



**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 28, 2024

Cheyenne Dunnells, Manager  
Averte - Bradford House  
2122 Lower Plain  
Bradford, VT 05033

Dear Ms. Dunnells:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 20, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS  
State Long Term Care Manager  
Division of Licensing & Protection

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  05/20/2024
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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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R100	Initial Comments:  On 5/20/24 the Division of Licensing and Protection conducted an unannounced on-site annual re-licensure survey. The following regulatory deficiencies were identified:	R100	<i>Please see attached</i>	
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure the medical needs of 2 out of 3 sampled residents were addressed in the applicable resident's plans of care (Residents #1 and #2). Findings include:</p> <p>Per review, the home's Treatment Planning Procedure includes procedures and time lines for the development of resident treatment plans. The Treatment Planning Procedure does not include policies and procedures to ensure the medical needs of each individual resident are identified and addressed in the Treatment Plan.</p> <p>Per review of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000 Section 2.2 Specific Definitions, definition ee. states, "Plan of care" means a written</p>	R145		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Rhonda J. ... Program Manager* TITLE \_\_\_\_\_ (X6) DATE *6/14/2024*

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R145	<p>Continued From page 1</p> <p>description of the steps that will be taken to meet the psychiatric, social, nursing and medical needs of a resident.</p> <p>Per review of the Treatment Plans on file for a sample of 3 residents, 2 out of 3 resident's Treatment Plans did not include written descriptions of the steps that will be taken to meet the resident's individual medical needs including:</p> <ol style="list-style-type: none"> <li>1. Resident #1 has a seizure disorder and is prescribed the medication Depakote to treat this condition. Resident #1's Treatment Plan does not include pertinent information to maintain the resident's well-being should a seizure occur; and a plan to ensure completion of laboratory testing to monitor Depakote levels, liver function tests, and complete blood count monitoring at the recommended frequency for individuals prescribed the medication Depakote.</li> <li>2. Resident #2 is diagnosed with a chronic digestive condition which required hospitalization from 3/5/24-3/13/24 including colorectal surgery on 3/7/24. Resident #2 is also diagnosed with chronic asthma and Chronic Obstructive Pulmonary Disease. Resident #2's Treatment Plan does not include goals and interventions to maintain his/her well-being and independence related to his/her digestive and respiratory conditions.</li> </ol> <p>These findings were confirmed by the Registered Nurse at 4:30 PM on 5/20/23.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm to all residents resulting from unidentified resident needs and interventions.</p>	R145		

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R180 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure documentation of Emergency Response Procedures training completed by 5 out of 5 sampled staff was maintained on file and accessible for review on request during the survey conducted on 5/20/24. Findings include:</p> <p>The home's Training Policy effective 5/2021 includes a section entitled Training Requirements which states, "Employees that take courses outside of the Relias platform will submit a certificate of completion to be filed in their personnel file. "</p> <p>Per record review, documentation of Emergency Response Procedures training completed by 5 out of 5 sampled residents in the previous year was not maintained on file and available for review on request on 5/20/24.</p> <p>At 4:00 PM on 5/20/24 the Program Manager confirmed staff training in Emergency Response Procedures had been provided in a staff meeting during the previous year; however the Manager was unable to provide documentation of when the staff meeting occurred, the topics covered in the</p>	R180		

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R180	Continued From page 3  meeting, and the names of the staff who had attended the meeting.  This deficient practice is a potential risk for more than minimal harm for all facility residents due to the failure to ensure adequate staff education and training to provide resident care safely and effectively, and to ensure documentation of staff trainings is maintained on file and available for review.	R180		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of all required criminal record checks for 2 out of 5 sampled staff. Findings include:  The organization that manages the home's Background Checks policy effective January 2024 states, " Screening of applicants for all openings will also include the following:  a. Questions regarding criminal and felony convictions are part of the application. The candidate will further submit to more extensive background check to determine any convictions or other criminal activity ...  b. Child and Dependent Adult abuse records will be checked before hire."	R190		

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R190	<p>Continued From page 4</p> <p>The organization's Background Checks policy does not include procedures for conducting criminal record and abuse registry checks as required by the Vermont Division of Licensing and Protection as of January of 2024.</p> <p>Per record review, all required criminal background checks were not completed for 2 out of 5 sampled staff to include completion of National Criminal Background checks per current regulatory standards. This finding was confirmed by the Program Manager at 3:59 PM on 5/20/24.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all residents, as the requirement for criminal background checks is intended to ensure all residents are free from the risk of harm.</p>	R190		
R200 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop policies and procedures that govern all services provided by the home. Findings include:</p> <p>During the course of the re-licensure survey conducted on 5/20/24 the Program Manager was</p>	R200		

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R200	<p>Continued From page 5</p> <p>requested to provide policies and procedures developed to ensure water temperatures remain at or below 120 degrees Fahrenheit in areas of the home accessible to residents for review. On the afternoon of 5/20/24 the Program Manager confirmed policies and procedures governing the regulation of water temperatures in the home had not been developed .</p> <p>Additionally, the home's Treatment Planning Procedure (plans of care) and Background Checks (criminal record and abuse registry checks) policy provided for review on request were observed to be inconsistent with the regulatory requirements outlined in the Vermont Residential Care Home Licensing Regulations effective 10/3/2000.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to provide accessible information and clear instructions related to tasks staff are required to perform.</p>	R200		
R291 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.6 Plumbing</p> <p>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures in areas of the home accessible to residents remained at or below 120 degrees Fahrenheit. Findings include:</p>	R291		

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R291	<p>Continued From page 6</p> <p>On the afternoon of 5/20/24 the Program Manager confirmed policies and procedures related to water temperatures in resident accessible areas of the home had not been developed.</p> <p>During a check of facility water temperatures commencing at 11:14 AM on 5/20/24 the following water temperatures were observed:                      First floor resident bathroom 124.9 degrees                      Second floor bathroom #1 123.0 degrees                      Second floor bathroom #2 123.3 degrees</p> <p>These findings were confirmed by the Manager of the home at 11:30 AM on 5/20/24.</p> <p>Following an adjustment to the home's boiler the water temperatures in resident accessible areas were confirmed to be sustained below 120 degrees Fahrenheit, with temperatures observed between 116.2 - 119.9 degrees Fahrenheit.</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents due to the risk for burns associated with water temperatures above 120 degrees Fahrenheit, and increased risk for burns with injuries resulting for vulnerable adults.</p>	R291		



Averte - Bradford House  
Plan of Correction

### **Deficiency - R-145**

#### **Plan of Correction**

A Medical care plan has been developed for Resident #1 who has a seizure disorder which includes goals and interventions to maintain their well-being and independence related to their condition. This was completed on June 14, 2024.

A Medical Care Plan has been developed for resident #2 who has Asthma and Chronic Obstructive Pulmonary Disease which includes goals and interventions to maintain well-being and independence related to conditions. This was completed on June 14, 2024.

In addition, Resident #2 is diagnosed with a chronic rectal prolapse condition, managed, when able, by manual reduction. Resident was hospitalized due to a non-reduction event and had colorectal surgery on 3/7/2024.

Per Attending Psychiatrist, resident does not have a Chronic Digestion diagnosis; rather, Provider reported resident has a diagnosis of Clozapine-induced constipation (K59.03), resulting in a history of rectal prolapse (K62.2) and Pelvic Floor Deficit, which finally resulted in the above surgery when manual reduction failed. Prior to surgery, resident was prescribed bowel medication to help decrease the episodes of constipation and counselled to eat fiber-rich food and drink water. The bowel medications included Polyethylene Glycol (MiraLAX), Milk of Magnesium, Docusate, Senna. Post surgery no additional medications were added, but dosing was increased. Resident is independent in their care, including taking their medications.

Averte RN will complete chart reviews on a periodic basis, and work with residents to ensure a Medical Care Plan is developed, when indicated. The Treatment Planning Procedure was updated to include procedures to ensure the medical needs of residents are identified and addressed in a Medical Care Plan

R 145 Plan of Correction accepted  
by Jo A Evans RN on 6/28/24

### **Deficiency - R-180**

#### **Plan of Correction**

All staff have completed the annual Emergency Response Procedures training as of June 14, 2024.

The training coordinator has added the Emergency Response Procedures training to our Relias training plans. 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 training completion. If the training is past due, the staff will be expected to complete it on or before their next scheduled shift.

R180 Plan of Correction accepted by  
Jo A Evans RN on 6/28/24

### **Deficiency- R-190**

#### **Plan of Correction**

National Criminal background checks were completed on May 29, 2024 for employees needing one completed. The background check policy and procedure has been revised and is now consistent with the regulatory requirements in the Vermont Residential Care Home Licensing Regulations. The Human Resource department updated the file system, and created a checklist to ensure all required background checks are completed.

R190 Plan of Correction accepted by  
Jo A Evans RN on 6/28/24

### **Deficiency- R-200**

#### **Plan of Correction**

A Policy and Procedure was developed to ensure water temperatures remain at or below 120 degrees Fahrenheit, in areas of the home accessible to residents. This was completed on June 6, 2024.

The Treatment Planning Procedure was updated to include procedures to ensure the medical needs of residents are identified and addressed in a Medical Care Plan. This was completed on June 6, 2024.

The background check policy and procedure was revised and is consistent with the regulatory requirements in the Vermont Residential Care Home Licensing Regulations. This was completed on June 13, 2024.

The Policy Committee will review documentation on a periodic basis to ensure the development and/or revisions of policies and procedures, that govern all services provided.

R 200 Plan of Correction accepted by  
Jo A Evans RN on 6/28/24

### **Deficiency- R-291**

#### **Plan of Correction**

Following an adjustment to the boiler on May 20, 2024 the water temperatures have remained at or below 120 degrees Fahrenheit.

We have updated our water temperature logs to note that water temperatures in resident areas need to be at or below 120 degrees F. If the temperature is found to be above 120 degrees F our Facilities Manager will be contacted to make the necessary adjustments.

R291 Plan of Correction accepted by  
Jo A Evans RN on 6/28/24