



**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 19, 2024

Mr. Benjamin Goodwin  
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 **March 26, 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:  <b>0530</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEXT DOOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>847 PINE STREET BURLINGTON, VT 05401</b>
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(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 was conducted by the Division of Licensing and Protection on 3/26/24 to determine compliance with the Vermont Therapeutic Community Residences (TCR) Licensing Regulations effective 3/1/22. The following regulatory violations were identified.	T 001		
T 040 SS=F	<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 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 record review and staff interview the Nurse failed to develop a written plan to identify the use of psychoactive medications for as needed (PRN) administrations for 3 out 3 residents of the applicable sample (Resident #1, #2, #3). Findings include:</p> <p>Per record review, Resident #1, #2, #3, have orders to administers medications as needed for behavior modifying intervention as indicated within medication order. Resident # 1 has as needed medication orders for Lorazepam for</p>	T 040		

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

TITLE

Senior Manager

(X6) DATE

4/18/24

Division of Licensing and Protection

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T 040	Continued From page 1  anxiety and Olanzapine for agitation or psychosis. Resident #2 has as needed medication orders for Risperidone for agitation and Hyrdoxizine for anxiety and/or itching. Resident # 3 has orders for as needed medication, Hydroxyzine for anxiety. In review of the medication Administration record (MAR) for the month of March (2024) up until the date of survey (3/26/24), Resident #1 MAR is documented with administrations of Lorazepam occurring 15 times and Olanzapine 7 times. Resident #2 MAR is documented with administrations of Hydroxyzine occurring 19 times. Resident #3 MAR is documented with administrations of Hydroxyzine occurring 19 times.  Per interview on 3/26/24 at 1:15 PM, the Registered Nurse confirmed specific individualized plans are not developed to identify indication of use, desired and undesired effects of as needed psychoactive medications. The nurse confirmed the medication guide utilized for staff reference is being update to include the use of psychoactive medications administration plans.  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=D	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 2  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the TCR failed to ensure policies were established for food storage practices. Findings include:  Per review of facilities policy and procedures provided during the course of survey, a policy for storage of food was not established for review.  On 4/9/24 via email from the Manager of the TCR, confirmed a policy is not established to account for storage practice of food items within the home environment.  This deficient practice is a potential for more than minimal harm as policy and procedures provide guidance to staff in providing safe and effective services.	T 071		
T 133 SS=D	VII.7.3.a Nutrition and Food Services  7.3 Food Storage and Equipment  7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview food items stored within the kitchen area of the home, were observed open to air and not protected from	T 133		

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T 133	Continued From page 3  sources of contamination and/or packaged to maintain quality of food items and maintaining freshness.  Per observation of the kitchen at approximately 10:15 AM, (3) boxes of triscuit crackers, (4) bags of tostitos chips and bag of goldfish were, a package of (12) Hawaiian roles left open to air on the counter. The packaging was not secure to prevent from sources of contamination.  Per review of facility policies, a policy is not established to identify procedures for food storage practices.  The observation of the items was confirmed at 11:00 AM by the Assistant Director of Residential.  The deficiency is a risk for harm for all facilities as its provides opportunity for sources of contamination of foods available to residents.	T 133			
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: Based on observation and staff interview the TCR	T 146			

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T 146	<p>Continued From page 4</p> <p>failed to ensure a the home was free from smoking on an enclosed porch area. Findings include:</p> <p>Per observation at approximately 11:30 AM, the closed porch area on the second floor was observed to have several cigarette butts resting in a pile on a ledge of the porch area. The Assistance Director of Residential was present at the time of finding and confirmed the porch was not a designated smoking area, and indicated the designated smoking area is outside.</p> <p>Per facility policy states "There are designated smoking areas outside of our long-term residences for client use only. Smoking is prohibited in and outside all other facilities."</p> <p>Per interview at time of finding the Assistant Director of Residential, confirmed the policy indicated their are designated areas for smoking for residential housing.</p> <p>Per interview with staff at 2:00 PM, confirmed staff is aware of the resident's pattern in behavior to smoke on the enclosed porch and not the designated area. Staff are to perform routine monitoring, and remind the resident of the appropriate area to smoke if observed smoking.</p> <p>This deficient practice is a potential risk for more then minimal harm to all facility residents due to potential in harm related to smoking within residential area of the home.</p>	T 146		



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

April 18, 2024

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 March 26<sup>th</sup>, 2024.

#### V.5.8.5 Resident Care and Services

#### **T040 – 5.8 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. The Nurse provided training to program staff and



leadership on the new behavior plans for psychoactive PRN medications. This was completed on 4/17/2024

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 a residents' medication to ensure that any psychoactive PRN medication orders have any accompanying behavioral plan.

Completion – Staff training took place on 4/17/2024. Substitute and staff not present at the training received written notification of these changes and will confirm receipt of the changes with their supervisor by 4/24/2024

T040 Accepted  
Jenielle Shea, RN 4/18/24

#### V.5.13 Resident Care and Services

##### **T071 -5.13 Policies and Procedures**

Action Taken – The manager developed and implemented written policies for safe food storage and labeling. The written policy was implemented on 04/10/24, and all staff were advised to follow the written policy. The policy was added to the Staff Resource guide for review.

Measures put in place to ensure the deficiency does not recur – Written policy was developed, and staff were informed of correct procedures for storing foods. Additional shift tasks were assigned to all staff to ensure compliance. The manager will ensure staff are adequately trained on safe food storage practices.

Monitoring – The manager will review the written policy and procedures on a quarterly basis.

Completion – This was completed on 4/10/24

T071 Accepted  
Jenielle Shea, RN 4/18/24





### VII.7.3.a Nutrition and Food Services

#### **T133 – 7.3 Food Storage and Equipment**

Action Taken – Unlabeled foods were discarded after the inspection. New food storage containers were purchased for dry goods. The manager reviewed safe food storage practices in a staff meeting on 04/17/24.

Measures put in place to ensure the deficiency does not recur – Additional staff duties were updated to include inspecting food storage twice per shift. Staff were trained on written policy and procedure on 04/17/24

Monitoring – The manager will inspect food storage practices several times per week. Staff will sign off on having inspected food storage twice per shift and after serving a meal.

Completion – This was completed on 4/17/24

T133 Accepted  
Jenielle Shea, RN 4/18/24

### IX.0.1.a Physical Plant

#### **T146 – 9.1 Environment**

Action Taken – An alarm was installed on the upstairs porch door on 4/16/24 to alert staff if any resident uses the door. Staff were instructed to inspect the porch every time the alarm sounds. Overnight staff were instructed to clean the porch every night. Additional signage was placed indicating no smoking and designated smoking areas on 4/18/24.

Measures put in place to ensure the deficiency does not recur – Updated staff responsibilities to include monitoring porch use. Overnight staff will sign off on cleaning the porch every night.

Monitoring – The manger will inspect the porch weekly for signs of smoking. Staff will inspect the porch each time the alarmed door is opened. Staff will sign off on cleaning the porch every night.

Completion – This was completed on 4/18/24

T146 Accepted  
Jenielle Shea, RN 4/18/24



Please reach out if you have any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ben Goodwin', with a large, sweeping flourish at the end.

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