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

November 30, 2021

Mr. Todd Hill, Manager
Assist Program
300 Flynn Ave
Burlington, VT 05401

Dear Mr. Hill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 12, 2021.** 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

Pamela M. Cota, RN
Licensing Chief

PRINTED: 10/19/2021
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
	0511	A. BUILDING: ______ B. WING ______	10/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSIST PROGRAM	300 FLYNN AVE BURLINGTON, VT 05401

(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 re-licensure survey was conducted by the Division of Licensing and Protection on 10/12/2021 to determine compliance with the Licensing and Operating Regulations for the Therapeutic Community Residences (TCR). The following regulatory violations were identified:	T 001	Please see attached plan of Correction.	
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		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Todd Gtlett LICSW

TITLE: Clinical Director

(X6) DATE: 10/20/21

T052 - T187 POC's accepted 11/29/21 FMcIntosh RN/PM

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T 052	Continued From page 1 pathogens and universal precautions; and (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 demonstrate that five of five staff members were provided and participated in the annual twelve hours of training as required by TCR regulation. Training topics must be specific to resident rights, fire safety and emergency evacuation; first aid; abuse, neglect and exploitation; respectful communication; infection control, and general care and supervision. Findings include: Per review of the TCR in-service training records on the afternoon of 10/12/2021, demonstrated limited evidence of the 12 hours of required training for employees presently providing care and services to the residents. Per interview on 10/12/2021 at 3:00 PM the TCR manager confirmed required trainings were not provided to 5 of the 5 employees reviewed.	T 052		
T 115 SS=C	VII.7.1.a.3 Nutrition and Food Service 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.	T 115		

Division of Licensing and Protection

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T 115	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the TCR failed to post the weekly menu in a prominent public place. Findings include: 1. During a tour of the environment on 10/12/2021 at 11:15 AM, to include the dining and kitchen locations, the menu was not posted in a location where the clients could view. Observation of the kitchen observed a menu posted on the refrigerator however, the kitchen is locked and clients are not permitted to enter the kitchen due to infection control concerns related to Covid precautions. The TCR manager confirmed at the time of observation, the menu is not posted in a prominent public place.	T 115		
T 118 SS=E	VII.7.1.a.7 Nutrition and Food Services 7.1 Food Services 7.1.a Menus and Nutritional Standards 7.1.a.7 The residence shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus as well as for unseen emergencies. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the TCR failed to maintain sufficient food supplies at hand to meet the requirements of the planned weekly menus. Findings include: Per review of the lunch menu for 10/12/2021	T 118		

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T 118	Continued From page 3 noted beans; hotdogs; mac and cheese; salad & veggies to be served. Observation of food storage both in the kitchen refrigerator and dry food storage found there were no hotdogs; hotdog rolls; or mac and cheese on the premises. This observation was confirmed with the TCR manager on the late morning of 10/12/2021, who noted staff are responsible for purchasing food supplies each week, and s/he was unaware of a lack of sufficient food supplies for the planned menu.	T 118		
T 146 SS=D	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there was a failure to maintain a safe, functional and sanitary environment. Findings include: During the environmental tour on the morning of 10/12/2021, a faux leather upholstered oversized chair with ottoman were observed to have large tears in the upholstery exposing the back; seat and arms of the chair and ottoman to the underlining of fabric/padding. At the time of the observation the TCR manager confirmed the	T 146		

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T 146	Continued From page 4 present condition of the chair and ottoman prevents surface sanitizing to ensure the provision of a safe environment related to infection control was maintained.	T 146		
T 187 SS=E	IX.9.11.c Physical Plant 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 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 interview and record review, the TCR failed to rotate times of day when conducting required fire drills. Findings include: Per review of the TCR fire drill records, although there was evidence of fire drills being conducted, there was a failure to conduct a fire drill during the and night. There were multiple drills conducted during the evening hours; one during the day; one in the afternoon and no evidence of a drill conducted at night. This was confirmed with the TCR Manager who stated assigned staff conduct the fire drills and s/he was unaware the	T 187		

Division of Licensing and Protection

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T 187	Continued From page 5 fire drills were not in compliance.	T 187		

October 28, 2021

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

Todd Hill
Howard Center
ASSIST Program

Re: DAIL: Re-licensing Survey Plan of Correction for site visit 10/12/21

Requirement:
T 052
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 (7) General supervision and care of residents.

Deficiency:

The nature of this finding was related to being able to demonstrate that staff had taken the annual 12 hours of required training. Program manager could not adequately demonstrate that the staff selected had taken the required amount of training.

300 Flynn Avenue, Burlington, VT 05401
T: 802.488.6200 | F: 802.488.6201
HowardCenter.org
Member Agency of United Way of Chittenden County

With COVID-19 and transition to hybrid nature for facilitating more on-line or remote trainings and staff meetings where many trainings take place, the record-keeping system for ensuring accurate attendance / documentation of completed trainings was not adequately maintained over the past 6 months. The agency is also in the process of transitioning to a new record keeping system for staff tracking of trainings and is in-between systems at the present time.

Corrective Action Steps:

1. To address this deficiency, the Program Manager will contact Information Technology and Human Resources departments to complete the transfer of training tracking system to the all on-line format. The nature of this project will also allow us to comprehensively track in the same database all training required by the Howard Center, in addition to the specialized trainings that DAIL requires for TCRs.

   TIMELINE for Completion: 1/1/22

2. To address the lapse in accurately tracking attendance in team meetings, the Program Manager will work with the ASSIST Leadership team to institute meeting minutes for all staff meetings that, at minimum, document the agenda, list of attendees, and if specific training was provided.

   TIMELINE for Completion: 11/1/21

Requirement:

T 115

VII.7.1.a.3 Nutrition and Food Service

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.

7.1.a.7 The residence shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus as well as for unseen emergencies.

Deficiency:

7.1.a.3: The menu was not posted in a location where the clients could view. Observation of the kitchen observed a menu posted on the refrigerator however, the kitchen is locked and clients

are not permitted to enter the kitchen due to infection control concerns related to Covid precautions.

7.1.a.7: TCR failed to maintain sufficient food supplies at hand to meet the requirements of the planned weekly menus.

Corrective Action Steps:

1. 7.1.a.3: Program manager will move the menu from the refrigerator and will place it in a prominent location in the dining area for client to be able to view.

   TIMELINE for Completion: Complete

2. 7.1.a.7: The Program Manager will develop a system where all staff are responsible for ensuring that there is enough food on the unit and that we have food that will allow us to offer clients meals that correspond to the menu. The Program Manager will assign a weekly, bi-weekly and monthly checklist to clinicians to be performed. The weekly checklist will be done to ensure that the program has enough food that is consumed at a higher rate in supply and the bi-weekly and monthly checklists will ensure there is enough food on hand to last a week and ensure that there is food on hand to meet the needs of the menu posted. Once checklists are completed, the ASSIST Leadership is responsible for delegating staff to purchase items needed when staffing allows.

   TIMELINE for Completion: 12/1/21

T 146
IX.9.1.a Physical Plant

9.1 Environment
9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment

Deficiency:

A faux leather upholstered oversized chair with ottoman were observed to have large tears in the upholstery exposing the back; seat and arms of the chair and ottoman to the underlining of fabric/padding. The present condition of the chair and ottoman prevents surface sanitizing to ensure the provision of a safe environment related to infection control was maintained.

Corrective Action Steps:

1. Program Manager will work with staff and facilities to attempt a repair of the chair with the upholstery that has worn off, exposing the underlining fabric. If the chair cannot be repaired, we will look to replace it.

   TIMELINE for Completion: 12/1/21

Requirement:

T 187 IX.9.11.c Physical Plant

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 day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.

Deficiency:

TCR failed to rotate times of day when conducting required fire drills. Although there was evidence of fire drills being conducted, there was a failure to conduct a fire drill during the day and night. Of the drills conducted, several were conducted in evening hours; one during the day; one in the afternoon and none at night.

Corrective Action Steps:

1. Program Manager will set a schedule for the time of day that fire drills will take place in order to meet the requirement that fire drills happen at day, evening, and at night. Each month will be designated for a specific shift the fire drill will occur. Program Leadership will work with all relevant staff to share this responsibility and complete necessary drills.

   TIMELINE for Completion: 12/1/21