

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

March 9, 2015

Mr. Richard Wrase, Administrator  
Hilltop Recovery Residence  
94 Westminster Terrace  
Bellows Falls, VT 05101-1487

Dear Mr. Wrase:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 2, 2015**. 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

MAR 04 2015

PRINTED: 02/12/2015  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0604	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  02/02/2015
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NAME OF PROVIDER OR SUPPLIER  HILLTOP RECOVERY RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 94 WESTMINSTER TERRACE BELLOWS FALLS, VT 05101
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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 on-site re-licensing survey was conducted by the Division of Licensing and Protection on 2/2/15. There were findings regarding this survey.	R100	<i>See attached Plans of Correction.</i>	
R134 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7 Assessment</p> <p>5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure each resident has an assessment completed within 14 days of admission for 1 of 3 residents, Resident #2. Findings include:</p> <p>On 2/2/15 at 5:15 PM, during record review for Resident #2, it was found that the resident was admitted to the facility 12/28/14 and the assessment was not completed until 1/20/15, 24 days after admission. The day shift leader confirmed, at 5:20 PM, that the assessment was dated as completed on 1/20/15 and that it was 10 days later than when it was due. S/he also confirmed at this time that it was completed and signed by a Licensed Practical Nurse and not the Registered Nurse.</p>	R134		

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

*R134-R999 PDC accepted 3/6/15 BBoxell RN/PM*

Division of Licensing and Protection

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R144	Continued From page 1	R144		
R144 SS=D	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p>5.9.c.(1)</p> <p>Complete an assessment of the resident in accordance with section 5.7;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there facility failed to complete an assessment for 1 of 3 residents, Resident #2, in the survey sample. Findings include:</p> <p>On 2/2/15 at 5:15 PM, during record review for Resident #2, it was found that the resident was admitted to the facility 12/28/14 and the assessment was completed on 1/20/15, and signed by the Licensed Practical Nurse and not the Registered Nurse. The day shift leader confirmed, at 5:20 PM, that it was completed and signed by a Licensed Practical Nurse and not the Registered Nurse (RN). Per conversation with the RN on 2/2/15 at 6:50 PM, s/he confirmed that there was no evidence that the RN had completed the assessment.</p>	R144		
R999 SS=A	<p><b>MISCELLANEOUS</b></p> <p>Based on observation and staff interview the facility failed to adhere to regulation 4.14.f. The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. Findings include:</p>	R999		

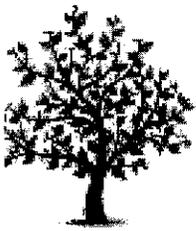
Division of Licensing and Protection

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R999	Continued From page 2  On 2/2/15 at 2:25 PM, while touring the facility, there was no evidence of posting of past survey results. The day shift leader (representative for the manager), contacted the manager via phone at this time and s/he was going to contact the Director of Residential Health Care Services to inquire of the survey results. The manager stated at this time that there was no evidence of the survey results being in the facility. The day shift leader confirmed at this time that there is no evidence of survey results being posted or available in the facility.	R999		
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Vermont Southern Alliance  
for Community Care, LLC

VERMONT SOUTHERN ALLIANCE

FOR COMMUNITY CARE, LLC

94 Westminster Terrace

Westminster, VT 05101

Richard Wrase  
Hilltop Recovery Residence  
94 Westminster Terrace  
Bellows Falls, VT 05101

2/25/2015

Pamela M. Cota, RN  
Licensing Chief  
Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671

Dear Pamela M. Cota, RN:

I am pleased to include the Hilltop Recovery Residences Plan of Correction for the deficiencies found on our 2/2/2015 audit performed by Barbara Bortell. I hope you find the plan of correction to meet your expectations and we continue to be open to feedback on improving our delivery of care.

ID Prefix Tag	Plan of Correction	Complete Date
R134 R144	DAIL 14 Day assessments have been completed on all Residents, reviewed and signed by RN. Nursing staff has been instructed to use checklist for assessments and other required paperwork at time of admission and ongoing to ensure that information is gathered in a timely manner and that assessments are reviewed and completed on time by RN. LPN has been instructed in proper procedure of her role in gathering information towards assessments, as delegated by RN	2/3/15
R999	Residential Coordinator of Hilltop Recovery Residence mounted the results of the DAIL survey on the first floor of the Hilltop Recovery Residence next to the program's license of	2/4/15

Pamela M. Cota, RN

2/25/2015

Page 2

R999- Continued	operation. The survey is accessible by all members of the Hilltop community. A copy of the license is maintained in the first floor Med Delegate office as well as a digital copy on the HCRS network. This will provide a backup in case the posted copy is removed or missing.	
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I also wanted to commend Barbara for coming to Hilltop during the height of a snowstorm that delivered two feet of snow.

Please feel free to contact me at (802) 591-1838 or via email at [rwrase@hcrs.org](mailto:rwrase@hcrs.org).

Thank you,



Richard Wrase  
Hilltop Recovery Residence