

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

May 29, 2012

Mr. Charles Erickson, Administrator
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 2, 2012**. 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, MS
Licensing Chief



MAY 17 2012

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2012
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464
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R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection from 5/1/12 through 5/2/12. Based on information gathered, regulatory violations were cited as follows.	R100		
R104 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.1 Admission</p> <p>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.</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the</p>	R104	<p>The missing agreement had been misfiled; it was located after the survey.</p> <p>All agreements will be filed in a binder labeled agreements and will be reviewed annually by Charles Erickson, Sr.</p> <p><i>Accepted POC Jane Thomas RW 5/23/12</i></p>	05/04/12

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

Charles Erickson

TITLE

Administrator

(X6) DATE

05/16/2012

Division of Licensing and Protection

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R104	Continued From page 1 ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the home failed to provide evidence that one of five residents in the applicable sample (Resident #3) was provided with a written admission agreement. Findings include: During record reviews on 5/1/12, the case manager at the home was unable to provide evidence that Resident #3 (or the responsible party) had been provided a written admission agreement prior to the time of admission on 6/6/06. During an interview at 2:00 PM on 5/1/12, the case manager confirmed that s/he was unable to locate a copy of the written Admission Agreement for Resident #3.	R104		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation;	R179		

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R179	Continued From page 2 (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the home failed to assure that five of five employees in the applicable sample completed all the training requirements in the prior year. Findings include: During in-service record reviews and interviews with the nurse on 5/1/12, the home was unable to provide written evidence that five of five employees (who provide direct care to residents) had completed at least 12 hours of training each year, including the required topics. In an interview at 11:40 AM on 5/1/12, the nurse confirmed that the in-service records lacked documentation of training in the past year for two mandatory topics (resident rights and abuse, neglect, and exploitation). The nurse further confirmed that names of staff in attendance of trainings held were available for only two trainings in the prior year.	R179	A one hour in-service training will be held at least once monthly. The seven required in-services will be covered annually. All staff will be required to sign that they have attended the in-service training or have read the covered information. The responsibility for getting the signatures will be the RN. <i>accepted POC Jane Harmer RN 5/23/12</i>	05/16/12
R180 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	R180		

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R180	Continued From page 3 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the home failed to assure that five of five employees in the applicable sample had documentation of training in direct care skills for the prior year. Findings include: During in-service record reviews and interviews with the nurse on 5/1/12, the nurse was unable to provide written evidence that five of five employees (who provide direct care to residents) had completed all the required elements of annual training in the prior year. In an interview at 11:40 AM on 5/1/12, the nurse confirmed that the in-service records lacked documentation of training in the past year for two mandatory topics, and that names of staff in attendance were available for only two of the trainings in the prior year.	R180		
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the	R181		

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R181	<p>Continued From page 4</p> <p>public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews on 5/1/12, the home failed to take all reasonable steps to assure that three of five staff in the applicable sample were deemed free of charges of abuse, neglect, or exploitation, or other crimes inimical to the public welfare. Findings include:</p> <ol style="list-style-type: none"> 1. During record reviews on 5/1/12, one of five employees in the applicable sample had no evidence of a pre-employment criminal background check with the Vermont Criminal Information Center (VCIC), and additionally had no evidence of pre-employment checks against the Adult and Child Abuse registries. 2. Two of five employees in the applicable sample had evidence of positive VCIC records, and the home provided no evidence of having contacted the Division of Licensing and Protection regarding employment of individuals with criminal convictions. During an interview at 2:45 PM on 5/1/12, the case manager confirmed that the home could not provide evidence of VCIC, Adult and Child Abuse registry pre-employment checks for one employee in the applicable sample. 	R181	<p>The background checks will be done at the time of application and results put in the applicants file.</p> <p>Riverview will notify the Division of Licensing and Protection of any positive VCIC record.</p> <p>The records will be monitored Charles Erickson, Jr.</p> <p><i>accepted POC Jue Thomas ER 5/23/12</i></p>	05/14/12

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R181	Continued From page 5 Additionally, the case manager confirmed in the above interview that the home had no evidence of contacting the Division of Licensing and Protection regarding positive criminal background checks for two staff in the applicable sample. (This is a repeat citation, per re-licensing survey dated 7/13/10).	R181		
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the home failed to maintain a record which included a signed admission agreement for one of five residents in the applicable sample (Resident #3). Findings include: During record reviews and interviews on 5/1/12, the case manager at the home was unable to provide a copy of the signed Admission	R188	The missing agreement had been misfiled; it was located after the survey. All agreements will be filed in a binder labeled agreements and will be reviewed annually by Charles Erickson, Sr. <i>accepted POC Jane Hasmer EA 5/23/12</i>	05/14/12

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R188	Continued From page 6 Agreement for the record of Resident #3. During an interview at 2:00 PM on 5/1/12, the case manager confirmed that s/he was unable to locate a copy of the signed Admission Agreement for Resident #3.	R188		
R221 SS=D	VI. RESIDENTS' RIGHTS 6.7 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the home failed to provide evidence that one Resident in the applicable sample (Resident #4) requested in writing that the home manage his/her finances. Findings include: During record reviews and interviews on 5/1/12, the case manager identified the home as the representative payee for finances for one resident in the applicable sample (Resident #4). The home was not able to provide evidence that the resident or responsible party had requested in writing that the home manage the finances of Resident #4. During an interview at 2:30 PM on 5/1/12, the case manager confirmed the home was unable to provide evidence that Resident #4	R221	The signed request form to manage personal funds will be filed in the safe along with the patient's funds and statements. Carl Erickon is responsible getting the forms signed and filed <i>accepted POC Jane Farmer RN 5/23/12</i>	05/04/12

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R221	Continued From page 7 had requested in writing that the home manage his/her finances.	R221		
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional; sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews, the home failed to provide and maintain a safe environment. Findings include: 1. During the initial tour of the facility at 10:30 AM on 5/1/12, a door which accesses the utility room for the furnace and electrical circuit box was found unlocked. This unlocked door was observed to be within the bedroom of a resident (Resident #2) who is able to independently transfer and ambulate. The Administrator confirmed during this initial tour that this utility room door (which accesses the furnace and electrical circuit box) was unlocked, and that the resident who resides in the bedroom is able to transfer and ambulate independently. 2. During the initial tour of the facility at 10:30 AM on 5/1/12, the operating certificate on the home's furnace was observed to be 2/3/09. During this initial tour, the Administrator confirmed that the service tag on the furnace was dated 2/3/09. (This is a repeat citation, per the Division of Fire Safety report of survey results dated 1/6/10.)	R266	The staff will be notified by written memo stating that the door to the utility room is to be locked at all times. The door will be monitored by Charles Erickson, Jr. The furnace is scheduled to be cleaned and inspected on 05/16/2012. The furnace will be cleaned and inspected annually. The responsibility for having furnace cleaned and inspected is Charles Erickson, Jr.	05/16/12

accepted DOC
Jan 5/23/12