



**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

June 23, 2023

Ms. Rhonda Orr, Manager  
Averte - Bradford House  
2122 Lower Plain  
Bradford, VT 05033

Dear Ms. Orr:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 2, 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:  0254	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/02/2023
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NAME OF PROVIDER OR SUPPLIER  AVERTE - BRADFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2122 LOWER PLAIN BRADFORD, VT 05033
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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 5/2/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	R100	<i>Please see attached</i>	
R147 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.9.c (4)  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;  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure provider's orders included the specific frequency of administration for 2 applicable residents (Residents # 6 and #7). Findings include:  At approximately 5:40 PM on 5/2/23 the Manager confirmed orders for one PRN medication for Resident #6 and two PRN medications for Resident #7 did not include the specific frequency of administration to include the time between doses.  1. Resident #6's medication order for Nicotine 4 mg Gum 1 piece as needed for smoking cessation does not identify how many pieces of gum can be given daily and the amount of time between pieces.	R147		R147-Accepted by Carolyn Scott 6-23-23

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

TITLE  
*Rhonda Hill Program Manager*  
(X6) DATE  
*6/9/23*

Division of Licensing and Protection

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R147	Continued From page 1  2. Resident #7's medication order for Acetaminophen 650 mg by mouth three times a day as needed for fever/pain relief does not contain a specific frequency of administration to include the amount of time between doses; and his/her order for Mupirocin 2% 22 gm ointment applied topically three times daily as needed for skin rash dose not contain a specific dose and frequency of administration to include the amount of time between doses.	R147	
R173 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure medications belonging to 1 applicable resident (Resident #3) were stored in a locked compartment. Findings include:</p> <p>At 12:45 PM on 5/2/23 the Manager confirmed 3 bottles of Refresh Tears Lubricant Eye Drops and a bottle of a generic boric acid based eye wash solution were observed in Resident #3's room and were not stored in a locked compartment.</p>	R173	R173-Accepted by Carolyn Scott 6-23-23

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R179  R179 SS=F	<p>Continued From page 2</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on record review there was a failure to ensure 5 out of 5 sampled staff received all required yearly trainings. Findings include:</p> <p>At 3:24 PM on 5/2/23 the Manager confirmed Staff #1, #2, #3, #4, and #5 did not receive the required yearly Resident Rights training; and Staff</p>	R179  R179	R179-Accepted by Carolyn Scott 6-23-23	

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R179	Continued From page 3  #4 and #5 did not receive the required yearly Emergency Response and First Aid training .	R179		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items are labeled and dated. Findings include:</p> <p>At 12:45 PM on 5/2/23 the Manager confirmed the following perishable food items were not labeled with the date they were opened:</p> <p>In the kitchen refrigerator: 3 containers of cream cheese; containers of orange, apple, and grape juice; ketchup; two containers of mayonnaise; sour cream, ranch and Italian dressings, Buffalo wing sauce; Ah-So Chinese Barbeque Sauce, A-1 steak sauce, and whipped cream.</p> <p>In the kitchen freezer there were two opened undated containers of ice cream; and the freezer units in the basement contained unopened bulk frozen food items in sealed plastic packaging that were not labeled to identify what was stored within the packaging.</p>	R247	R247-Accepted by Carolyn Scott 6-23-23	

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R266  R266 SS=E	<p>Continued From page 4</p> <p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide and maintain a safe, comfortable, and homelike, environment. Findings include:</p> <p>At 12:45 PM, on 5/2/23 the Manger confirmed the following environmental deficiencies:</p> <p>1. Chemicals and cleaning products stored in unlocked areas accessible to residents in the home included:</p> <p>a) Under the kitchen sink: Finish dishwasher rinsing agent, glass cleaner, stainless steel cleaning agent, pledge furniture polish, antibacterial cleaner, and disinfectant spray.</p> <p>b) In an unlocked cabinet in the shared bathroom near the medication room: Mr Clean bathroom disinfectant, Lysol spray, Clorox bleach spray, and Tilex disinfectant spray. The bathroom on the second floor at the top of the stairs had disinfectant spray in an unlocked closet.</p> <p>c) In the unlocked laundry room in the basement of the home: 26 gallons of bleach, multiple containers of Sani-wipes, 4 gallons of hydrogen peroxide, 16 bottles of Clorox toilet bowl cleaner,</p>	R266  R266	R266-Accepted by Carolyn Scott 6-23-23	

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R266	Continued From page 5  multiple bottles of Sani-Tabs for sanitizing food contact surfaces, Rug Doctor OxyClean carpet cleaner, and glass cleaner.  2. The grout and cabinets in the shared bathroom, near the medication room, were in need of cleaning; and the bathroom with a tub on the second floor of the home had peeling paint above the shower head and water damaged tiles behind the sink in need of repair.  3. There was a missing screen in the living room adjacent to the dining room, and in the living room with the television there were three ripped window screens. Four of the resident rooms were missing screens. Please refer to tag 270.	R266		
R270 SS=E	IX. PHYSICAL PLANT  9.2 Residents' Rooms  9.2.c Each bedroom shall have an outside window.  (1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment. (2) Window shades, venetian blinds or curtains shall be provided to control natural light and offer privacy.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there	R270	R270-Accepted by Carolyn Scott 6-23-23	

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R270	Continued From page 6  was a failure to ensure there were screens in the windows of four resident rooms. Findings include:  At 12:45 PM the Manager confirmed there were missing screens in the single occupancy rooms belonging to Resident #1, #2, and #3; and in the shared room belonging to Resident's #4 and #5.	R270		
R302 SS=D	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 rotation of fire drills to include at least one drill conducted during the night. Findings include:  At 3:45 PM on 5/2/23 the Manager confirmed a fire drill had not been conducted during the night during the previous year.	R302	R302-Accepted by Carolyn Scott 6-23-23	



Averte - Bradford House  
Plan of Correction  
June 8th, 2023

### **Deficiency - R147**

5.9.c (4) 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;

#### **Plan of Correction**

Resident #6's signed medication order for Nicotine Gum has been updated by the prescribing doctor and includes how many pieces of gum can be given daily and the amount of time between pieces. This was completed on 5/15/23.

Resident #7's signed medication order for Acetaminophen has been updated by the prescribing doctor and includes the amount of time between doses. This was completed on 5/15/23. The Mupirocin ointment order has been updated by the prescribing doctor and includes the amount of ointment and frequency. This was completed on 5/19/23.

The Program Manager will review all incoming PRN orders to ensure the needed information is included. We will add the dosage and frequency of administration to monitor to our current medication order checklist that the Program Manager and/or RN references to ensure all needed information is included in each medication order. The checklist was updated on 6/1/23. The Program Manager will review these requirements as needed with prescribers who send incomplete medication orders and request the orders be corrected.

### **Deficiency - R173**

5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys

#### **Plan of Correction**

The Refresh Tears and boric acid eyewash were not medications managed by Averte, but rather purchased independently by Resident #3 at a local drugstore. Since the concern was raised in the survey, we have confirmed with Resident #3's primary care provider that she has no concerns with the use of the Refresh tears and that she

supports Resident #3 keeping them in her room. Resident #3 no longer wishes to use the boric acid eyewash and it has been disposed of. As of 5/23/23, we have provided Resident #3 with a lock box for storage of the Refresh Tears. When we become aware that a resident who is assessed as capable of self-administration has purchased an OTC medication that is not being managed by Averte, the Program Manager will ensure the provision of a lock box for that resident to use to store the medication in their bedroom.

### **Deficiency - R179**

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 residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.

### **Plan of Correction**

Staff #1, 2, 3, and 4 completed annual Resident Rights Training, and staff #4 and 5 completed annual Emergency Response and First Aid Training as of 5/15/23.

We have started to utilize Relias LMS for management of staff trainings this year, and the Program Manager and Training Coordinator have reviewed the training plan and schedule to ensure we meet this requirement in the future. The training coordinator has added the First Aid/Emergency Response training to our Relias training plans and has been asked to add the Resident Rights training as well. The Relias system and the training coordinator monitor compliance with required trainings and notify Program Managers of pending non-compliance. Upon receiving this notification, the Program Manager will work with the staff to create a plan and review the timeline for completion of the training. If the training is past due, the staff will be expected to complete it on or before their next scheduled shift.

### **Deficiency - R247**

7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.

### **Plan of Correction**

All perishable food items will be labeled with the date they were opened and any bulk frozen items in plastic packaging will be labeled to identify what the item is. Education has been provided to all staff in regards to labeling bulk items and "opened on" dates. This corrective action was completed on 6/8/23.

Staff will monitor food items for required labels daily. The Program Manager will check periodically to confirm labeling practices are being followed.

### **Deficiency - R266**

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

All cleaning supplies are now stored in locked areas. A lock has been installed on the cabinet under the kitchen sink. Cleaning supplies, once located in the bathrooms, have been moved to the locked supply closet. The door to the laundry room in the basement with cleaning supplies will be kept locked until we identify an alternative locked storage area for them.

The grout and cabinets in the bathroom have been cleaned. There was discoloration of the grout, our Facilities Manager replaced some of the grout on 6/6/23.

The tile paneling in the second-floor bathroom with the tub was removed, and the entire bathroom was remodeled with new wall panels. This was completed on 5/18/23.

The window screens in the living room have been rescreened. This was completed on 5/16/23. Window screens were ordered on 5/15/23 for the living room and resident rooms, with an estimated arrival in 3-4 weeks. Maintenance personnel installed air conditioning units in those windows on 5/25/23. The Facilities Manager will ensure that all screens are replaced when AC units are removed in the fall.

The Program Manager, Housekeeper, or designee will complete a monthly walk-through of the house to identify physical plant issues. The Housekeeper will be responsible for cleaning-related corrective tasks and will communicate with the Program Manager when the Facilities Manager needs to be consulted.

### **Deficiency - R270**

9.2.c Each bedroom shall have an outside window. (1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment. (2) Window shades, venetian blinds or curtains shall be provided to control natural light and offer privacy

Window screens have been ordered for the resident rooms, the estimated arrival is 3-4 weeks. They were ordered on 5/15/23. Maintenance personnel installed air conditioning units in those windows on 5/25/23. The Facilities Manager will ensure that all screens are replaced when AC units are removed in the fall.

The Program Manager, Housekeeper, or designee will complete a monthly walk-through of the house to identify physical plant issues. The Housekeeper will be responsible for cleaning-related corrective tasks and will communicate with the Program Manager when the Facilities Manager needs to be consulted.

### **Deficiency - R302**

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.

### **Plan of Correction**

The Program Manager has created a plan to complete fire drills to ensure times of day are rotated among morning, afternoon, evening, and night. The night fire drill was completed on 6/1/23. The Program Manager will be responsible for assigning the fire drills to staff throughout the year and ensuring that they were completed as scheduled.