

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

September 11, 2014

Ms. Jayne Placey, Administrator
Hill Street
201 Hill Street
Barre, VT 05641

Dear Ms. Placey:

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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0378	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/11/2014
NAME OF PROVIDER OR SUPPLIER HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05841		
(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: The Division of Licensing and Protection conducted investigations of two facility self-reports on 8/11/14. A regulatory violation was cited as a result.	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop of a written plan of care for 1 of 4 residents (Resident #1), that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being. Findings include: Per record review on 8/11/14 at 9:23 AM, there is no plan of care to address Resident #1's behavioral needs. A 6/20/14 assessment by a Registered Nurse indicates that the resident is verbally abusive and socially inappropriate daily, is physically abusive less than daily with behaviors not easily altered. Review of staff progress notes indicated that Resident #1 has multiple incidents of crying, moaning and aggressive physical and verbal behaviors. The facility Administrator confirmed the lack of a care	R145	See attached plan of correction R145 P.O.C. accepted 9/4/14 P. Tremblay, RN / PML	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jayne Paely

TITLE

8/25/14

(X6) DATE

STATE FORM

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P07S11

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2014
NAME OF PROVIDER OR SUPPLIER HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05641		
(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
R145	Continued From page 1 plan to address behaviors on 8/11/14 at 10:20 AM.	R145		

August 25, 2014

To whom it may concern,

The following is in response to the Plan of Correction required by the Hill St. Group Home as a result of the "unannounced investigation" on August 11, 2014.

R145-

The Administrator and Nursing RN will implement a clear specific written plan of care for any/all residents based on abilities and needs based on their residential assessments. This plan will describe the care and supports/services to provide well being of residents.

This will be done within the next 14 days.

Jayne Placey

A handwritten signature in black ink that reads "Jayne Placey". The signature is written in a cursive, flowing style.

Administrator Hill St. Group Home