



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

March 29, 2019

Mr. Benjamin Goodwin, Manager
72 North Winooski Avenue Program
72 North Winooski Avenue
Burlington, VT 05401

Dear Mr. Goodwin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 3, 2019**. 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, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/03/2019
NAME OF PROVIDER OR SUPPLIER 72 NORTH WINOOSKI AVENUE PROGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 72 NORTH WINOOSKI AVENUE BURLINGTON, VT 05401			
(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
T 001	Initial Comments An unannounced on-site relicensure survey was conducted by the Division of Licensing and Protection on 1/3/19 to determine compliance with the Licensing and Operating Regulations for the Therapeutic Community Residences. The following regulatory violation was identified:	T 001			
T 174 SS=E	IX.9.6.d Physical Plant 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas This REQUIREMENT is not met as evidenced by: Based on observation and staff and resident interview, the facility failed to ensure hot water temperatures were monitored and maintained to not exceed 120 degrees Fahrenheit in resident areas. Findings include: Per observation on 1/3/19 at 4:00 PM, the hot water temperature of the second floor bathroom used by residents registered at 125.6 degrees Fahrenheit. A resident's private bathroom on the first floor also registered at 125.8 degrees. Per interview on 1/3/19 at 4:05 PM, Resident #1 confirmed the hot water temperatures have been elevated and s/he is careful when showering, mixing cold water to off set the elevated hot water temperatures. Per interview on 1/3/19 at 4:10 PM, the TCR (Therapeutic Community Residence) manager confirmed s/he did not have a hot water temperature monitoring system in place. A notice was being provided by the manager to the	T 174			

T-174
P.O.C.
Accepted
J. J. Intosh
3/28/19

[Signature] 1/10/18

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Residential Programs Coordinator

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2019
---	---	--	---

NAME OF PROVIDER OR SUPPLIER 72 NORTH WINOOSKI AVENUE PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 72 NORTH WINOOSKI AVENUE BURLINGTON, VT 05401
--	---

(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
T 174	Continued From page 1 maintenance department of the agency who owns and operates the TCR requesting service to adjust the temperature of the hot water heater.	T 174		

72 N. Winooski Program
Plan of Correction January 2019

Physical Plant

T174 - 9.6 Plumbing -

Action Taken -Howard Center facilities came and turned down the temperature on the water heater on 1/5/2019. They returned on 1/7/2019 to confirm that water temperatures in each bathroom and kitchen were below 120°F

Measures put in place to ensure the deficiency does not recur -Facility obtained a water temperature gauge to track water temperatures across the house..

Monitoring - Added checking water temperature to the monthly safety checklist to ensure monitoring occurs on a regular basis.

Completion - This has been completed

T-174
P.O.C. Accepted
On 3/28/19
J. O. Trish