



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

May 24, 2023

Ms. Cynthia Leonard, Manager  
Autumn House  
141 South Branch Street  
Bennington, VT 05201-2677

Dear Ms. Leonard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 25, 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 cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>141 SOUTH BRANCH 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
R100	Initial Comments:  On 4/24/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey, with additional information received on 4/25/23. The following regulatory deficiencies were identified:	R100		
R147 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (4)</p> <p>Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure all medication and treatment orders include the specific dosage and frequency of administration for all facility residents (Residents #1, #2, #3, and #4) Findings include:</p> <p>1. On review of the orders for PRN (as needed) medications and treatments listed in the DS (Developmental Services) Treatment Record the following orders did not include specific instructions for the dosage, frequency of administration including the time between doses, and/or symptom or condition the medication or treatment is intended to treat:</p> <p>For Resident #1: a) Sunscreen SPF 30 or greater PRN used as</p>	R147	<p>R147 5.9.c (item 1-3) Correction Plan: on 05/15/23 newly written Standing Orders, including bowel protocol orders, were faxed to the Primary Care Providers (PCPs) for all 4 residents that include more complete directions for orders. All orders have a specific length of time between administration, reason for administration, and specific dose instructions. Nursing will follow up with PCPs until signed orders are received and update MARs accordingly. In addition, order reviews will be completed to either clarify directions of PRNs not included in standing orders, or request discontinuation of orders that have not been utilized in the last 6 months.</p> <p>Monitoring Plan: Nursing staff will now be the ones completing monthly turnover of paper MARs to ensure accuracy and continuity with the electronic MAR and that all directions are exactly as indicated in the order. This has been started for the Month of May and will continue each month.</p>	05/25/23

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

Cynthia Leonard

TITLE (X6) DATE

Group Home Manager 5/24/2023

Tags R147 to R303 accepted on 5/24/2023 - J. Evans/C.Scott

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R147	<p>Continued From page 1</p> <p>directed</p> <p>c) A &amp; D oint prn perineal redness</p> <p>d) Hydrocortisone 1% prn to mild sunburn and itchy skin</p> <p>e) Calamine lotion prn to Minor insect bites</p> <p>For Resident #2:</p> <p>a) "A &amp; D Ointment apply on perineal redness"</p> <p>b) "Sunscreen SPF 30 or greater PRN"</p> <p>c) " 25 apply small amount to open sores PRN"</p> <p>For Resident #3:</p> <p>a) "A &amp; D Ointment apply on perineal redness"</p> <p>b) "Ketaconazole Cream 2% to be applied to scrotum sores PRN"</p> <p>c) "Calazime Cream apply thin layer to open area on scrotum only 2-4 times daily as needed"</p> <p>For Resident #4:</p> <p>a) "Sunscreen PRN"</p> <p>b) "A &amp; D ointment PRN"</p> <p>c) "Vaseline to lips PRN"</p> <p>2. On review of the paper medication administration record (MAR), which is maintained for use in case the electronic MAR becomes unavailable, the following scheduled and as needed (PRN) medication orders did not include specific instructions for the dosage, frequency of administration including the time between doses, and/or the symptom or condition the medication is intended to treat:</p> <p>For Resident #1:</p> <p>a) Ibuprofen 200-400 mg every 6 hour pain/temp 101 or greater</p> <p>b) Cough Drops (sugar free for diabetics) prn sore throat/cough per package instructions</p> <p>c) Sunscreen SPF 30 or greater PRN used as</p>	R147		

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R147	<p>Continued From page 2</p> <p>directed</p> <p>d) A &amp; D oint prn perineal redness</p> <p>e) Hydrocortisone 1% prn to mild sunburn and itchy skin</p> <p>f) Calamine lotion prn to Minor insect bites</p> <p>Resident #2:</p> <p>a) Ibuprofen 200 mg 1-2 tab every 6 hours PRN pain/fever 101 or greater</p> <p>b) Hydrocortisone cream 1% apply to mild sunburn and itchy skin</p> <p>c) Sugar Free throat lozenges prn sore throat</p> <p>d) Sunscreen SPF 30 or greater</p> <p>e) A+D ointment apply on perineal redness</p> <p>f) Calamine lotion apply per directions minor insect bites</p> <p>g) Ipratoprium BR 0.02 solution use 1 ample in nebulizer 4 times a day as needed</p> <p>h) Analgesic cream apply per directions prn muscle aches</p> <p>For Resident #3:</p> <p>a) "A &amp; D Ointment apply on perineal redness"</p> <p>b) "Ketaconazole Cream 2% to be applied to scrotum sores PRN"</p> <p>c) "Calazime Cream apply thin layer to open area on scrotum only 2-4 times daily as needed"</p> <p>d) "Bisacodyl EC 5 mg TBEC 3 tabs po (by mouth) per day as needed"</p> <p>e) "Milk of Magnesia 60 ml if no BM for 24 hours"</p> <p>f) "Lorazepam 0.5 mg po for increased agitation from 7 PM to 10 AM"</p> <p>g) "Immodium AD 2 mg po 4 x daily prn diarrhea"</p> <p>h) "Calamine lotion apply prn to minor rashes"</p> <p>i) "Triamcinolone cream 0.1% apply to arms,leg rash BID (twice daily) prn thin layer rub in well, not more than 1 week in a row"</p> <p>j) "Hydrocortisone 1% apply prn mild sunburn/itchy skin"</p>	R147		

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R147	<p>Continued From page 3</p> <p>k) "Dulcolax supp 1 prn per bowel protocol" l) "Phillips Milk of Magnesia 30 ml po prn per bowel protocol" m) "Fleet enema 1 prn per bowel protocol" n) "Miralex 1 scoop in 1 cup of water daily prn constipation" o) "Analgesic Cream prn minor muscle aches" p) "Cough drops prn sore throat cough per package"</p> <p>Incomplete orders listed in the DS Treatment Record and Paper MAR were confirmed by the Manager on the afternoon of 4/24/23.</p> <p>3. Per record review all facility residents had a signed PRN standing order medication list including the following incomplete orders:</p> <p>a) Sunscreen SPF 30 or greater apply per package instructions for outside activities b) Ibuprofen 200-400 mg every 6 hours pain/temp 101 or greater c) Cough drops (sugar free for diabetics) prn sore throat/ cough per package instructions d)A &amp; D oint prn perineal redness e)Vaseline prn dry lips f) First aid cream, Bactine antiseptic spray and Bacitracin oint prn to minor cute and abrasions. g) Hyrdocortisone 1% prn the mild sunburn and itchy sin h) Calamine lotion to minor insects bites i) Analgesic Cream prn to minor muscle aches. j) Milk of Magnesia 30 ml po in AM or PM prn k)Dulcolax supp 1 prn in AM l) Fleet Enema</p> <p>Additionally, Resident #1 order for "Tylenol Extra Strength take 1000 mg by mouth every 4-6 hr prn pain" did not include the specific frequency of</p>	R147		

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R147	Continued From page 4  administration that did not appear on Resident #1's paper MAR.  During an interview commencing at 12:30 PM on 4/25/23 the Registered Nurse confirmed the facility's PRN standing order medication list for all residents contained incomplete orders; and confirmed the PRN Tylenol order for Resident #1 was incomplete.	R147		
R165 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <ul style="list-style-type: none"> <li>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;</li> <li>ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;</li> <li>iii. Assessing the resident's condition and the need for any changes in medications; and</li> </ul> <p>Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	R165	<p>R165 5.10.d</p> <p>Correction Plan: Nursing staff will now be the ones completing monthly turnover of paper MARs to ensure accuracy and continuity with the electronic MAR and that all directions are exactly as indicated in the order. This has been started for the Month of May and will continue each month. If medication delegated Staff need to write new orders or order changes on the paper MAR, they are to write it directly as entered in the eMAR by the nurse.</p> <p>Monitoring Plan: Nursing staff will check paper MAR at each scheduled visit to ensure new orders and order changes that occurred between visits were written accurately.</p>	ongoing 05/25/23

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R165	<p>Continued From page 5</p> <p>Based on record review and staff interview there was a failure to monitor and evaluate designated staff's performance in carrying out the nurse's instructions to ensure all orders are fully and correctly entered into the paper Medication Administration Record (MAR) and Treatment Administration Records (TAR) for all facility residents. Findings include:</p> <p>Per record review the facility's paper MAR and TAR, which are maintained by the facility in case the electronic MAR becomes unavailable, were noted to have incomplete and missing orders; and there was a lack of continuity between the orders transcribed in the paper MAR and the electronic MAR for all four facility residents (Residents #1, #2, #3, and #4). The failure to fully and accurately transcribe all prescriber's orders on the paper administration records poses a risk for medication errors if use of the paper records becomes necessary due to loss of power, interruption of internet service, or other circumstances that interrupt access to the electronic medication administration records.</p> <p>The facility's process for entering orders into the electronic and paper records is for the designated staff to transcribe the orders into the MARs and TARs according to the instructions of the Registered Nurse responsible for delegation of this nursing task. Incomplete orders listed in the paper MAR and TAR were confirmed by the Manager on the afternoon of 4/24/23; and the Registered Nurse confirmed the lack of continuity between the orders entered into the electronic and paper administration records during an interview commencing at 12:30 PM on 4/25/23.</p>	R165		

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R176  R176 SS=F	<p>Continued From page 6</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h (4)</p> <p>Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to ensure unused/outdated medications were disposed of per facility policy. Findings include:</p> <p>On 4/25/23 at 1:40 PM it was noted that a total of 22 bottles of expired medication were stored on a bottom shelf in the medication storage cabinet. These findings include a gallon sized bag containing 6 bottles of medication belonging to Resident #1, Nystatin Liquid, and 2 bottles of medication belonging to Resident #2, gallon sized Ziploc containing 14 bottles of medication belonging to Resident #3, and one expired medication card belonging to Resident #4.</p> <p>Per observation of the facility medication cart, it was noted that expired medicated lotions and creams were observed to be in use. Findings include hydrocortisone 1% expired 12/2016, Vit A&amp;D 4 oz container expired 3/2023, Muscle rub pain reliever expired 10/2022, Calazime remedy cream expired 2/2022, A&amp;D 4 oz ointment expired 9/2021, Triamcinolone 0.1 % cream 30 gm expired 12/2021, and Hydrocortisone 1%</p>	R176  R176	<p>R176 5.10.h.</p> <p>Correction Plan: Discussion occurred between Nursing and group home Manager and Staff that policy/procedure of medication discard needs to be followed which includes the utilization of monthly forms designed to facilitate checking for expiration dates and reordering as needed. This had been completed during the month prior and medications brought to the nurse for disposal but it is apparent that all meds were not accurately checked or brought up at that time.</p> <p>Monitoring Plan: Nursing will themselves check where the medications to be discarded are kept during each visit. An additional med delegated Staff member has been tasked with completing these audits for expired medications.</p>	ongoing 05/25/23



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R176	Continued From page 7  cream expired 1/2022.  It was confirmed with agency RN the medications are to be disposed of; however, the process had not been followed per the facility Policy for Medication Waste Procedure (last revised 10/5/22) which states " The facility and safety Division or an Agency Registered Nurse (RN) will be contacted when disposal of medication is needed. Medication waste should be picked up for disposal as soon as possible". The RN stated s/he was unaware of the storage of expired medications at the RCH and that the facility nurses are trained to check the medication cart twice monthly on the first and the fifteenth to dispose of any outdated medications.	R176		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home 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	R179	R179 5.11.b. Correction Plan: Nursing staff is developing a training block with Human Resources for new hire and yearly Relias trainings that include all of the required trainings for group home staff. These trainings will be specific to the group home setting with clear titles about what information is included in the training.  Monitoring Plan: Group home Manager and Human Resources will keep track of completed trainings for each staff member. Group home Manager will do quarterly audits of completed and uncompleted trainings of staff members.	ongoing 06/01/23

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R179	<p>Continued From page 8</p> <p>residents;</p> <p>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure 4 out of 5 sampled staff completed all required yearly trainings (Staff #1, #2, #3, and #4). Findings include:</p> <p>At 1:53 PM on 4/24/23 the Manager confirmed s/he was unable to provide documentation of completion of all required yearly trainings for 4 out of 5 sampled staff.</p> <ol style="list-style-type: none"> <li>Staff #1 did not complete Resident Rights; Fire Safety and Emergency Evacuation; Emergency Response and First Aid, and Mandatory Reporting of Abuse, Neglect, and Exploitation trainings.</li> <li>Staff #2 did not complete Fire Safety and Emergency Evacuation training.</li> <li>Staff #3 did not complete all of the required yearly trainings.</li> <li>Staff #4 did not complete Resident Rights, Emergency Response and First Aid, and Mandatory Reporting of Abuse, Neglect, and Exploitation, and Respectful and Effective Interactions with Residents trainings</li> </ol>	R179		

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R302  R302 SS=E	Continued From page 9  IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home 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 record review and staff interview there was a failure to ensure fire drills were conducted on at least a quarterly basis and drill times were rotated to include drills in the evening and night. Findings include:  At 11:20 AM the Manager confirmed fire drills were not conducted in the third and fourth quarters of the previous year and included at least one drill conducted during the evening and night.	R302  R302	R302 9.11.c. Correction Plan: House Manager is updated on when and how often drills should be completed and will be attending a safety committee meeting for additional updates. An evening and nighttime drill will be completed within 30 days.  Monitoring Plan: Group home manager will be kept updated on drill and safety requirements by group home safety officer.	ongoing 06/15/23
R303 SS=D	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness	R303	R303 9.11.d Correction Plan: Emergency numbers have since been added to each phone location or affixed directly to the phone depending on the	completed 4/24/23

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R303	<p>Continued From page 10</p> <p>9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure a list of emergency numbers were posted by each telephone. Findings include:</p> <p>At 1:14 PM on 4/24/23 the Manager confirmed a list of emergency numbers was not posted by the telephone in the common area of the home.</p>	R303	<p>phone model and type.</p> <p>Monitoring Plan: Designated safety officer for home will include checking for these emergency numbers, including needed updates or replacements, during quarterly safety drills/fire drills.</p>	ongoing 05/17/23