



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

October 20, 2023

Mr. Edwin Barden
Segue House
7 St Paul Street
Montpelier, VT 05602-3033

Dear Mr. Barden:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 4, 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 black ink, appearing to read "Carolyn Scott".

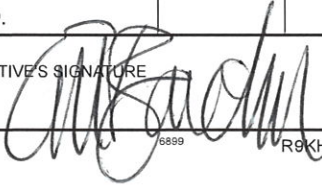
Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/04/2023
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NAME OF PROVIDER OR SUPPLIER SEGUE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ST PAUL STREET MONTPELIER, VT 05602
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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 re-licensure survey and facility self-report investigation were conducted by the Division of Licensing and Protection on 10/3/23 and completed on 10/4/23. No regulatory violations were identified related to the complaint. The following regulatory violations are the result of the re-licensure survey.	T 001	T037: Signed medication orders are required for admission to the Segue Program. We will add to the admission procedure to scan the resident's signed orders into their respective Resident folder in our computer system. RN will conduct quarterly checks to ensure all required paperwork remains in place. The assigned House Manager (full-time Segue staff assigned to a specific resident) may assist at RN discretion. Facility Manager will meet with RN to discuss results of each records check. Missing signed medication orders for Resident #1 were in-house by the end of the day of 10/4/23. T-037 POC accepted 10/20/23 M. McIntosh, RN	
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, the facility nurse failed to provide evidence physician orders were received for medications administered to 1 applicable resident. (Resident #1) Findings include: Per record review of the Medication Administration Record (MAR) and physician orders for Resident #1 noted prescribed orders could not be found for the following medications: Levothyroxine 50 mcg (thyroid hormone deficiency) one daily PO (orally) & Levothyroxine 100 mcg on Saturday & Sunday PO; Docusate 100 mg (stool softener) PO twice daily; Lithium 450 mg (mood stabilizer) twice daily PO; and Zolpidem 5 mg (for sleep) once daily PO.	T 037		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **SEGUE MANAGER** (X6) DATE **10/19/23**

STATE FORM 6899 R9KH11 If continuation sheet 1 of 4

Division of Licensing and Protection

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T 037	Continued From page 1 Per interview on 10/4/23 at 9:30 AM the TCR (Therapeutic Community Residence) nurse confirmed physician orders could not be found for the medications which are administered daily to Resident #1.	T 037	T127: Day staff will conduct bi-weekly checks of both fridges to ensure compliance with state regulations. This will occur on Mondays and Thursdays. We will create a checklist for staff to initial when complete. Facility Manager will review the checklist once a month to ensure compliance. Staff have been again reminded that all food must be labeled and stored when brought into the house, regardless of who purchases it. On Saturday, 10/7/23, day staff went through both fridges and all the cupboards and ensured everything was properly labeled and stored. T-127 POC accepted 10/20/23 M. McIntosh, RN	
T 127 SS=F	VII.7.2.b Nutrition and Food Services 7.2 Food Safety and Sanitation 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. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by facility manager, there was a failure to ensure all perishable food and drink shall be labeled and dated. Findings include: During a tour of the kitchen with the facility manager on 10/3/23 at 10:10 AM the refrigerator was noted to have items that were not labeled and dated to include tarter sauce, multiple salad dressings, dipping sauces, cooked chicken chunks uncovered in a bowl, a pan of cooked rice uncovered and a large pot of soup to be used at a future meal unlabeled. The manager confirmed both staff and residents access the refrigerator and s/he has repeatedly educated them all items need to be labeled and dated.	T 127		
T 146 SS=F	IX.9.1.a Physical Plant 9.1 Environment	T 146		

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T 146	<p>Continued From page 2</p> <p>9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview there was a failure to ensure the residence provided and maintained a safe, functional and sanitary environment. Findings include:</p> <p>During an environmental tour of the residence accompanied by the manager on 10/3/23 at 10:10 AM the following observations were made and acknowledged:</p> <ol style="list-style-type: none"> 1. A third floor emergency exit door which opens onto a fire escape failed to alarm when opened. Per interview, the manager confirmed the door remains unlocked, however, a loud alarm is supposed to sound when the door is opened, indicating someone is exiting or entering without authorization. The manager stated s/he was unaware the alarm had malfunctioned allowing residents unknowingly to enter/exit from the 3rd floor. The manager further indicated the fire escape, although safe, was not to be used for entering or exiting the building unless under an emergency situation which warranted residents to travel 3 flights down a metal stairway. 2. In the 3rd floor bathroom 2 pairs of scissors and 2 used shaving razors were observed sitting 	T 146	<p>T 146: 1. The door alarm for the fire escape on the third floor was inspected and repaired by the Maintenance crew on 10/5/23. All door alarms will be checked with each fire drill. A spot will be added to the Fire Drill report form for this to be recorded no later than 10/13/23. Facility Manager will conduct quarterly checks to ensure compliance.</p> <p>T146: 2. Un-secured sharps were removed during the audit and brought to their proper location. All staff will visit each floor of the facility at least once per shift. During these visits, bathrooms will be checked for any defects and/or contraband. We will create a checklist for staff to initial upon completion. Facility Manager will conduct bi-monthly checks to ensure compliance.</p>	

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T 146	<p>Continued From page 3</p> <p>on a shelf used by residents to store individual hygiene supplies. The manager acknowledged no sharps are to be left accessible due to safety concerns.</p> <p>3. Under the kitchen sink was a spray can of bleach; and a gallon of cleaning solution was found in the second floor bathroom. The manager indicated cleaning staff have been counseled not to leave any cleaning products unsecured.</p> <p>4. In all 4 bathrooms the wall fans were all heavily soiled with dust.</p> <p>5. The first floor bathroom was unclean. The sink and toilet were soiled. The radiator was covered in rust.</p>	T 146	<p>T146: 3. Unsecured cleaning products were removed during the audit and brought to their proper location. No later than 10/14/23, we will create a sign-in/out sheet to be used by the cleaners for chemicals used in their tasks. This sheet will be checked by staff prior to cleaner leaving the premises, to ensure all chemicals signed out have been returned. This plan will start no later than 10/19/23. Facility Manager will conduct monthly checks to ensure compliance.</p> <p>T146: 4&5. All vent fans were cleaned on 10/7/23. Staff will note the condition of bathrooms during their daily floor checks (see T146:2.) No later than 10/20/23, we will create a schedule for quarterly deep cleaning of bathrooms by the cleaners. This information will be shared and coordinated with the cleaners as soon as it has been scheduled. This info will be put on the office calendar and day staff will give reminders to the cleaners to ensure successful completion. Facility Manager will check for compliance after each event.</p> <p>T-146 POC Accepted 10/20/23 M. McIntosh, RN</p>	