

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

August 29, 2023

Ms. Amanda Manchester, Manager Seminary Street Group Home C/o Csac, 109 Catamount Pk Middlebury, VT 05753

Dear Ms. Manchester:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 5, 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,

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

Disability and Aging Services

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B. WING 0501 07/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE C/O CSAC, 109 CATAMOUNT PK SEMINARY STREET GROUP HOME MIDDLEBURY, VT 05753 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 001 T 001 Initial Comments 1 have An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on July 5,2023. The following regulatory deficiencies were identified as a result of the survey: T 115 T 115 VII.7.1.a.3 Nutrition and Food Service SS C 7.1 Food Services 7.1.a Menus and Nutritional Standards 7.1.a.3 The current week's regular and therapeutic menu shall be posted in a prominent public place for residents and other interested parties. This REQUIREMENT is not met as evidenced Based on record review and staff interview the facility failed to assure that the current week's Current and regular menu shall is posted in a prominent public place for residents and other interested parties. Per record review the requested menu for the week of the survey consisted of a handwritten menu containing only the main component of the dinner meal. That menu did not contain all components of the meal. In addition there was no written menu of the breakfast and lunch menus. In interview on 7/5/23 at 10:40 AM the House Date completeel! Manager stated that the breakfast and lunch meals were served per request each day. There 8/11/2023 was no listing of the choices available per request and no record of what the residents had eaten over the course of the week. Tag T115 Accepted on 8/29/2023 - C. Scott Division of Licensing and Protection

 ${\tt LABORATORY\ DIRECTOR'S\ OR\ PROVIDER \it iS UPPLIER\ REPRESENTATIVE'S\ SIGNATURE}$

TITLE

(X6) DATE

STATE FORM

00.99

BEU011

If continuation sheet 1 of 2

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A. BUILDING B. WING 0501 07/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE C/O CSAC, 109 CATAMOUNT PK SEMINARY STREET GROUP HOME MIDDLEBURY, VT 05753 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSCIDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY Continued From page 1 T 187 T 187 IX.9.11.c Physical Plant T 187 SS=F 9.11 Disaster and Emergency Preparedness 9.11.c Each residence shall have in effect, and available to staff and residents, written copies of 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 Erroup Home Manager day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews the facility failed to assure that fire drills were conducted on at least a quarterly basis and that the drills rotate times of day among morning, afternoon, evening, and night and the date and time of each drill was recorded. Per record review of the fire drill roster, for the year 2022, contained fire drills in March, April, June and December but did not include a fire drill during the third quarter. The drills had two drills in the morning hours and two drills in what appeared to be in the afternoon hours. However the times of the fire drills listed did not contain an indication if the times were AM or PM for all the In an interview at 11:25 AM the House Manager confirmed that no other information for the 2022 fire drills was available. Division of Licensing and Protection STATE FORM

Tag T187 Accepted on 8/29/2023 - C. Scott