VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

January 15, 2025

Aimee Tedeschi, Manager
Heaton Woods
10 Heaton Street
Montpelier, VT 05602-2480

Dear Ms. Tedeschi:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 10, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0297	A. BUILDING: _____ B. WING _____	C 12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATON WOODS	10 HEATON STREET MONTPELIER, VT 05602

(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: On 12/10/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident and one anonymous complaint. The following regulatory deficiencies were identified during the investigation:	R100	Plans of Correction for R179 and R224 accepted by Jo A Evans RN on 1/15/25. Please refer to the attached document to review the corrective actions for each citation.	
R179 SS=F	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; (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	R179		

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R179	Continued From page 1 by: Based on staff interviews and record review there was a failure to ensure staff demonstrate competencies in the skills they are expected to perform. Findings include: On the afternoon of 12/10/24 the Director of Nursing confirmed procedures to ensure staff competencies in the skills and techniques they are expected to perform to include a competencies checklist have not been developed by the home. During staff interviews conducted on 12/10/24, 3 out of 4 staff interviewed stated while employed by the home they had not received clear instructions and trainings related to skills they are expected to perform including resident lift assists and standing, pivoting, and transferring residents. During an interview commencing at 5:21 PM on 12/10/24 the Director of Nursing was requested to provide documentation of staff competencies in the skills direct care staff are expected to perform. At 5:29 PM on 12/10/24 the Director of Nursing confirmed the requested documentation was not on file and available for review, and confirmed a process for ensuring staff competencies in the skills they are required to perform had not been implemented by the home.	R179		
R224 SS=D	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.	R224		

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R224	Continued From page 2	R224		

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review there was a failure to ensure one applicable resident (Resident #1) remained free of physical abuse by another resident of the home. Findings include:

The home's policies and procedures governing the resident right to be free of abuse is consistent with this regulation.

Per record review Resident #1 is diagnosed with Unspecified Dementia; and Resident #2 is diagnosed with Vascular Dementia and Alzheimer's Disease. Both residents are cognitively impaired, require staff assistance with Activities of Daily Living. Both residents require staff monitoring and interventions for management of behaviors.

Per record review, on the morning of 11/24/24 multiple staff members observed Resident #2 attempting to force Resident #1's face towards his/her exposed genitals in the common area adjacent to the main entrance of the home. During Staff interviews on the afternoon of 12/10/24, two staff who witnessed this incident confirmed they observed Resident #1 seated in the common area as Resident #2 stood beside Resident #1 with his/her pants unzipped and his/her hand on Resident #1's neck attempting to force Resident #1's face towards his/her exposed genitals. Both Staff witnesses interviewed on the afternoon of 12/10/24 stated they observed Resident #1 trying to pull away from Resident #2, and one of the Staff interviewed stated s/he observed Resident #1's mouth to be within inches of Resident #2's genitals as s/he was attempting

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R224	Continued From page 3 to pull away from him/her. Per Staff interview, Resident #2 appeared to be startled when Staff intervened, and appeared to have difficulty understanding why staff were intervening. Staff also stated Resident #1 may not have understood what was happening as the incident occurred, and s/he expressed feeling sad after the incident. On the afternoon of 12/10/24 the Director of Nursing confirmed on the morning of 11/24/24 multiple Staff observed Resident #2 attempting to pull Resident #1's face towards his/her exposed genitals as Resident #1 tried to pull away from Resident #2.	R224		

Deficiency Statement Plan of Correction (POC)

Survey Date: 12/10/2024

Facility Name:

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R179 Plan of Correction accepted by Jo A Evans RN on 1/15/25	DON has re-educated themselves on regulation. New policy started on caregiver orientation process including skills demonstration check off that is to be completed by RN upon completion of orientation and then again annually.	By 2/20/2025	Policy is in place for all new caregivers starting from this date forward. Current staff will be signed off by RN by 2/10/2025.	DON
R224 Plan of Correction accepted by Jo A Evans RN on 1/15/25	DON and Administrator has re-educated themselves on regulation. All employees providing direct patient care to have in service education on abuse reporting.	By 2/20/2025	Continue annual education on mandatory reporting of abuse, neglect and exploitation as well as newly added dementia training and conflict resolution.	Administrator