

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

May 25, 2016

Mr. Edgar Greason, Administrator  
Country Village Community Care Home  
99 Atkinson Street  
Bellows Falls, VT 05101-1302

Dear Mr. Greason:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 4, 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:  0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/04/2016
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NAME OF PROVIDER OR SUPPLIER  
COUNTRY VILLAGE COMMUNITY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE  
99 ATKINSON STREET  
BELLOWS FALLS, VT 05101

(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 CORRECT ON (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100

Initial Comments:

An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 5/4/16. There were regulatory findings.

R100

*Please see attached plans of correction.*

R114  
SS=D

V. RESIDENT CARE AND HOME SERVICES

5.3 Discharge and Transfer Requirements

5.3.a Involuntary Discharge or Transfer of Residents

(2) In the case of an involuntary discharge or transfer, the manager shall:

i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.

ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.

i.i. Include a statement in the written notice that the resident may remain in the room or home

R114

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]*

TITLE

(X6) DATE

*5/22/16*

DATE FORM

311YL11

If continuation sheet 1 of 6

*R114 - R226 POC accepted 5/25/16 BBortell RN/pml*

Division of Licensing and Protection

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R114	<p>Continued From page 1 during the appeal.</p> <p>iv. Place a copy of the notice in the resident's clinical record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to notify 1 of 2 residents in the sample, Resident #1, of an involuntary discharge according to state regulations at least 30 days before discharge from the home. Findings include:</p> <p>Resident #1 was admitted to the hospital after a fall on 1/14/16 and per progress note dated 1/15/16, the administrator went to the hospital to see the resident. It is further documented that s/he informed Resident #1 that s/he continues to fall and doesn't allow the facility to help him/her and doesn't call for help. Per interview with the administrator at 1:10 PM, s/he stated that if the discharge notice is not in the chart, then it was not given and s/he stated that s/he verbally told the resident that s/he was not allowed to come back to the facility and was being discharged. The house manager confirmed at 1:45 PM that there was no evidence of a discharge notice being given to Resident #1.</p>	R114	to be in place by	6/1/16
R123 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.4 Refunds</p> <p>5.4.a When a resident is discharged, the resident shall receive a refund, within 15 days of discharge, for any funds paid in advance for each</p>	R123		

*CRASON*

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER: COUNTRY VILLAGE COMMUNITY CARE HOME  
 STREET ADDRESS, CITY, STATE, ZIP CODE: 99 ATKINSON STREET BELLOWS FALLS, VT 05101

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R123 Continued From page 2

day care was not provided. In the case of a discharge to a hospital or other temporary placement, the effective date for this provision shall be the day the home is notified the resident will not be returning. For the purposes of providing refunds, "day of discharge" shall be considered the day the resident's room is empty of the resident's belongings, if those belongings are too large or difficult for the home to store temporarily. The facility shall temporarily store small items such as clothing and other personal items if necessary.

This REQUIREMENT is not met as evidenced by:  
 Based on staff interview and record review, the facility failed to provide a refund within 15 days of discharge from the facility for 1 of 2 residents, Resident #1. Findings include:

Per phone interview with the administrator at 12:10 PM s/he stated that he does not keep any financial information at the facility and does not keep record of who has made a payment. S/he further stated that payments are deposited in the checking account for Country Village and it doesn't show individual names. S/he said that if Resident #1 was supposed to get a refund he would have given it to them and that s/he would check on the status of the refund when s/he arrived home, where the financial records are kept. When the administrator called the facility at 1:15 PM and stated that after reviewing the financial statements s/he confirmed that there is no evidence that the resident received a refund within 15 days after discharge.

R123

*to be in place by*

*6/1/16*

R187 V. RESIDENT CARE AND HOME SERVICES  
SS=B

R187

*to be in place by*

*6/1/16*

*[Signature]*

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R187	<p>Continued From page 3</p> <p>5.12.b. (1)</p> <p>A resident register including all discharges, transfers out of the home and admissions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to maintain a resident register that included all discharges, transfers out of the home and admissions. Findings include:</p> <p>The resident register that was presented for review contained only 24 names and only one reflected a discharge. Per interview with the house manager s/he stated that s/he would notify the administrator to get assistance with locating the register. The house manager presented yearly lists of residents that had been hospitalized for 2010 - 2013, but there is no indication of discharges to other places and the data is incomplete. The house manager stated, at 12:35 PM, that the register does not reflect discharged residents and it does not contain the names of all the residents that have resided at the facility. The administrator confirmed, via phone interview at 1:10 PM, that s/he had destroyed the original register and had started a new one with the current residents residing at the facility.</p>	R187		
R226 SS=D	<p>VI. RESIDENT'S RIGHTS</p> <p>6.14 Residents subject to transfer or discharge from the home, under Section 5.3 of these regulations, shall:</p> <p>6.14.a Be allowed to participate in the</p>	R226		

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R226	<p>Continued From page 4</p> <p>decision-making process of the home concerning the selection of an alternative placement;</p> <p>6.14.b Receive adequate notice of a pending transfer; and</p> <p>6.14.c Be allowed to contest their transfer or discharge by filing a request for a fair hearing before the Human Services Board in accordance with the procedures in 3 V.S.A. §3091.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to allow 1 of 2 residents, Resident #1, to participate in the decision-making process concerning the selection of alternative placement and failed to provide adequate notice of a pending transfer. Findings include:</p> <p>Review of the record for Resident #1 did not provide evidence that the resident was allowed to participate in the decision-making process for alternative placement and was not provided with adequate notice of a pending discharge. Resident #1 was admitted to the hospital after a fall on 1/14/16 and per progress note dated 1/15/16, the administrator went to the hospital to see the resident. It is further documented that s/he informed Resident #1 that s/he continues to fall and doesn't allow the facility to help him/her and doesn't call for help. Per interview with the administrator at 1:10 PM, s/he stated that if the discharge notice is not in the chart, then it was not given and s/he stated that s/he verbally told the resident that s/he was not allowed to come back to the facility and was being discharged. The house manager confirmed at 1:45 PM that there was no evidence of a discharge notice</p>	R226	<p><i>to be in place by 6/1/16</i></p>	
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*[Handwritten Signature]*

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R226	Continued From page 5 being given to the resident.	R226		
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Survey response 5/4/16

R114

Country Village will follow proper procedure for Involuntary discharge or transfer of resident as stated in Statement of deficiency. CVCC will add to its policy and procedures that Administrator, Manager, and Nurse will meet to discuss possible discharge and follow proper procedure to notify Resident, Family if available, and other concerned parties if decided to go forward with a Involuntary Discharge. This action will be monitored by administrator.

R123

CVCC will add to its Policy and Procedures that refunds are discussed and noted that a refund will be issued in the 15 day period allowed. This will be monitored by the Administrator.

R187

CVCC will maintain a Resident Register indicating Admission, discharge and/or readmission when hospitalized. Residents not returning to the Home will indicate placement. This deficiency will be monitored by the Administrator.

R226

As an extension of deficiency R114, If it is decided that a involuntary discharge is in order, the resident will be invited to join the Administrator, Manager and Nurse to discuss discharge and the Residents Rights to contest decision, remain in place in the home and request a fair hearing before the Human Services Board. This action will be monitored by the Administrator.