

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

July 20, 2017

Ms. Angela Fereday-Parent, Manager
Assist Program
851 Pine Street
Burlington, VT 05401

Dear Ms. Fereday-Parent:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 15, 2017. 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,



Pamela M. Cota, RN
Licensing Chief



JUL 06 2017

PRINTED: 06/27/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0511	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/15/2017
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NAME OF PROVIDER OR SUPPLIER ASSIST PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 851 PINE STREET BURLINGTON, VT 05401
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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)	(X6) COMPLETE DATE
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T 001	Initial Comments	T 001		
	An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 6/14/17 and completed on 6/15/17 to determine compliance with the Licensing and Operating Regulations for Therapeutic Community Residences. The following regulatory violations were identified related to the complaint:			
T 052 SS-E	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	T 052	<p>7/19/17</p> <p>- P.O.C. ^{error-} awa take</p> <p>Acceptable for:</p> <p>T:052, T078, T079, T085, T105</p> <p>J. P. Parent J. W. Tosh</p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Angela Jerecay-Parent
STATE FORM 6898

TITLE
Program Coordinator
P2ZN11

(X6) DATE
7/16/17
If continuation sheet 1 of 8

ASSIST PLAN OF CORRECTION for Survey conducted on June 15th, 2017:

Deficiency T052 V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services

5.9 Staff Services

Program Manager will continue to ensure that there is at least twelve (12) hours of training each year for each staff person providing direct care to residents. Clinicians attend weekly meetings that include trainings on all seven topics outlined in the TCR regulations. The program training manual will continue to include mandatory training requirements as noted in 5.9.b. Training sign-in sheets include participant names, date, time and subject and clinician signature. Clinicians not in attendance will be required to review and sign off on training completion. These records will continue to be maintained for each clinician as well as program training files. Program Manager will review and ensure compliance for all clinicians.

Timeline: August 1, 2017

*P.O.C.
Accepted
J. DeTosh
7/19/17*

Deficiency T078 V.5.16.a Resident Care and Services

5.16 Reporting of Abuse, Neglect or Exploitation

On 6/15/17, Program Manager and clinicians were retrained on the process of making an Adult Protective Services report. All staff was informed of their duties as mandated reporters to file an APS report within 48 hours of the reported incident. Program Manager will monitor for compliance.

Timeline: Complete

*P.O.C.
Accepted
J. DeTosh
7/19/17*

Deficiency T079 V.5. 16.b Resident Care and Services

5.16 Reporting of Abuse, Neglect or Exploitation

In addition to the guidelines set forth for APS reporting, on 6/15/17, staff was retrained on the process and completion of incident reports and the required timeline of the reports to be received by Vermont Division of Licensing and Protection; within 24 hours. Program Manager will monitor for compliance.

Timeline: Complete

*P.O.C.
Accepted
J. DeTosh
7/19/17*

Deficiency T085 VI. 6.1 Residents' Rights

VI. Resident Rights

On 6/29/17 staff was retrained on "Resident Rights". Program Manager provided staff with a copy of the regulations for TCR re; Resident Rights. Program Manager thoroughly discussed these regulations with staff. Program Manager will continue to provide group and 1:1 clinical supervision to all clinicians providing client care to ensure regulations are being followed.

Timeline: Complete

POC
Accepted
7/19/17
Director

Deficiency T105 VI. 6.21 Residents' Rights

VI. Resident Rights

Program Manager will provide directions for contacting the Vermont Protection and Advocacy Organization, Disability Rights Vermont by posting this information in a public area, accessible for all residents.

Timeline: Complete

POC
Accepted
7/19/17
Director