



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 26, 2024

Ms. Stacy Stevenson
Lcmh Johnson Group Home
Po Box 406
Johnson, VT 05656-0406

Dear Ms. Stevenson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 19, 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

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: 0518	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2024
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NAME OF PROVIDER OR SUPPLIER LCMH JOHNSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 406 JOHNSON, VT 05656
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T 001	Initial Comments On 3/19/24 the Division of Licensing and Protection conducted an unannounced on-site re-licensing survey. Findings include:	T 001	<p><i>please see Attached Document For Response</i></p> <p>Corrective actions for all tags accepted by Jo A Evans RN on 4/25/24.</p> <p>See attached document to review corrective actions for individual tags.</p>	
T 038 SS=F	<p>V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services</p> <p>5.8 Medication Management</p> <p>d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider 's diagnosis and orders.</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents .</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <p>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;</p> <p>ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;</p>	T 038		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Manager* (X6) DATE *4/15/24*

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T 038	<p>Continued From page 1</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure all unlicensed staff responsible for administering and dispensing medications to residents of the home have been trained and delegated to administer specific medications to specific residents by the current Registered Nurse. Findings include:</p> <p>Per record review, the facility's policies and procedures for Medication and Treatment Administration states, " Only staff designated and trained in medication administration ... should have access to the locked medication cabinet." The facility's policies and procedures binder also contains the Licensing and Operating Regulations for Therapeutic Community Residences effective 3/1/2022 which states, "A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents."</p> <p>The facility's policies and procedures binder does not include procedures to ensure all unlicensed staff responsible for administering and dispensing medications to residents of the home are delegated to perform these nursing tasks by the current Registered Nurse responsible for nursing supervision and oversight at the facility.</p>	T 038		

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T 038	<p>Continued From page 2</p> <p>Per record review, 8 staff are responsible for medication administration at the facility to include 7 Residential Support Staff and the Manager of the home.</p> <p>During an interview on the afternoon of 3/19/24 the Director of Nursing, who is the current Registered Nurse responsible for nursing supervision and oversight at the home, stated s/he was in the process of delegating facility staff to administer medications; however a formal date had not been set for completion of the delegation process. The DON stated s/he has been responsible for nursing supervision and oversight at the facility since approximately 1/6/24, when the previous Registered Nurse's employment at the facility ended.</p> <p>At 12:28 PM on 3/19/24 the Director of Nursing and Manager confirmed 5/8 staff had not been delegated to administer medications to facility residents by the current Registered Nurse responsible for Nursing supervision and oversight at the home.</p> <p>In conclusion, this deficient practice is a potential risk for more than minimal harm for all residents of the home due to increase risk of medication errors and nursing oversight to undelegated staff.</p>	T 038		
T 040 SS=E	<p>V.5.8.5 Resident Care and Services</p> <p>5.8 Medication Management</p> <p>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</p>	T 040		

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T 040	<p>Continued From page 3</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop written plans for the administration of psychoactive PRN (as needed) medications by staff other than a nurse for 3 applicable residents (Residents #1, #2, and #4). Findings include:</p> <p>Per record review, the facility's policies and procedures binder includes the Vermont Licensing Regulation which states, "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 "educates the staff about what desired effects or undesired side effects the staff must monitor for".</p> <p>The facility's policies and procedures binder does not identify procedures to ensure written plans for the administration of PRN psychoactive medications by staff other than a nurse are completed and maintained on file.</p> <p>Per record review Resident #1 and Resident #4 are prescribed the medication Hydroxyzine as needed for anxiety. Resident #2 is prescribed the medication Propranolol as needed for anxiety.</p> <p>On the afternoon of 3/19/24 the Director of</p>	T 040		
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T 040	<p>Continued From page 4</p> <p>Nursing, who is the current Registered Nurse responsible for nursing oversight of the home, confirmed the written psychoactive plan for administration of Hydroxyzine as needed for anxiety for Residents #1 and #4 did not include the unintended side effects which staff must monitor; and a written plan for the administration of the medication Propranolol as needed for anxiety for Resident #2 had not been developed.</p> <p>In conclusion this 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 including misuse.</p>	T 040		
T 060 SS=E	<p>V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b The following records shall be maintained and kept on file:</p> <p>(1) A resident register including all admissions to and discharges out of the residence.</p> <p>(2) A record for each resident which includes:</p> <p style="padding-left: 40px;">i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin;</p> <p style="padding-left: 40px;">ii. The health care provider's name, address and telephone number;</p>	T 060		

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T 060	<p>Continued From page 5</p> <p>iii. Instructions in case of resident's death;</p> <p>iv. The resident ' s intake assessment summary, identification of problems and areas of successful life function;</p> <p>v. Data from other agencies;</p> <p>vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form;</p> <p>vii. A signed admission agreement;</p> <p>viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record);</p> <p>ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure an intake assessment summary was maintained on file and available for review for 3 out of 3 sampled residents</p>	T 060		

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T 060	Continued From page 6 (Residents #1, #2, and #3). Findings include: The facility's policies and procedures binder contains the Licensing and Operating Regulations for Therapeutic Community Residences effective 3/1/2022 which states a record for each resident including the resident's intake assessment summary shall be maintained and kept on file. On 3/19/24 the facility's HUD Coordinator was requested to provide resident intake assessment summaries for a sample of 3 residents. On review of the documents provided for review, the requested resident intake assessment summaries were not provided. During interviews on the afternoon of 3/19/24 the HUD Coordinator and the Manager stated intake assessment summaries are not accessible for review by facility staff in the home's resident records. On the afternoon of 3/19/24 the HUD Coordinator and Manager confirmed resident intake summaries were not on file and available for review for 3 out of 3 sampled residents. In conclusion this deficient practice is a potential risk for more than minimal harm to all facility residents due to the failure to ensure intake assessment information related to each individual resident's medical and psychosocial needs is accessible to staff responsible for providing safe and effective care and services.	T 060		
T 062 SS=F	V.5.10.b.4 Resident Care and Services 5.10 Records/Reports 5.10.b.4 The results of the criminal record and abuse registry checks for all staff.	T 062		

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T 062	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of all required background checks for 3 out of 5 sampled staff. Findings include:</p> <p>The facility's policy and procedures binder include notifications from the licensing agency outlining the current requirements for criminal record and abuse registry checks to be completed by the facility; however the facility policies and procedures binder does not identify procedures to ensure all required criminal record and abuse registry checks are completed as required.</p> <p>On the morning of 3/19/24 the Manager was requested to provide documentation of criminal background and abuse registry checks for a sample of 5 residents. Per review of the records provided for review, all required records were not completed for 3 out of the 5 sampled residents. This finding was confirmed by the HUD Coordinator for the facility at 4:00 PM on 3/19/24.</p> <p>In conclusion this deficient practice is potential risk for more than minimal harm for all residents, as the requirement for criminal background and abuse checks is intended to ensure all residents are free from the risk of harm.</p>	T 062		
T 187 SS=F	<p>IX.9.11.c Physical Plant</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each residence shall have in effect, and available to staff and residents, written copies of</p>	T 187		

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T 187	<p>Continued From page 8</p> <p>a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete fire drills on at least a quarterly basis and at least once yearly during all required times. Findings include:</p> <p>The facility's Fire Drill Procedure effective 10/27/15 states, "Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night."</p> <p>Per record review on 3/19/24 fire drills were not completed during the third quarter of 2023, or conducted during the afternoon and evening in the previous 12 months as required.</p> <p>These findings were confirmed at 1:22 PM on 3/19/24 by the facility's HUD Coordinator.</p> <p>This deficient practice is a potential risk for more than minimal harm for all facility residents due to missed opportunities for staff and residents to practice the evacuation process, and identify effective procedures for safe and timely evacuation.</p>	T 187		
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Plan of Correction for re-licensing survey at your facility on March 19, 2024

T038 V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services

5.8 Medication Management

The JGH TCR Policies and Procedures binder includes procedures to ensure that all unlicensed staff responsible for administering and dispensing medications to residents of the home, are delegated to perform these nursing tasks by the current Registered Nurse responsible for nursing supervision and oversight at the facility.

The House Registered Nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents before these staff can perform any delegated tasks.

The policies and procedures for Medication and Treatment Administration at JGH state;
“Only staff delegated by the House Registered Nurse, after being completely trained in medication administration and delegated by the RN, will have access to the locked medication cabinet.”

The House Registered Nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents before these staff can perform any delegated tasks.

In the case of the Residential Nurse being absent, the replacement nurse, even if temporarily, will ensure that all medication delegated staff are re-delegated under their license before the administration of any medications.

Any new Residential Nurse will delegate all staff under their license, to ensure compliance with state regulation.

All JGH staff distributing medications are currently delegated under the acting house nurse.
As of; 3/10/24

Implemented and completed by Residential nurse by 5/10/2024.

T038 Plan of Correction accepted by Jo A Evans RN on 4/25/24.

T040 V.5.8.5 Resident Care and Services 5.8.5

5.8 Medication Management

The JGH Policies and Procedures binder will include a policy that states;

“ All med delegated Staff other than a nurse, may administer PRN psychoactive medications only in compliance with the JGH written plan for the use of the PRN medication; which educates the staff about what desired effects or undesired side effects the staff for which staff must monitor”.

The facility's Policies and Procedures binder will include procedures to ensure written plans for the administration of PRN psychoactive medications by staff other than a nurse are completed and maintained on file.

This written plan for psychoactive PRN medication use will describe the specific behaviors the medication is intended to correct or address.

This psychoactive PRN plan will identify the circumstances that indicate the use of the medication.

This psychoactive PRN plan will educate our staff about what desired effects or undesired side effects the staff must monitor for and document the time of administration, reason for administration, and the resident's self-description and observed response to the medication.

Implemented and completed by Residential nurse by 5/10/2024.

T040 Plan of Correction accepted by Jo A Evans RN on 4/25/24

T 060-5.10 Records/Reports

Intake at JGH TCR

The JGH TCR intake process shall be completed no later than seven (7) days from the date of admission and shall include a comprehensive assessment focusing on the following:

- (1) Early history in brief as a summary:
- (2) Review and written summary of current adjustment in major areas of life function – personal, social, familial, educational, and vocational with an identification of major dysfunctions leading to the need for residential treatment.
- (3) As recent a medical report as possible to include orders for medications, cautions on adverse reactions and symptoms to watch for.
- (4) Review of specific substance abuse if applicable.
- (5) Appropriate abstracts from agencies, institutions, and programs previously used by the individual.

This summary of the basic data shall be retained by JGH TCR for their record. Sufficient information shall be gathered during the intake process to permit the identification of specific areas of function/dysfunction such as unemployment, marital discord or economic crisis, as possible collateral elements contributing to the presenting problems of substance abuse or mental illness. Sufficient information shall be gathered during the intake process to permit the identification of specific areas of successful life function, achievement and specific skills, strengths and supports. This intake assessment form will be added to our intake packet and shall be stored as a physical copy in their medical binder under its own heading (***Intake Summary***) for ease of access.

House Manager will review quarterly to ensure compliance.

Implemented and completed by House Manager by 4/10/2024

T060 Plan of Correction accepted by Jo A Evans RN on 4/25/24

T 062-5.10.b.4 The results of the criminal record and abuse registry checks for all staff.

Background Checks -

Reviewing existing policy with HR and have started the process of clearing the change to yearly

Background checks for facility staff through the union once complete we will update to PNP book. In

the interim we are using the background protocol in our PNP book with the protocol received from

DAIL that took effect 1/1/24 as an addendum to our current PNP Book.

Johnson Group Home will keep background checks on file for all employees. Background checks will

be checked yearly for adherence to state policy.

House Manager will review quarterly to ensure compliance.

Implemented and completed by House Manager by 5/10/24

T062 Plan of Correction accepted by Jo A Evans RN on 4/25/24.

T 187- IX.9.11.c Physical Plant

9.11 Disaster and Emergency Preparedness Fire drills

Johnson Group Home TCR has a fire emergency's plan in effect, and available to staff and residents, written copies of a plan for the protection of all residents and staff in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.

House Manager will review quarterly to ensure compliance.

Implemented and completed by House Manager by 4/10/24

T187 Plan of Correction accepted by Jo A Evans RN on 4/25/24.