

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

February 23, 2024

Jane Powers Blom, Manager Pennington House 1822 North Ave Burlington, VT 05408-1303

Dear Ms. Powers Blom:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 17, 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 A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		0607	B. WING		01/17/2024				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
PENNINGTON HOUSE		ORTH AVE IGTON, VT 05408							
(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 SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	JLD BE COMPLETE				
R100	Initial Comments:		R100						
	An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 1/17/2024. The follow regulatory deficiencies were identified as a result.								
R999 SS=C	R999 SS=C 4.14.f The home shall make 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 home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency. This requirement was NOT MET as evidenced by:		R999						
	was a failure to ensu with results of inspec	n and staff interview there re a current written report tion was readily available to							
	written report results available to residents	nce shall make current from inspection readily and to the public in a place residents where individuals							
	•	ne results do not have to ask							
	AM, when asked to s written reports with ir	24 at approximately 10:30 how surveyors where the spection results that should ablic and residents where							
	oneing and Protection	and residente where							

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Residental Manager-Pennington

(X6) DATE 2/20/2024

B6DD11 If continuation sheet 1 of 2

PRINTED: 02/01/2024 FORM APPROVED

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						
			A. BUILDING: _								
		0607	B. WING		01/1	7/2024					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
PENNINGTON HOUSE 1822 NORTH AVE BURLINGTON, VT 05408											
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL 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							
R999	posted the Manager reports, a supervisor for the interview and a written inspection res confirmed the most w within the home. In conclusion, this defor minimal harm as a provides transparenc correction for residen	was unable to locate the to the Manager was present attempted to locate the ults within the home and written report was not posted displaying survey results by of deficiencies and ts and/or visitors to be tential practices within the	R999								

Division of Licensing and Protection

STATE FORM B6DD11 If continuation sheet 2 of 2

Carolyn Scott State Long Term Care Manager Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 054671-2306

February 20, 2024

Dear Ms. Scott:

Listed below are the plans of correction for each deficiency cited in the re-licensing survey at Pennington Group Home, located at 1822 North Ave Burlington, VT 05401 is RCH of Howard Center Developmental Services that took place on 01.17.2024.

R999 Miscellaneous - 4.14.f Survey and Investigation - Written Inspection Reports

A) The Residential Manager has identified a location within Pennington that is accessible to residents, staff, and visitors. This area is located on the wall between the living room and kitchen and is clearly labeled "Recent Survey Results". The results from the survey on 01.05.2022, including the plan of correction have been displayed effective 02.06.2024 in this location and will be replaced by the updated survey results from the survey occurring on 01.17.2024 once they have been approved.

Please contact me with questions.

Thank you,

Jane Blom Residential Manager- Pennington Howard Center 102 South Winooski Ave Burlington, VT 05401 (802)307-2109 R999 Accepted Jenielle Shea, RN 2/22/24