



HUMAN SERVICES

AGENCY OF

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 31, 2023

Ms. Shannon Buck, Manager  
Union Street Group Home  
215 Union Street  
Bennington, VT 05201-2466

Dear Ms. Buck:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 18, 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:  <b>0517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/18/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNION STREET GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 UNION STREET BENNINGTON, VT 05201</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 relicensure survey was conduct by the Division of Licensing and Protection on 7/18/23. Regulatory deficiencies were identified as a result of the survey. Findings include:	T 001		
T 052 SS=D	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services  5.9 Staff Services  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:  (1) Resident rights;  (2) Fire safety and emergency evacuation;  (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;  (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;  (5) Respectful and effective interaction with residents;  (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and	T 052	T052, 5.9.b: Plan of correction: RN and Developmental Services Training Coordinator have been developing a more comprehensive yearly training requirement for Group Home staff due to recent reviews on other UCS group homes. As a result of this survey, this training plan was finalized and will be implemented for all staff, new and existing, going forward. Added Relias trainings include all items listed in deficiency statement 5.9.b. Some trainings previously handled as "on-the-job" trainings will now be Relias trainings for more standardized training information and ease of access to training records.  Tag T052 Accepted on 8/24/23 - J. Shea, RN	Plan finalized: 07/20/23  Anticipated implementation date: 8/15/23

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

TITLE  
**Group Home Coordinator**

(X6) DATE  
**8/10/23**

Division of Licensing and Protection

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T 052	Continued From page 1  (7) General supervision and care of residents  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the TCR failed to ensure 1 of 5 direct care staff of the applicable sample received the required 12 hours of yearly training. Findings include:  Per record review of the facility training records of direct care staff, 1 of 5 employees had not completed all of the required training, the 12 hours of required yearly training to include: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision.  Per interview on 7/18/23 at 12:00 PM the Registered Nurse (RN) confirmed trainings were not completed for 1 of 5 staff of the applicable sample.	T 052		
T999 SS=A	Final Comments  This REQUIREMENT is not met as evidenced by: 4.4 Re-application (a) Application forms will be mailed to the applicant approximately sixty (60) days before the end of the licensing year. The completed application form must be returned to the licensing agency not less than forty-five (45) days before the expiration date. Upon receipt of a properly completed application, a license will be renewed assuming all other conditions for licensure are met.	T999	T999 SS=A, 4.4 Plan of Correction  There was a breakdown in the protocol for processing Licensing applications internally. It was communicated with all involved and a checking system has been put in place where the manager will continuously check on the status of the License until	7/20/23

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T999	<p>Continued From page 2</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interview there was a failure to ensure the licensing reapplication process was completed within 45 days before the expiration date. Findings include:</p> <p>During the facility tour commencing at approximately 9:30 AM on 6/18/23 the posted license was noted to be expired. The most recent license issued to the facility expired on 6/30/2023.</p> <p>Per interview at 2:00 PM on 6/18/23, the RN confirmed the reapplication was submitted to the licensing agency on 6/21/23. The RN acknowledged the requirement of the reapplication to be returned to the licensing agency not less than forty-five (45) days prior to expiration date..</p>	T999	<p>it is received by the group home.</p> <p>Tag T999 Accepted on 8/24/23 - J. Shea, RN</p>	