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

April 4, 2024

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 **February 27, 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
	0505	A. BUILDING: _____ B. WING _____	02/27/2024

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

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T 001	Initial Comments On 2/27/24 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	T 001		
T 032 SS=D	V.5.7.b Resident Care and Services 5.7 Treatment Plan 5.7.b The residence shall ensure that the treatment plan reflects steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. The treatment plan shall be completed within fourteen (14) days of admission. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete a treatment plan for one applicable resident (Resident #1) within 14 days of admission. Findings include: On the afternoon of 2/27/24 policies and procedures related to resident treatment plans were not on file and available for review on request. Resident #1 was admitted to the home on 12/11/23. Per record review on 2/27/24 a treatment plan was not on file and available for review in Resident #1 's record. On the afternoon of 2/27/24 the Manager confirmed a treatment plan had not been completed for Resident #1 . In conclusion this deficient practice is a potential risk for more than minimal harm for all facility	T 032		

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T 032	Continued From page 1 residents due to unidentified problems, goals, and interventions.	T 032		
T 037 SS=D	V.5.8.c Resident Care and Services 5.8 Medication Management 5.8.c Staff shall not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's or other licensed health care provider's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure physician's written signed orders were on file and available for review for one applicable resident 's (Resident #1 's) medications. Findings include: The Medication Administration Handbook and Procedure Guide effective April 2023 provided for review on request states, "Always ensure there is a signed Physician;s Order (PO), for every medication you administer." Per review of Medication Administration Records (MARs) and medication orders, physician's written signed orders were not on file and available for review for the following medications listed on Resident #1 's MARs: 1."Fish Oil 1400 mg Take once capsule by mouth Q AM (every morning)" listed on Resident #1's December 2023, January 2024, and February	T 037		

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T 037	Continued From page 2 2024 MARs. 2."Hydrocortisone 25 mg Suppository Unwrap & insert 1 suppository rectally twice a day for 2 weeks" listed on Resident #1's January and February 2024 MARs. These findings were confirmed by the Manager at 1:00 PM on 2/27/24. In conclusion this deficient practice is a risk for more than minimal harm to Residents because physician's written, signed orders ensure the medication, dose, route, and frequency of administration are communicated as the prescriber intended.	T 037		
T 040 SS=D	V.5.8.5 Resident Care and Services 5.8 Medication Management 5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Nurse failed to develop a written plan to identify the use of psychoactive medications for as	T 040		

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T 040	Continued From page 3 needed (PRN) administrations for 1 out 3 residents of the applicable sample (Resident #2). Findings include: Per record review, Resident #2 has an order for an anti-anxiety medication, Lorazepam 0.5 mg, take 1 tablet by mouth twice a day as needed for anxiety (6 hours in between doses). Per interview on 2/27/24 at 1:55 PM, the Manager explained resources are available to staff as references of psychoactive medications, however confirmed specific individualized plans are not developed to identify indication of use, desired and undesired effects of as needed psychoactive medications. The manager was requested to provide a policy in place for the administration of as needed psychoactive medication, the "Medication Administration Handbook and Procedure Guide" was provided, the Manager confirmed a process for administrations of Psychoactive as needed medications is not outline in the provided procedure guide. The deficient practice is a potential risk for more than minimal harm for all facility residents due to administration of PRN psychoactive medications without monitoring the medication's effect and potential medication errors with misuse.	T 040		
T 071 SS=F	V.5.13 Resident Care and Services 5.13 Policies and Procedures Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request.	T 071		

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T 071	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written policies and procedures that govern all services provided by the residence are on file and available for review at the residence upon request. Findings include: On the afternoon of 2/27/24 the Manager of the home was requested to provide policies and procedures governing services provided at the home. Policies and procedures requested which were not on file and available for review on request included: 1. Per record of the "Medication Administration Handbook and Procedure Guide", a policy is not identified for the administration of as needed Psychoactive medications administered by unlicensed staff. Per interview on 2/27/24 at 1:55 PM the Manager confirmed the Procedure guide does not have a specific policy in place for the development of written medication plans for the administrations of as needed psychoactive medications by unlicensed staff. 2. On the afternoon of 2/27/24 the Manager confirmed policies and procedures related to resident treatment plans were not on file and available for review on request. 3. The Manager of the home provided a copy of the facility's Monthly Safety Checklist for the residential facilities operated by the agency that manages the home which states "Domestic Hot	T 071		

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T 071	Continued From page 5 Water - Check temperatures at faucets, 110 - 120 F is acceptable range. " on the morning of 2/27/24; however the Manager confirmed policies and procedures related to regulation of water temperatures in areas accessible to residents were not on file and available for review on request. The deficient practice poses a risk for more than minimal harm, as policies are to be developed and referenced by staff to ensure the facility standard of practice is adhered to, and the safety and well being of residents is maintained.	T 071		
T 142 SS=F	VIII. 8.1 Laundry Services VIII. Laundry Services 8.1 The residence shall provide laundered bed and bath linens at least once a week. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to provide laundered bed and bath linens at least once a week for all facility residents. Findings include: Per record review the facility's Admission Agreement states, " Upon admission, you will be provided with bed sheets, a blanket, comforter, pillow, a pillowcase, and one towel." and "Everyone will be asked to do personal laundry and bed linens on an assigned day. The washer and dryer will be available for use during the following hours from 9:00 AM to 9 PM. We provide detergent, bleach, and fabric softener."	T 142		

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T 142	Continued From page 6 On the afternoon of 2/27/24 the Manager confirmed the home's admission agreement does not identify the home's responsibility to provide laundered bed and bath linens to all residents at least once weekly, and the home does not provide laundered bed and bath linens to all residents at least once weekly as required.. In closing this deficient practice is a potential risk for more than minimal harm to all facility residents due to the failure to ensure residents are provided a sanitary and homelike sleeping environment.	T 142		
T 174 SS=F	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 staff interview and record review there was a failure to ensure water temperatures in areas accessible to residents do not exceed 120 degrees Fahrenheit. Findings include: On the morning of 2/27/24 the Manager confirmed policies and procedures related to regulation of water temperatures in areas accessible to residents were not on file and available for review; however s/he provided a copy of the facility's Monthly Safety Checklist for the residential facilities operated by the agency that manages the home which states "Domestic Hot Water - Check temperatures at faucets, 110 - 120 F is acceptable range. "	T 174		

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T 174	Continued From page 7 During a tour of the home commencing at 8:41 AM on 2/27/24 water temperatures in areas accessible to residents were observed to be above 120 degrees Fahrenheit as follows: * First Floor Resident Bathroom - 133.9 degrees Fahrenheit * Kitchen Sink- 133.2 degrees Fahrenheit * Upstairs Bathroom 128.8 degrees Fahrenheit Due to the risk of harm to facility residents an immediate corrective action was taken, and an adjustment was made by a maintenance technician to lower the temperature of the hot water The surveyor's and maintenance technician's thermometer readings were compared and determined to yield the same findings. During a recheck of water temperatures at 10:31 AM temperatures in the previously tested areas of the home were observed to be sustained below 120 degrees Fahrenheit with temperatures between 113.2 - 115.9 degrees Fahrenheit observed in the sampled areas of the home. These findings were confirmed by the Manager on the morning of 2/27/24. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to the risk for burns associated with water temperatures above 120 degrees Fahrenheit and increased risk for burns with injuries resulting for vulnerable adults.	T 174		

HOWARD CENTER
Help is here.

Pamela M. Cota, RN
Licensing Chief
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 054671-2306

March 29th, 2024

Dear Ms. Cota:

Listed below is the plan of correction for each deficiency cited in the re-licensing survey at 72 N. Winooski Ave TCR of Howard Center, that took place on February 27th, 2024.

Resident Care and Services

T032 – 5.7b Treatment Plan
Action Taken – Care Manager was notified and created a new treatment plan for the resident inclusive of goals, problems, and interventions. Care Manager met with the client to develop a new treatment plan.

Measures put in place to ensure the deficiency does not recur – Manager will include updating treatment plan as part of the admission packet. Updated forms were printed and signed by all residents as a notice of change in programming.

Monitoring – Treatment plans will be reviewed 14 days after admission to ensure all goals, problems, and interventions are accurate. Treatment plans will be updated annually or when a significant change in treatment occurs.

Completion – This was completed on 03/26/2024

T032 Accepted
Jenielle Shea, RN 4/3/24

T037 – 5.8c Medication Management
Action Taken – Signed orders were obtained for the Fish oil medication on 2/28/2024. The Hydrocortisone Cream entry was stricken from the MAR to reflect the lack of an active order

Measures put in place to ensure the deficiency does not recur –Staff onsite will prompt a specific Howard Center nurse if there are new/changes in prescribed medication or orders

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from providers. The Manager will review medication orders with nursing weekly. When a resident is admitted to the program, the Nurse shall contact the individual's health care provider (HCP) to request signed orders on or before the day of admission. If a resident's medications are changed by their health care provider, the nurse will contact the provider to obtain updated orders reflecting the addition, change, or discontinuation of the medication or prescribed treatment. The nurse may delegate this task to the residential manager, team lead, or residential counselors, however the nurse will retain accountability to ensure that orders are obtained prior to the administration of any medications or the implementation of prescribed treatments.

Monitoring – Staff will monitor orders and medications and orders at each medication pass and report errors/issues to nursing directly. The Nurse will review resident's orders on a quarterly basis, at a minimum, and whenever there is a change to the resident's medications or treatments. The Nurse will also review the Medication Administration Records for all residents on a monthly basis, at minimum, to ensure that medication orders on the MAR match the resident's orders from their health care provider.

Accountability- The Nurse will update the Medication Administration Handbook and Procedure Guide to include the plan of action outlined above. The Nurse will provide training to program staff and leadership of the requirement to have signed orders on file and available for review when administering medications. This was completed on 2/27/2024

Completion – The Nurse will review all medications on the healthcare provider orders for all residents in the program. If any medication orders are needed, the Nurse will work with the healthcare provider to obtain these by 4/5/24.

T037 Accepted
Jenielle Shea, RN 4/3/24

T040 –5.8.5 Medication Management

Action Taken – Client orders were updated to include indications of use along with desired and undesired effects. Additional resources were placed in the Medication Administration and Procedure Handbook. Resident specific behavioral plans for all psychoactive PRN medications will be created and added to the individual resident's MAR book. These plans will describe the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired effects the staff must monitor for; and document the time of, reason for and specific results of the medication use.

Measures put in place to ensure the deficiency does not recur – Nursing will add desired and undesired effects to all new/changed as needed medication orders on an individual basis. The Nurse will review the healthcare provider orders to identify all residents who have been prescribed psychoactive PRN medications. This was completed on 2/27/2024

The Nurse will provide training to program staff and leadership on the new behavioral plans for psychoactive PRN medications.

Monitoring – Orders will be monitored weekly for accuracy and updated as needed. The Nurse will review the healthcare provider orders for all residents on a quarterly basis, at minimum, and whenever there is a change to the resident's medications to ensure that any psychoactive PRN medication orders have an accompanying behavioral plan.

Completion – Staff training will take place in staff meeting before 4/12/24. Substitute or staff who are not present at this meeting will receive written notification of these changes and confirm receipt of these changes with their supervisor by 4/26/24.

T040 Accepted
Jenielle Shea, RN 4/3/24

T071—5.13 Policies and Procedures

Action Taken – The Director of Nursing provided written policy on administering psychoactive as needed medication on 03/26/2024, this was placed in the Medication Administration and Procedure Handbook. The Manager made written policy for treatment plans and included it with the Admission Agreement on 3/15/2024, updated forms were printed and signed by all residents as a notice of change in programming. The Director of Facilities provided written policy on regulating hot water temperatures on 03/25/2024, this was placed in the Safety Checklist Binder.

Measures put in place to ensure the deficiency does not recur – New written policies and procedures were established to ensure continued compliance. These policies and procedures will be reviewed with staff annually or upon hire into the program.

Monitoring – Updated policies will be reviewed annually or upon hire into the program.

Completion – This was completed on 03/26/2024

T071 Accepted
Jenielle Shea, RN 4/3/24

T142—8.1 Laundry Services

Action Taken – Admission paperwork and House Rules were updated to reflect the correct language per regulations.

Measures put in place to ensure the deficiency does not recur – The updated forms were printed an signed by all residents as notice of a change in programming. The updated forms were placed in the Resident Binder for review

Monitoring – The updated forms will be used for all future admissions to the program

Completion – This was completed on3/4/2024

T142 Accepted
Jenielle Shea,RN 4/3/24

Physical Plant

T174—9.6 Plumbing
Action Taken – Howard Center Facilities and an outside contractor turned down the hot water heater temperature on 2/27/2024. A review of temperatures at several sinks on 2/28/2024 was between 111 and 114 degrees Fahrenheit

Measures put in place to ensure the deficiency does not recur – Staff will begin recording temperatures during the monthly safety check. If any temperature check exceeds 120- degrees Fahrenheit staff will contact facilities for immediate remediation.

Monitoring – Water temperatures will be reviewed monthly and any significant change will be addressed by an outside vendor

Completion – This was completed on 3/6/2024

T174 Accepted
Jenielle Shea, RN 4/3/24

Sincerely,

Logan Wich
Howard Center
Assistant Director of Residential