VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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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

October 1, 2025

Shana Lee, Manager
Judy Morton, Receiver
Our House Residential Care Home
196 Mussey Street
Rutland, VT 05701-4551

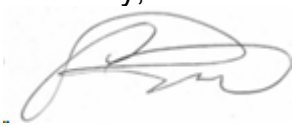
Dear Ms. Lee:

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
	0360	A. BUILDING: _____ B. WING _____	C 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE 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 investigation of 3 complaints. The following regulatory deficiencies were identified:	R100		
R145 SS=F	5.6.c Special Care Units A home that has received approval to operate a special care unit must comply with the specifications contained in the request for approval. Failure of the home to provide the services, staffing, training and physical environment as outlined in the request for approval will be the basis for the imposition of sanctions up to and including closure of the unit. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review there is a failure to comply with the staffing specifications identified by the home's Owner during the approval process for licensure of the home as a Special Care Unit. Findings include: Per review of the home's approved request to operate the entire home as a Residential Care Home Special Care Unit dated 1/3/2001, the staff requirement states, "There will be a minimum of two direct care staff on per shift." Based on the information provided by the Owner during application process, the Division of Licensing and Protection granted approval for the Residential Care Home to operate as a Special Care Unit (SCU) in 2001. Per observation, at approximately 9:35 AM on 7/15/2025, there was one Staff on duty who was solely responsible for the care needs of the 5	R145		

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R145	Continued From page 1	R145		

current residents of the home. The Staff on duty confirmed they were working alone and stated the second Staff scheduled to be on duty that morning was working at another residential care home operated by the same Owners. At approximately 9:55 AM on 7/15/25 one of the home's Owners arrived and was observed assisting the Staff on duty with transferring, toileting and feeding the home's residents. All residents of the home required the assistance of the Staff on Duty and the Owner for Activities of Daily Living (ADLs) including standing and pivoting, transfers, locomotion, and toileting; and all required staff assistance with feeding during lunch.

During an interview commencing at 2:25 PM on 7/15/25, a Staff who is typically scheduled for the afternoon/evening shift confirmed during the week of 7/12/25 they were the only staff on duty at the home on least one other occasion. The Staff member also confirmed they are aware of the home's policy requiring least two caregivers on duty for all shifts to safely provide for the residents in the home.

Per review of staff schedules provided by the Manager on the morning of 7/15/25, the home was also single staffed at the following times during July of 2025:

a. 6:00 AM until 2:00 PM on 6/30/25

b. 6:00 AM until 8:00 AM on 7/4/25

c. 2:00 PM on 7/7/25 until 2:00 PM on 7/8/25

d. 2:00 PM until 10:00 PM on 7/10/25

e. 6:00 AM until 2:00 PM on 7/14/25

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R145	Continued From page 2 During an interview commencing at 11:21 AM on 7/15/25, the Manager stated the home's normal staffing pattern is to have 2 staff on duty for all shifts and also stated home does have less than 2 staff on duty at times. The Manager indicated they were not aware the home was single staffed on 7/15/25 prior to arriving at the home to meet with the survey team. The Manager confirmed the home was single staffed on the morning of 7/15/25 and staff schedules for the home document additional times when the home has been single staffed.	R145		
R208 SS=F	5.11.a Staff Services There must be a sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to ensure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review there is a failure to maintain a sufficient number of staff on duty to provide necessary care, a safe environment, and prompt appropriate action in case of injury, illness, and emergency. Findings include: Per record the Residential Care Home is approved by the Licensing Agency to operate as a locked Special Care Unit for residents living with the signs and symptoms of dementia. The special care units agreement for licensure states there will be atleast two staff members all at all	R208		

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R208	Continued From page 3 times to maintain a safe environment and services for Residents. Per review of staff schedules provided by the Manager on the morning of 7/15/25, the home was also single staffed at the following times during July of 2025: a. 6:00 AM until 2:00 PM on 6/30/25 b. 6:00 AM until 8:00 AM on 7/4/25 c. 2:00 PM on 7/7/25 until 2:00 PM on 7/8/25 d. 2:00 PM until 10:00 PM on 7/10/25 e. 6:00 AM until 2:00 PM on 7/14/25 During an interview commencing at 11:21 AM on 7/15/25, the Manager stated the home's normal staffing pattern is to have 2 staff on duty for all shifts, and also stated home does have less than 2 staff on duty at times. The Manager confirmed the home was single staffed on the morning of 7/15/25 and staff schedules for the home document additional times when the home has been single staffed. Per observation on 7/15/2025, all residents of the home required 2 person assists with Activities of Daily Living (ADLs) including standing and pivoting, transfers, locomotion, and toileting; and all required staff assistance with feeding during lunch. Per observation, staff interview, and record review, all current residents of the home are dependent on staff to meet their basic needs and would require staff assistance with evacuation from the home in an emergency. On the morning of 7/15/25 the Manager acknowledged the	R208		

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R208	Continued From page 4 surveyors observation of all residents requiring 2 person assists; and confirmed all residents of the home require 2 person assists on at least a PRN (as needed) basis.	R208		
R215 SS=F	5.11.e (4) Staff Services All background checks must be rechecked based on facility policy. The policy must include, at a minimum an annual re-check of Vermont criminal and abuse registries, and an annual re-check of all jurisdictions if a staff member has worked or lived in another state since the initial background check was completed and/or does so on a regular basis, and at any time any employee or caregiver notifies the home of a conviction or substantiation. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure background checks were completed as required for one applicable staff. Findings include: During the investigation conducted at the home on 7/15/25 the Owner was requested to provide documentation of criminal record and abuse registry checks completed for one applicable staff. Per review of the documentation provided by the Owner, current annual background checks including adult and child abuse registry checks and a Vermont criminal record check had not been conducted by the home as required for the applicable staff. The Owner confirmed these findings on the afternoon of 7/15/25.	R215		

Directed Plan of Correction (DPOC)

to be completed by October 1, 2025 (and audits ongoing) for

Our House Residential Care Home –On-site investigation Survey July 15, 2025

Please sign, date, and indicate your title at the bottom of the report and return this report to this office no later than August 30, 2025, indicating that the home acknowledges receipt of the DPOC and accepts its terms. The DPOC shall be completed by the home, and compliance shall be achieved by October 1, 2025, as indicated in this DPOC.

Directed Plan of Correction (DPOC) – R145 5.6.c Special Care Units

What action you will take to correct the deficiency:

The facility will explore and exhaust all staffing options for the home's staffing coverage including but not limited to outside staffing agencies, other state and private health organizations, and community partners. The facility will conduct a staffing review and re-assign available staff to cover scheduling gaps to ensure two staff members are present in the home at all times in accordance with the facilities Special Care Unit agreement to provide safe and adequate care.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

The facility will develop and implement an ongoing contingency plan for unexpected absences, including but not limited to an effective on-call system to ensure two staff are in the home at all times in accordance with the facilities Special Care Unit agreement to provide safe and adequate care and to ensure Resident safety.

How the corrective actions will be monitored so the deficient practice does not recur:

The Manager of the home will monitor the staff schedule on a daily basis to ensure two staff are present in the home at all times and update the staffing schedules to reflect any staffing changes in real time.

Date of Correction:

October 1, 2025

Directed Plan of Correction (DPOC) – R208 5.11.a. Sufficient Staffing

What action you will take to correct the deficiency:

The facility will assess the needs of the current residents in the home and conduct a staffing review to develop a written plan to cover scheduling gaps to ensure two staff members are present in the home at all times for all residents, and to ensure necessary care to those requiring 1 and 2 staff assists for care needs to ensure prompt, appropriate action in cases of injury, illness, fire or other emergencies.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

The facility will develop and implement an ongoing contingency plan for unexpected absences or to address other staffing needs, including but not limited to an on-call system to ensure two staff are in the home at all times and available for the varying physical and emotional needs of the Residents.

How the corrective actions will be monitored so the deficient practice does not recur:

The Manager and Nurse of the home will monitor the schedule on a daily basis as well as the Residents' unique needs to ensure adequate staff are present in the home at all times to safely care for the Residents' daily routines and needs.

Date of Correction:

October 1, 2025

Signature Judith Morton

Title Receiver

Date 9/27/25