



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
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Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

September 24, 2010

Mr. Francis Cheney, Administrator
Maple Lane Retirement Home
30 Maple Lane
Barton, VT 05822

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **August 25, 2010**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/25/2010
NAME OF PROVIDER OR SUPPLIER MAPLE LANE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 30 MAPLE LANE BARTON, VT 05822		
(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 begun on 7/14/2010. Following additional offsite interviews and record review, the investigation was concluded on 8/25/2010.	R100		
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	Please see attached Plan of Correction	

Division of Licensing and Protection

Francis Cheney III
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Adm

(X6) DATE

9/13/10

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/25/2010
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R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board, and Medicaid as sole payment. <u>This REQUIREMENT is not met as evidenced by:</u> Based on record review and interview, the home failed to provide 1 applicable resident (Resident #1) with a clear and current admission agreement identifying specific services and costs. Findings include: 1. Per record review, Resident #1 was not provided with a clearly written Admission Agreement describing all charges for services and personal allowance upon initial admission June 2008. Following initial admission, two changes in financial status occurred for this resident, which were not reflected in an amended / revised Admission Agreement as required. Per interview on 8/25/2010 at 3:15 PM, the Administrator confirmed that the Admission Agreement for this resident had not been revised / amended with each financial change in status.	R104		

MAPLE LANE RETIREMENT HOME
PLAN OF CORRECTION
SURVEY 8/25/10

1. R104 Resident Care and Home Services

The individual who was affected by the deficient practice does not currently reside with us thus we cannot take corrective action related to this resident. However we will review the current admission agreements of all the other residents of the facility to ensure that each resident has been provided an admission agreement that reflects their current payer source. Social Service staff will be counseled by our manager regarding the importance of adhering to the existing protocol of resigning an applicable admission agreement when a resident payer source changes. In order to prevent this deficient practice from recurring the manager and/or his representative will review all admission agreements on a quarterly basis.

Completion Date: 9/24/10

Francis Cheney III
9/13/2010

9-20-2010 R104 POE accepted as written. — C. Laramy, RD —