ clearly labeled with the date originally prepared
- ▶ *Discarded after 3 days*

### ***All other foods may be stored up to...***

- ▶ 6 months for frozen meats
- ▶ 12 months for frozen vegetables
- ▶ the expiration date for non-perishable, air tight foods, or 12 months after purchase date, whichever comes first

*PA accepted 2/2/15  
Meg B. R. R.*

## HCRS PROCEDURES MANUAL

**Guidelines for Mandated Reporting**  
**Effective: 06-30-03; Revised: 02-08-13;**  
**Reviewed: 04-11-07, 02-19-10**

**Related to HCRS Policy 4.D.1: Mandatory Disclosures**  
**Contact Person: Chief Operating Officer**

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### Mandated Reporting

It is the policy of HCRS to maintain strict confidentiality of protected client health information in compliance with all applicable federal and state laws, HCRS policies on ethical behavior, and accepted industry ethical standards. (See HCRS Policy 4.D Confidentiality.)

However, under certain defined conditions, Vermont law requires specific individuals to report particular circumstances to an appropriate investigatory agency of the state. This is required to protect vulnerable individuals and/or the general public from harm. These mandated reporting requirements are exceptions to the HCRS Policy on Confidentiality.

The following operational guidelines establish the specific circumstances and expectations for mandated reporting.

### Abuse or Neglect of a Child

1. Vermont statute (VSA 33: 49(2)) requires HCRS to report suspected child abuse or neglect to the Department for Children and Families (DCF).
2. Reports may be made to DCF centralized intake 1-800-649-5285.
3. An "abused or neglected child" means a child whose physical health, psychological growth and development or welfare is harmed or is at a substantial risk of harm by the acts or omissions of his or her parents or other person responsible for the child's welfare. An "abused or neglected child" also means a child who is sexually abused or at substantial risk of sexual abuse by any person.

The statute contains specific definitions as follows:

Harm can occur by:

- Physical injury or emotional maltreatment;
- Failure to supply a child with adequate food, clothing, shelter, or health care. [Under this law "adequate health care" includes any medical or non-medical remedial health care permitted or authorized under state law. However, a parent or other person responsible for a child's care who is legitimately practicing his/her religious beliefs and thereby does not provide specified medical treatment for a child is not considered neglectful for that reason alone];
- Abandonment of the child.

*PR accepted 2/2/15  
My Balto, KW*

## HCRS PROCEDURES MANUAL

**Guidelines for Mandated Reporting**  
**Effective: 06-30-03; Revised: 02-08-13;**  
**Reviewed: 04-11-07, 02-19-10**

**Related to HCRS Policy 4.D.1: Mandatory Disclosures**  
**Contact Person: Chief Operating Officer**

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Risk of Harm means a significant danger that a child will suffer serious harm other than by accidental means, which harm would be likely to cause physical injury, neglect, emotional maltreatment, or sexual abuse.

A person responsible for a child's welfare includes a child's parent; guardian; foster parent; any other adult residing in the home who serves in a parental role; an employee of a public or private residential home, institution or agency; or any other person responsible for the child's welfare while in a residential, educational, or day care setting, including any staff person.

Physical Injury means death or permanent or temporary disfigurement or impairment of any bodily organ or function by other than accidental means.

Emotional maltreatment means a pattern of malicious behavior which results in impaired psychological growth and development.

Sexual abuse consists of any act or acts by any person involving sexual molestation or exploitation of a child including but not limited to incest, prostitution, rape, sodomy, or any lewd and lascivious conduct involving a child. Sexual abuse also includes the aiding, abetting, counseling, hiring, or procuring of a child to perform or participate in any photograph, motion picture, exhibition, show, representation, or other presentation which, in whole or in part, depicts a sexual conduct, sexual excitement, or sadomasochistic abuse involving a child.

4. If an HCRS staff member has reason to believe a child is an "abused or neglected child," this must be reported immediately to the staff member's supervisor, Program Coordinator, or Program Director. The supervisor, Program Coordinator, or Program Director may seek the advice of more senior members of the clinical staff and/or agency legal counsel. This decision making process may also involve inviting the advice of appropriate DCF staff by reviewing a hypothetical report with them, providing a general description of the circumstances, but preserving the confidentiality of all parties involved. All such discussion and its outcome must be documented in the medical record of the child.
5. If following such discussion it is agreed that the circumstances of the situation meet the reporting requirements, a report must immediately be made. The office of the CEO must be informed of all such reports no later than the next business day.

*POC accepted 2/2/15  
Nig B. H., Jr*

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**Effective: 06-30-03; Revised: 02-08-13;**  
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**Contact Person: Chief Operating Officer**

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6. During the above decision making process, and following discussion regarding the clinical and legal implications of such actions, the following actions *may* be taken. However, none of these actions are required:
  - a. Direct contact with the suspected perpetrator of the abuse or neglect, if personally known to the agency, to inform them of the agency's need to report the suspected activity under mandated reporting laws, and to encourage the individual to self report.
  - b. Direct contact with the parent or guardian of the child, to advise them of the agency's duty to report under the law.
7. Any report made under mandated reporting requirements must also be logged on the Accounting of Disclosures form in the client's record (See HCRS Policies & Procedures Manual on Accounting for Disclosures)

### Abuse, Neglect or Exploitation of a Vulnerable Adult

1. Vermont statute (33 VSA 6902) requires HCRS to report suspected abuse, neglect, or exploitation of a vulnerable adult to Adult Protective Services (APS), a division of the Department of Disabilities, Aging and Independent Living. (See their website for a description of abuse, neglect and exploitation: <http://www.dlp.vermont.gov/guidelines/define>).
2. You can contact APS:
  - **Toll-Free:** 1-800-564-1612
  - **Phone:** 1-802-871-3317
  - **Fax:** 1-802-871-3318
  - **On-line:** <http://www.dlp.vermont.gov/abuse-reporting-form/abuse-reporting-form>

**To make a report after business hours, on weekends or holidays, please call the Emergency Services Program (ESP) at 1-800-649-5285.**

3. A vulnerable adult is defined as any person 18 years of age or older who:
  - is a resident of a licensed facility such as a nursing home or community care home; or
  - is a patient in a psychiatric unit of a hospital; or
  - has received personal care services for longer than one month; or

*POC accepted 1/21/14  
My Beth Pru*

## HCRS PROCEDURES MANUAL

**Guidelines for Mandated Reporting**  
**Effective: 06-30-03; Revised: 02-08-13;**  
**Reviewed: 04-11-07, 02-19-10**

**Related to HCRS Policy 4.D.1: Mandatory Disclosures**  
**Contact Person: Chief Operating Officer**

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- regardless of residence or whether any type of service is received, is impaired due to brain damage, infirmities of aging, or a physical, mental or developmental disability
4. If an HCRS staff member has reason to believe an adult client is a “vulnerable adult” and has been, or is at risk of being abused, neglected, or exploited, they must immediately discuss the concern with their supervisor, Program Coordinator, or Program Director. The supervisor, Program Coordinator, or Program Director may seek the advice of more senior members of the clinical staff and/or agency legal counsel. This decision making process may also involve inviting the advice of appropriate APS staff by reviewing a hypothetical report with them providing a general description of the circumstances but preserving confidentiality of all parties involved. All such discussions and outcomes must be documented in the medical record of the client.
  5. If, following such discussion, it is agreed that the circumstances of the situation meet the reporting requirements, a report must immediately be made. The office of the CEO must be informed of all such reports no later than the next business day.
  6. During the above decision making process, and following discussion regarding the clinical and legal implications of such actions, the following actions *may* be taken. However, none of these actions are required:
    - a. Direct contact with the client or individual being reported as the possible victim of abuse, neglect, or exploitation.
    - b. Direct contact with the suspected perpetrator of the abuse, neglect or exploitation, if personally known to the agency, to inform them of the agency’s need to report the suspected activity under mandated reporting laws, and to encourage the individual to also self report.
    - c. Direct contact with the guardian of the vulnerable adult, to advise them of the agency’s duty to report under the law.
  7. In addition, such a report must further be reported as a Critical Incident on a DHM or a DAIL Critical Incident Report Form.

*PAC accepted 1/2/15  
My Bault, RW*

**HCRS PROCEDURES MANUAL**

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**Approvals:**

Judith Hayward, CEO: \_\_\_\_\_ Date: \_\_\_\_\_

Theodore Robbins,  
Senior Psychiatrist: \_\_\_\_\_ Date: \_\_\_\_\_

*PR accepted 2/2/15  
My Balt 1/21*

### KITCHEN CLEAN-UP

1. BEGIN CHORE NO LATER THAN HALF HOUR AFTER EVERYONE HAS FINISHED EATING.
2. WASH POTS, PANS, COOKING UTENCILS, ETC. IN HOT SOAPY WATER AND PUT IN RIGHT HAND SIDE OF SINK TO AIR DRY.
3. ANY PLATES/BOWLS USED TO EAT FROM, ALL SILVERWARE AND CUPS MUST BE PUT IN DISHWASHER. CHECK TO MAKE SURE EVERYONE HAS PUT HIS/HER DISHES INTO THE DISHWASHER.
4. IF NEEDED, ADD SMALL AMOUNT OF **CASCADE** IN DISPENSER START DISHWASHER IF FULL.
5. WIPE THE COUNTERS, WALLS AND CUPBOARDS WITH A HOT SOAPY DISHCLOTH. CLEAN THE STOVETOP. TURN OFF FAN IF NEEDED.
6. BRING USED DISHCLOTHS AND POTHOLDERS TO THE LAUNDRY ROOM TO BE WASHED.

***YOU'RE DONE!***

*pac accepted 2/2/15  
My Beth, rw*

1/30/15

**Amendment to Woodstock TCR's 12/15/14 Plan of Correction****V.5.16.a**

Melanie Feddersen, House Manger, will ensure all learnings of suspected, reported, or alleged incidents of abuse or exploitation are reported to Adult Protective Services within 48 hours.

**V11.7.2b**

All WTCR staff are responsible for ensuring HCRS policies and procedures are followed. This includes labeling, dating, and storing food at proper temperatures. Melanie Feddersen, House Manger, will be responsible to ensure this is taking place by completing random checks in kitchen. This will happen at least once monthly.

**VII7.3b**

a. Melanie Feddersen, House Manger, will be responsible to ensure all cabinets and drawers are emptied and cleaned by the end of January 2015

Regarding tasks on maintenance checklist, all WTCR staff are responsible to complete tasks on maintenance checklist, Melanie Feddersen, House Manger, will review maintenance checklist at the end of each month to ensure all tasks are complete.

b. Melanie Feddersen, House Manager, and Rick Logan, Facilities Manager, will work together to ensure necessary kitchen updates will begin by 6/1/15

c. Regarding wall fan, all WTCR staff are responsible to complete tasks on maintenance checklist, Melanie Feddersen, House Manger, will review maintenance checklist at the end of each month to ensure all tasks are complete.

**VII7.3c**

Regarding appliance cleaning, all WTCR staff are responsible to complete tasks on maintenance checklist, Melanie Feddersen, House Manger, will review maintenance checklist at the end of each month to ensure all tasks are complete.

All WTCR staff are responsible for reviewing each resident's daily goal sheet which includes individual chores including Kitchen Clean up. If any chore is not completed by a resident for any reason, it is scheduled staff's responsibility to complete chore. Melanie Feddersen will review this expectation at 2/3/15 team supervision.

*POC accepted 2/2/15  
Ney Bault, RSW*

**X.9.1a**

1. All WTCR staff are responsible to complete tasks on maintenance checklist, Melanie Feddersen, House Manager, will review maintenance checklist at the end of each month to ensure all tasks are complete.

2. Melanie Feddersen, House Manager, and Rick Logan, Facilities Manager, will work together to ensure baseboard registers in bathrooms will be replaced by 3/31/15.

Melanie Feddersen, House Manager, will be responsible to ensure attic opening remains closed. If it is found to be open, she will be responsible to have it closed in 24 hours.

Regarding Bathroom Chore, all WTCR staff are responsible for reviewing each resident's daily goal sheet which includes individual chores including Kitchen Clean up. If any chore is not completed by a resident for any reason, it is scheduled staff's responsibility to complete chore. Melanie Feddersen will review this expectation at 2/3/15 team supervision

3. Regarding Smoking Area Chore, all WTCR staff are responsible for reviewing each resident's daily goal sheet which includes individual chores including Kitchen Clean up. If any chore is not completed by a resident for any reason, it is scheduled staff's responsibility to complete chore. Melanie Feddersen will review this expectation at 2/3/15 team supervision

Regarding smoking area monitoring, all WTCR staff are responsible to complete tasks on maintenance checklist, Melanie Feddersen, House Manager, will review maintenance checklist at the end of each month to ensure all tasks are complete.

**IX.9.2h**

Melanie Feddersen, House Manager, will be responsible to ensure each WTCR resident has a bed that is in good repair and each resident has a pillow, bed covering, and a minimum of one blanket, two sheets, and one pillow case.

*POC accepted 2/2/15  
My P. Bartoloni*