VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

AGENCY OF HUMAN SERVICES

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

July 31, 2025

Helen Bishop, Manager
Our House Too Residential Care Home
196 Mussey Street
Rutland, VT 05701

Dear Ms. Bishop:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 15, 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
	0377	A. BUILDING: _____ B. WING _____	R-C 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE TOO RESIDENTIAL CARE HOME	196 MUSSEY STREET RUTLAND, VT 05701

(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 7/15/25 the Division of Licensing and Protection conducted an unannounced on-site follow-up survey to determine if the Residential Care Home is back in full compliance with licensing requirements subsequent to the findings of a complaint investigation conducted at the home on 5/7/25 which resulted in a finding of immediate jeopardy for which the home submitted an acceptable immediate plan of correction. On 5/14/25, the Division conducted and unannounced onsite follow-up visit and was able to remove the immediate jeopardy through observation, record review and interviews with Residents and Staff. Per observation, record review, and interviews conducted with Staff ~~and~~ Residents of the home on the day of 7/15/25, the home was not found to be back in full compliance with licensing requirements. Findings include:	{R100}		
{R209} SS=F	5.11.b Staff Services 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Residential Care Home (RCH) facility failed to ensure all competency and skills training was up to date and on file for review upon request. Findings include: Per record review and interview on 7/15/25, the facility's policy to ensure all staff competencies and trainings are completed and up to date in accordance with the Rules was presented upon	{R209}	We acknowledge the oversight regarding one staff member's incomplete training file at the time of the survey. As of July 18, 2025, the identified staff member has completed all required trainings and competencies, including the modules noted in the findings (communication strategies, person-centered care, challenging behaviors, cultural awareness, and trauma-informed care). Documentation of completion of training has been updated and placed in the staff file for compliance and verification and was submitted to the LTCM on 7/21/25. On July 20, 2025, the Residential Care Home reviewed its internal Staff Training and Competency files to ensure compliance. A checklist has been implemented, requiring verification of all training elements before any staff member may continue to provide direct care. The administrator or designee will monitor training for timely completion and accuracy for compliance.	7/21/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0377	A. BUILDING: _____ B. WING _____	R-C 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE TOO RESIDENTIAL CARE HOME	196 MUSSEY STREET RUTLAND, VT 05701

(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
{R209}	Continued From page 1 request by the Owner. Per record review on 7/15/25, 1 out of 4 staff members did not have all 12 hours of training and competencies completed per the minimal standard of the Rules. Per interview on 7/15/25, the Owner confirmed one staff member did not have all required trainings and competencies to include communication strategies, person-centered care, challenging behaviors and understanding dementia; recognition of and sensitivity to different cultures, belief systems, abilities, gender identities, sexual orientation; and trauma-informed care.	{R209}	R209- Accepted by LTCM on 7--31-25	
{R213} SS=F	5.11.e (2) Staff Services The licensee must take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references, contacting the Division of Licensing and Protection, the Department for Children and Families and the Department of Public Safety's Vermont Criminal Information Center (VCIC) or another national background check vendor to see if prospective employees are on the Vermont abuse registries or have a record of convictions in any state or territory. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview on 7/15/25, the Residential Care Home (RCH) facility failed to obtain annual criminal background checks for 1 out of 4 sampled staff. Findings include: Per per record review, the facility did not have all	{R213}	We acknowledge the oversight in maintaining complete and up-to-date background documentation for one staff member. Upon notification of the deficiency, the Home immediately initiated and completed the required background screening process for the staff member in question. As of July 18, 2025, the Vermont State Criminal Background Check and both the Adult and Child Abuse Registry checks have been submitted, reviewed, and placed in the staff member's personnel file. All background results were clear and verified. The Administrator or designee will verify and sign off on completed background screenings before employment is offered or orientation/training is scheduled and annually for existing staff on or around the first of the month of any staff members anniversary of hire. Monthly checks will be done when the "anniversary date list" is created for the monthly in-service, this will serve as a verification of the need to update background checks when needed for compliance.	7/21/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0377	A. BUILDING: _____ B. WING _____	R-C 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE TOO RESIDENTIAL CARE HOME	196 MUSSEY STREET RUTLAND, VT 05701

(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
{R213}	Continued From page 2 background checks completed and on file for review for 1 staff member of the facility which included Vermont State check, and adult and child abuse registry. Per interview on 7/15/25, the Owner confirmed this finding.	{R213}	R213- Accepted on 7-31-25 by LTCM.	