

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

March 6, 2014

Ms. Constance Leach, Administrator
Eastview At Middlebury
100 Eastview Terrace
Middlebury, VT 05753

Provider #0603

Dear Ms. Leach:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite investigation of one entity report and one complaint conducted on **January 29, 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: 0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	FEB 18 14 Licensing and Protection (X3) DATE SURVEY COMPLETED C 01/29/2014
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NAME OF PROVIDER OR SUPPLIER EASTVIEW AT MIDDLEBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753
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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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R100	Initial Comments: An unannounced onsite investigation of one entity report and one complaint were completed by the Division of Licensing and Protection on 1/29/14. There were no regulatory findings for the entity report. A regulatory violation related to the complaint was cited as follows.	R100	PLAN OF CORRECTION In response to an unannounced onsite investigation conducted on January 29, 2014, by the VT Division of Licensing and Protection, where a determination was made that EastView at Middlebury (EastView) failed to report to Adult Protective Services within 48 hours of learning of suspected missing property by five residents in August 2013, EastView has established the following Plan of Correction. EastView has established a new system to ensure reporting of alleged abuse to the State within 48 hours. Our Internal Investigations Team (I ² -Team), comprised of Paula Pelkey, RN – Director of Residential Care; Rich Fritz – Assistant Director of Residential Care, and Connie Leach – Interim Executive Director, are responsible for ensuring prompt and thorough review of every incident report. Staff receives regular training on recognizing abuse and timely reporting of alleged abuse. The I ² -Team commences an internal investigation within the first 24 hours of an alleged abuse incident. If the incident constitutes suspected abuse,	
R206 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the 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 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report suspected exploitation of 5 residents (Residents # 1, 2, 3, 4, 5) to Adult Protective Services (APS) within 48 hours of learning of the suspected, reported or alleged incident(s). Findings include: 1. Per a written summary dated 8/21/13, the facility reported to police five cases of suspected theft from residents as follows: a. Resident #1 reported to staff 8/12/13 that \$20.00 was missing from his/her wallet. b. Resident #2 reported to staff 8/9/13 that \$160 was missing from his/her wallet. c. Resident #3 reported to staff 8/4/13 that a bottle of Oxycodone (60 x 5 mg tablets) was	R206		2/1/14

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Constance A. Leach</i>	TITLE <i>Interim Executive Director</i>	(X6) DATE <i>2/12/14</i>
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R206 POC accepted 2/14/14 JHosmerRN/pmc

pmc

Division of Licensing and Protection

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Continued from page 2

1/31/14 by Linda Phipers providing a train the trainer workshop for Paula and Rich to assist them in further team training in incident report writing, timely reporting, and how to anticipate and diffuse potential altercations before they occur. The I²-Team also works individually with staff and reflects with the collective staff during trainings to provide an opportunity to learn from recent incidents, thereby furthering their goals of minimizing the number of incidents, and ensuring accuracy and timely reporting within internal investigations when an incident does occur.

1/31/14

It is the responsibility of the Internal Investigations Team to monitor the timeframe of incident investigations to ensure reporting timeliness to the State within the required 48-hour timeframe, followed by submittal of a written report within five days.

Preparation and submission of this plan of correction is required by state and federal law. This plan of correction does not constitute as admission for the purposes of general liability, professional malpractice or any other court proceeding.