



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
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 26, 2010

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 annual survey and complaint investigation conducted on **July 13, 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 black ink 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: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2010
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464
---	---

(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 an on-site, unannounced recertification survey in conjunction with a complaint investigation on 7/13/10.	R100		RECEIVED Division of AUG 11 10 Licensing and Protection
R181 SS=C	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 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility has on staff 2 employees with criminal convictions. Findings include: Per personnel record review for 5 staff members on 7/13/10 at 11:15 A.M., there are 2 Life Skills Aids (LSA) that have misdemeanor criminal	R181		

Division of Licensing and Protection

Charles T. Eichen

TITLE *Case Manager*

(X6) DATE
8/14/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

OKS311

If continuation sheet 1 of 2

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 C 07/13/2010
NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464		
(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
R181	Continued From page 1 convictions per Vermont Criminal Information Center (VCIC) records. During an 11:35 A.M. interview on 7/13/10, the facility Administrator confirmed that the 2 staff were currently employed by the facility and that the facility had not obtained a waiver from the Division of Licensing and Protection as required.	R181	<ul style="list-style-type: none"> - Continue back ground check - Car insurance checks to insure insurance is up to date. - Driver's license checks to make sure license is current and up to date <p>R181 POC Accepted - attached addendum. 8/26/10 R.Tremblay RN/Amcota RN</p>	8/12/2010

SCANNED

RIVERVIEW LIFE SKILLS
197 HIGHLANDER DR.
JEFFERSONVILLE, VT 05464

TEL: (802) 644-8708 FAX: (802) 644-6697 EMAIL: rlsci@yahoo.com

FACSIMILE

TO: Licensing and Protection

ATT: Francis Keller @FAX#: 241-2358

FROM: Charles J Erickson DATE: 2/17/2010

RE: see addendum for document sent in 8/6/2010

PAGES: 1 INCLUDING THIS

MESSAGE:

Charles J. Erickson Jr. will be responsible

for all back ground checks for new and current

employees