

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

November 2, 2011

Ms. Catherine Amarante, Administrator
Valley Terrace
2820 Christian Street
White River Junction, VT 05001

Dear Ms. Amarante:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 11, 2011**. 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2011
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NAME OF PROVIDER OR SUPPLIER VALLEY TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001
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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
R100	Initial Comments: An unannounced, onsite complaint investigation was conducted by the Division of Licensing and Protection on 10/11/11. Based on information gathered, a regulatory violation was cited.	R100		
R213 SS=D	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure that one of six residents in the sample (Resident # 1, who has a diagnosis of bipolar disorder) was treated with consideration, respect and full recognition of the resident's dignity. Findings include: 1. In a written statement dated 1/3/11, the Licensed Nurse Assistant (LNA) wrote that his/her Resident Assistant (RA) coworker on 1/1/11 was witnessed berating Resident #1 while conducting toileting assistance. In the written statement, the RA was quoted as saying to Resident #1, "You will NOT walk alone to the bathroom!" "Why don't you ring the pendant?" "We stopped you from collecting medicine cups! Now you're collecting soap bottles & we're going to stop that too!". During an interview at 11:30 AM on 10/11/11, the LNA confirmed that the RA made the above statements to Resident #1 in his/her presence on 1/1/11. In the same interview, the LNA also stated that Resident #1 was known to have "manic periods" and "collects	R213	<ol style="list-style-type: none"> 1) LNA accused was suspended pending investigation then terminated on 1.27.11 2) All staff were educated on abuse, neglect and dignity on 12.28.10 3) Facility continues to provide annual mandatory in-services on resident rights, mandatory reporting of abuse, neglect and exploitation, and respectful and effective interaction with residents. 4) New administration creating a culture of resident centered care as well as an environment in which staff are supported and well supervised. 5) Prompt attention is paid to any reports from staff, family or residents related to negative staff behaviors, with reporting procedures being followed as indicated. 6) Dementia and challenging resident behavior in-service scheduled for 11.3.11 for all staff. <p>R213 POC accepted 11/11/11 JHosmerRN / PymcotaRN</p>	

Division of Licensing and Protection	<i>Patricia Aronson RN</i> TITLE <i>Executive Director</i>	(X6) DATE 10/28/11
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2011
NAME OF PROVIDER OR SUPPLIER VALLEY TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001		
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R213	Continued From page 1 things" during those periods and that "[s/he] can't help it". Per record review on 10/11/11, Resident #1 has a diagnosis of bipolar disorder which is otherwise described as manic depression.	R213			