



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

May 11, 2023

Mr. Benjamin Goodwin, Manager
Next Door
847 Pine Street
Burlington, VT 05401-4924

Dear Mr. Goodwin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 14, 2023**. 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 cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0530	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/14/2023
NAME OF PROVIDER OR SUPPLIER NEXT DOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 847 PINE STREET 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 re-licensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 4/11/23. The following identified regulatory violations are related to the re-licensure survey. The complaint investigation was completed on 4/14/23, no regulatory violations were identified.	T 001	<i>Please See Attached</i>	
T 031 SS=D	V.5.7.a Resident Care and Services 5.7 Treatment Plan 5.7.a The residence shall set forth in writing its treatment goals, approach, orientation, and methods for achieving goals. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure a written treatment plan was in place. The TCR (Therapeutic Community Residence) failed to set forth in writing its treatment goals, approach, orientation, and methods for achieving goals for 2 of 3 applicable residents (Resident #1, #2) Findings include: 1. Per record review on 4/11/23 at 2:30 PM Resident 1's chart lacked a written treatment plan containing treatment goals, approach, orientation, and methods for achieving goals. This was confirmed by the TCR manager on 4/11/23 at 3:20 PM. Further stating it is the responsibility of the assigned Case Manager to complete and update the treatment plan for the residents at this TCR. 2. Resident #2 entered the Residential Care	T 031		

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



TITLE

Senior Manager

(X6) DATE

5/10/23

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T 031	Continued From page 1 Home Program for the Mental Health Agency on 9/20/2019 and presently is a resident in the TCR. Despite ongoing mental health issues to include managing multiple stressors, the last Treatment Plan was completed for Resident #2 on 1/30/2020. The TCR manager confirmed on 4/11/23 at 1:10 PM an updated plan has not been completed. In addition, the manager stated it is the responsibility of Resident #2's Case Manager to update the treatment plan, however this individual's case load is greater than 30 residents presently, creating delays in completion.	T 031		
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 staff interview and record review, the TCR nurse failed to develop a written plan of care for the administration of PRN (as needed) psychoactive medications by the delegated staff for 2 of 3 applicable residents. (Resident #2 & 3) Findings include:	T 040		

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T 040	<p>Continued From page 2</p> <p>1. Resident #2 has a physician's order for Hydroxyzine 50 mg (antihistamine with sedative properties used for anxiety/tension) orally every 6 hours up to 3 doses in 24 hours. A written plan which describes the specific behaviors Hydroxyzine is intended to treat or correct and the specific results of the medication had not been developed by the TCR nurse.</p> <p>2. Per record review Resident #3 has an order for Haldolperidol 1 mg Tablet, take 2.5 tablets (2.5 mg) by mouth twice a day as needed for agitation. A behavioral plan to identify resident #3 specific behaviors Haldol is intended to treat or correct or the specific desired and undesired effects of the medication have not been developed by the TCR nurse.</p> <p>Per interview on 4/11/23 at 11:40 AM the TCR nurse confirmed s/he does not have a written behavioral plan for use of PRN psychoactive medications administered by delegated staff.</p>	T 040		
T 052 SS=E	<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</p> <p>5.9 Staff Services</p> <p>5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <p>(1) Resident rights;</p> <p>(2) Fire safety and emergency evacuation;</p>	T 052		

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T 052	<p>Continued From page 3</p> <p>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</p> <p>(5) Respectful and effective interaction with residents;</p> <p>(6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the TCR failed to ensure all staff providing direct care to residents receive at least 12 hours of training each year. Findings include:</p> <p>Based on staff interview and facility staff file review on 4/11/23, the TCR failed to demonstrate by documentation that 4 out of 5 staff members reviewed had received at least (12) hours of annual training specific to resident rights, fire and safety and emergency evacuation, resident emergency response, mandatory reporting, respectful and effective communication with residents, infection control measures, and general supervision of residents. Four staff records were incomplete for mandatory trainings, 1 of the 4 staff training records did not have any documentation to support completion of any of the mandatory trainings.</p>	T 052		

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T 052	Continued From page 4	T 052		
T 100 SS=D	<p>VI.6.16 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>6.16 Residents have the right to fill out a document called an " advance directive " in accordance with Title 18, chapter 231 and to have the residence follow the residents ' wishes, unless such wishes are contrary to a court order. The residence shall provide residents with information about advance directives and, upon request, may support a resident ' s efforts to complete the documents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure by the TCR to ensure completion of the Advanced Directive for 1 of 3 applicable residents. (Resident #3) Findings include:</p> <p>Resident #3 was admitted to the TCR on 9/21/22. the Advanced Directives form was incomplete. Per interview on 4/11/23 at 3:30 PM, the Manager stated "Resident #3 was belligerent during admission" and as a result the Advance Directive was not completed. The manager stated, advanced directives are a part of the admission process and Resident #3 had not been</p>	T 100		

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T 100	Continued From page 5 reapproached to complete the required Advanced Directive options.	T 100		
T 127 SS=E	<p>VII.7.2.b Nutrition and Food Services</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews there was a failure to ensure all perishable food and drinks were labeled and dated. Findings include:</p> <p>During the tour of the facility kitchen and food service area commencing at 10:08 AM on 4/11/23, accompanied by the the TCR Supervisor, the following perishable food items were observed and confirmed by the TCR manager to be improperly stored. In the kitchen refrigerator multiple items were not labeled as to when they were opened, these items include deli meats (roast beef, turkey), deli cheese, raspberry jelly, gallon of milk, cream cheese, packaged hot dogs, vegetable broth, chicken broth, tomato sauce, maple syrup, multiple containers of salad dressings, and tartar sauce were observed open without labels.</p> <p>In the dry goods storage area open undated bag of egg noodles, English muffins, sliced bread, and peanut butter were observed.</p>	T 127		

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T 139	Continued From page 6	T 139		
T 139 SS=F	VII.7.3.g Nutrition and Food Services 7.3. Food Storage and Equipment 7.3.g Doors, windows and other openings to the outdoors shall be screened against insects, as required by seasonal conditions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there was a failure to provide window screens in resident rooms and other locations within the residence. Findings include: During a tour of the environment on 4/11/23 beginning at 10:35 AM, several windows throughout the facility including resident rooms and staff office were without window screens. This was confirmed with the TCR manager on the afternoon of 4/11/23.	T 139		
T 146 SS=F	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by:	T 146		

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T 146	<p>Continued From page 7</p> <p>Based on observation and staff interview, there was a failure of the TCR management to maintain a safe, functional and sanitary environment. Findings include:</p> <p>During a tour of the environment on 4/11/23 at 10:35 AM accompanied initially by the TCR Supervisor the following observations were made and confirmed:</p> <ol style="list-style-type: none"> 1. In the first floor bathroom the entrance side of the shower stall was cracked, chipped and deteriorated with a buildup of mold. There was a soiled bucket beside the toilet, staff unaware what it was used for or why it remained. 2. The sofa located in the living room had large multiple torn areas in the faux leather upholstery. 3. In the basement level of the residence noted a broken light cover in the laundry room and an opening in the drop ceiling approximately 12"x 12" located outside the janitor's closet. 4. In room #8, located in the basement level of the residence, noted a bed without sheets, floor was soiled and odorous of urine, the bed mattress was soiled with sputum; the baseboard heat cover was soiled and covered in rust 5. A second-floor bedroom #3/4 occupied by 2 residents found trash discarded, with other significant debris, covering the room's floor. Layers of cigarette tar on a bedside table, the floor beside a bed, and covering a wooden TV tray; dirty clothes scattered throughout the room; clutter of items to include a lamp with no shade, a key board propped on a wall; both windows in the room covered with soiled and stained curtains with one window curtain tied to previous curtain rod hardware; the bedroom floor was soiled and dust was suspended from the ceiling and walls; baseboard heat was soiled and covered in rust. 	T 146		

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T 146	Continued From page 8 Neither resident's bed had pillowcases and pillows were soiled/stained. Neither window in this room had screens. The TCR manager confirmed at the time of the environmental tour, the observations made in room #3/4. The manager further acknowledged both the TCR staff and agency housekeepers assigned to the facility 3 times per week would be responsible for cleaning the resident rooms and other areas within the TCR.	T 146		
T 157 SS=E	IX.9.2.h Physical Plant 9.2 Residents ' Rooms 9.2.h Each bed shall be in good repair, with a clean, comfortable mattress that is at least six (6) inches thick, and standard in size for the particular bed, a pillow, bed covering, and a minimum of one (1) blanket, two (2) sheets, and one (1) pillowcase. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff, there was a failure to provide beds that were in good repair, were clean and had bed coverings. Findings include: During a tour of the environment on 4/11/23 beginning at 10:20 AM, observations of resident rooms noted the bed in room #7 had wooden blocks under the head of the bed in an effort to elevate the head of the bed approximately 30 degrees. In room #8 the bed also had blocks at the head of the bed, along with other unknown	T 157		

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T 157	Continued From page 9 devices reinforcing bed elevation. Neither bed had the ability to raise or lower the head of the bed (as with a hospital style bed) and the blocks created a safety concern due to potential instability. Room #8 had no bed coverings on his/her mattress and the mattress was soiled. Per interview on 4/11/23 at 11:15 AM, the TCR manager stated there are sufficient sheets and pillow cases available for residents to use. However in room 3/4 pillow cases were not on the pillows and the pillows were soiled.	T 157		
T999 SS=C	Final Comments This REQUIREMENT is not met as evidenced by: 4.13 (f) The residence shall make current written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The residence shall post a notice of the availability of all other written reports in a prominent place. If a copy is requested and the residence does not have a copy machine, the residence shall inform the resident or member of the public they may request a copy from the licensing agency and shall provide the address and telephone number of the licensing agency. This requirement is NOT MET, as evidenced by: Based on observation and staff interview there was a failure to ensure a current written report with results of inspection was readily available to residents. The residence shall make current written report results from inspection readily	T999		

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T999	Continued From page 10 available to residence and to the public in a place readily accessible to residence where individuals wishing to examine the results do not have to ask to see them. Findings include: During a tour of the facility on 4/11/23 a copy of a current written inspection report was not posted and available to the public and residents. This was confirmed by the TCR manager on 4/11/23 at 4:05 PM stating "There used to be one, I am not sure what happened to it".	T999		



**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

May 10, 2023

Dear Ms. Cota:

Listed below is the revised plan of correction for each deficiency cited in the re-licensing survey and complaint investigation at Next Door TCR of Howard Center, that took place on April 14th, 2023.

V.5.7 a Resident Care and Services

T031 -5.7 Treatment Plan

Action Taken - Treatment plans for all three clients have been completed by the case manager and signed by the clients.

Measures put in place to ensure the deficiency does not recur - Treatment plans will be reviewed and updated yearly or upon a significant change in treatment

Monitoring - Monitoring will be done by case management and program manager annually or upon significant change in treatment

Completion - This was completed on 4/17/23



T040 – 5.8 Medication Management

Action Taken – On 5/3/23 RN updated resident orders to include resident specific indications for the use of psychotropic medications. Effects and side effects educational materials were added to the resident’s records.

Measures put in place to ensure the deficiency does not recur – RN will update resident orders upon addition of new psychotropic medications, and educational materials will be provided to staff.

Monitoring – RN will review resident orders for required information periodically.

Completion – This was completed on 5/3/23

T052 – 5.9 Staff Services

Action Taken – Staff were instructed to complete required trainings on next scheduled shift for regular staff. Substitute staff were taken off the schedule until required trainings were complete. This process was implemented on 4/28/23

Measures put in place to ensure the deficiency does not recur – Manager and Team Lead will audit staff training records monthly to ensure compliance with required trainings. Manager will schedule quarterly staff meetings for staff to complete due or upcoming required trainings.

Monitoring – Manager and Team Lead will audit staff training records on the first Tuesday of the month and ensure staff are in compliance with required trainings.

Completion – Staff trainings will be in compliance by 5/12/23



VI.6.16 Resident Rights

T100 – 6.16 Resident Rights

Action Taken – Manager met with Resident #3 who declined to complete Advanced Directive paperwork

Measures put in place to ensure the deficiency does not recur – Advanced Directive paperwork will be completed as part of the admission process to the home. Clients will not be admitted without completing all parts of the admission process.

Monitoring – Manager will ensure that all required admission elements are complete and stored onsite

Completion – This was completed on 4/28/23

VII.7.2.b Nutrition and Food Services

T127 – 7.2 Food Safety and Sanitation

Action Taken – Unlabeled food items were discarded on 4/12/23.

Measures put in place to ensure the deficiency does not recur – Staff will label all food entering the kitchen either directly after grocery shopping, or when bringing food items into the kitchen from the freezer/pantry.

Monitoring – Manager will spot check the kitchen for unlabeled food items weekly

Completion – This was completed on 4/12/23, new process for dating food items was implemented on 5/1/23



T139 - 7.3 Food Storage and Equipment

Action Taken – Facilities was contacted to install screens on all windows on 4/12/23.

Measures put in place to ensure the deficiency does not recur – Manager will notify facilities if a screen is missing, or of seasonal replacement of screens after removal of AC units

Monitoring – Manager will include monitoring for screens on a monthly basis

Completion – Facilities will have screens installed in all windows by May 30th 2023

IX.9.1.s Physical Plant

T146 -9.1 Environment

Action Taken – Facilities replaced the cracked rim of the shower on 4/13/23, the bucket was discarded on 4/12/23. The damaged couch as discarded on 4/20/23. The broken light cover was replaced on 4/13/23, and the hole in the ceiling was patched on 4/13/23. Facilities was contacted to replace rusted base board covers in rooms 8 and 3 / 4 on 5/2/23. Room 8 was thoroughly cleaned on 4/28/23, but the smell remained; working with facilities to resolve. Offered client additional sets of sheets. Room 3 / 4 was thoroughly cleaned on 4/27/23, clients offered additional sheets but declined, extra sheets were placed in linen closet outside the bedroom. The wooden tv trays were discarded, the key board stored in the closet, new curtains and hardware were installed on 5/4/23

Measures put in place to ensure the deficiency does not recur – Manager will conduct monthly safety inspections of all client rooms and common areas and correct deficiencies or coordinate with facilities as needed.

Monitoring – Added safety items to monthly safety inspection list to include client rooms. Updated room cleaning checklist for program/cleaning staff to ensure client rooms are kept up to expected standards.



Completion – All deficiencies were correct by 5/4/23, plans for monitoring were put into effect on 4/28/23

T157 – 9.2 Resident Rooms

Action Taken – Wood blocks under the bed in room 7 were removed on 4/13/23. Adjustments made to bed in room 8 were removed on 5/4/23. Additional sheets were offered to the client in room 8. New pillows and cases were offered to the clients in room 3 / 4, but the clients declined. These items were placed in the linen closet outside the room.

Measures put in place to ensure the deficiency does not recur – Removed modifications from beds, and contacted a medical supply company to inquire about hospital beds

Monitoring – Manager will ensure no modifications to bed frames are made and will inspect client rooms monthly.

Completion – This was completed on 5/4/23

T999 – Final Comments

Action Taken – Manager printed and posted the old survey results with approved plan of correction attached.

Measures put in place to ensure the deficiency does not recur – Signage was added to ensure survey results are not removed.

Monitoring – Manager will visually ensure survey results and accepted plan of correction are posted while onsite.

Completion – This was completed on 4/28/23



Please reach out if you have any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ben Goodwin'. The signature is fluid and cursive, with a large loop at the end.

Ben Goodwin, Senior Manager
Next Door - 847 Pine St
Howard Center
300 Flynn Ave
Burlington, VT 05401
Bgoodwin@howardcenter.org