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

February 12, 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 **January 21, 2025**. 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 01/21/2025

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: An unannounced onsite complaint investigation of four facility complaints was conducted by the Division of Licensing and Protection on 1/21/25. Regulatory deficiencies were identified related to the investigations. Findings include:	R100		
R118 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.d A home must provide sufficient preparation and orientation to residents to ensure a safe and orderly transfer or discharge from the home. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to ensure to provide sufficient preparation and orientation to residents to ensure a safe and orderly transfer or discharge from the home. The facility policy titled "Discharge and Transfer Policy" identifies the facility practice for voluntary and involuntary discharge. The policy states "If a resident wishes to leave, Heaton Woods requests a thirty (30) day notice. The effective day of discharge shall be the day all possessions are removed from the room. When a resident requests/agrees to be transferred to another room in the facility". The facility policy indicates the administrator shall notify the resident and/or family or legal representative in writing at least thirty (30) days prior to the proposed date of involuntary discharge. The policy indicates if a resident choses to voluntarily leave the facility the resident or family	R118		

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R118	Continued From page 1 will notify the Administrator that the resident will be leaving at least thirty (30) days prior to the date of departure. Per record review Resident #1 on the evening of 1/4/25 presented with behavioral expressions toward staff with the administration of insulin. The progress notes indicate, when staff reviewed with Resident #1 the insulin would be administered after they have eaten (per the provider order on 1/3/25), the resident demonstrated angry belligerent like behaviors with use of profanity toward staff. The behavior was unable to be deescalated by staff. A progress note dated 1/4/24 AT 14:36 states 'Per executive director [Name], 911 called and requested [resident's name] removal from facility." The local police department along with crisis to arrived to the facility. Resident #1 was then transferred to the emergency departments by emergency services. Per interview on 1/21/25 at 11:00 AM, the Manager confirmed to have arrived to the facility in the time period in which Resident #1 agreed to be transferred to the emergency room. The Manager confirmed to not have any further communication with the resident, the emergency room or attendance to the emergency room. Per interview on 1/21/25. The Executive Director confirmed to be notified of the occurrence with Resident #1 and transfer to the emergency department. The Executive Director explained, upon the hospital notification of discharge, Resident #1 refused to return to the facility. They also, confirmed the resident was released from the hospital with the initial plan to go to a friends home, however Resident #1 was transferred to an emergency shelter for placement. The Executive Director confirmed attempts were	R118		

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R118	Continued From page 2 made on the following days to contact the resident. The progress notes for documented by the Executive director written on 1/6/25 and 1/7/25 noted attempt to make contact with Resident #1 with no avail. Per interview on 1/21/25 at 11:00 AM the Manager confirmed to not have made any attempts to establish communication with the resident through the shelter. S/he confirmed the last communication with the resident was at the facility at the time if transfer to the emergency department. The progress notes documented on 1/7/25 at 11:23 AM ".. [pronoun] has failed to respond in days about returning to the facility and will therefore be discharged voluntarily ..." Per interview on 1/21/24 at 3:00 PM, the Executive Director confirmed the facility discharge policy and acknowledged Resident #1 was not provided with a written notice from the facility of an involuntary discharge, nor was a written notice provided to the facility or obtained from the facility by the resident or legal representative for voluntary discharge. The Executive Director confirmed the resident was sent to the hospital on 1/4/25 and was discharged from the electronic health system on 1/7/25 without any notices of any kind of discharge. The Executive Director also confirmed the facility did not have a bed hold policy at the time of this discharge.	R118		
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES	R140		

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R140	Continued From page 3 5.8 Physician Services 5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to ensure a physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given. Per record review Resident #1 had an order to administer insulin after consuming their meal (breakfast, lunch and dinner). The verbal order was received on 1/3/25. A progress note written on 1/3/25 at 15:54 states "Spoke with [provider name] office and new to administer novolog insulin after [Resident's Name] eats [pronoun] meals and to HOLD if [pronoun] did not eat. Order updated ..." Per interview on 1/21/24 at 1:30 PM the Licensed Practical Nurse confirmed a signed order is not available for review and not within the resident record.	R140		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan	R145		

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R145	Continued From page 4 of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the RCH failed to develop a care plan to identify care and necessary services to assist Resident #1 to maintain independence and well-being. Per record review Resident #1 progress notes, the resident presented with behavioral expressions toward staff, refusal of medications, and a diagnosis of Diabetes managed with routine insulin administrations. The care plan does include interventions that can support communication and behavioral management, does not include interventions with medication compliance, and/or care and services related to diabetes management.	R145		
R146 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to ensure proper instruction to all	R146		

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R146	Continued From page 5 direct care personnel regarding each resident's health care needs and nutritional needs and delegation process of nursing tasks were accessible for staff to reference. Per interview on 1/21/5 at 1:00 PM, Staff (who requested to remain anonymous) were unable to demonstrate how care direction is provided to all staff. The Staff accessed the facility system but was unable to demonstrate how to identify a Resident's plan of care or the area in which staff are to reference. Per interview in the morning of 1/21/25 Staff #2 (who requested to remain anonymous) when asked when providing training to new staff how are new staff able to reference care needs of Residents, the staff replied, "we just train them as we go about our daily routine." Staff #2 confirmed to not have access to the care plans or know of reference material that identify Activities of Daily Living or identified care needs for residents. Per interview on 1/21/25 at 3:00, the Executive, noted staff have access to the electronic system and can access the residents' care needs through the system, in the assigned area of the system. The Executive Director later commented, education was provided to all staff on how to access electronic health system for each residents established care and services to be provided. At approximate 3:40 PM, the Executive Director had a staff demonstrate to the surveyor how to navigate the system and access the care plan. Following this demonstration, another Staff member was interviewed, The Staff was asked how care plans are accessed, the staff confirmed to have access to the electronic system but	R146		

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R146	Continued From page 6 wasn't able to verbally describe and recall the steps in accessing the care plan/ care needs identified. The Executive Director was present for the interview.	R146		

Deficiency Statement Plan of Correction (POC)

Survey Date:2/4/2025

Facility Name:Heaton Woods

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R118/5.3	New/revised discharge policy will be written. It will also include, along with voluntary/involuntary discharge, abandonment.	3/1/2025	Our policy will be up to date and in accordance with our contracts/handbooks. We will educate our staff/leadership to follow all policy changes.	Administrator/Executive Director R 118 Accepted Jenielle Shea, RN 2/12/25
R140/5.8	Any order that is obtained by a physician or licensed professional will be signed within 15 days of the order date by the PCP.	2/10/2025	Educational clinical staff meeting to ensure they understand the policy.	Administrator/Executive Director R140 Accepted Jenielle Shea, RN 2/12/25
R145/5.9	Educational sessions with all the clinical staff will be held to educate them on care plans and how to follow/understand them.	3/1/2025	Check lists coordinated with the care plans on the residents and checked daily.	Administrator/Executive Director R145 Accepted Jenielle Shea, RN 2/12/25
R146/5.9c	Educational staff meeting with the clinical staff/hands on teaching session with the computers to ensure everyone knows how to access the care plans to ensure quality care.	3/1/2025	This will be added to our skills check lists to ensure they are signing on regularly.	Administrator/ Executive Director R146 Accepted Jenielle Shea, RN 2/12/25