



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

October 1, 2019

Ms. Joslin Goss, Manager
Averte - Gray House
2122 Lower Plain
Bradford, VT 05033

Dear Ms. Goss:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 18, 2019**. 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: 0521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/18/2019
NAME OF PROVIDER OR SUPPLIER AVERTE - GRAY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2122 LOWER PLAIN BRADFORD, VT 05033			
(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 9/18/19 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 044 SS=D	V.5.8.g.1.2.3.4.5.6. Resident Care and Services 5.8 Medication Management 5.8.g Residences must establish procedures for documentation sufficient to indicate to the health care provider, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the residence; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; (5) For residents receiving psychoactive medications, a record of monitoring for side effects; and	T 044			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6255

116N11

If continuation sheet 1 of 4

T044 - T052 POC's accepted 9/30/19 Fincintask/pd/pnw

Division of Licensing and Protection

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T 044	Continued From page 1 (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Therapeutic Community Residence (TCR) failed to document the effects/results of PRN (as needed) medication administered for 2 of 2 residents in the sample. (Resident #1 & 2). Findings include: 1. Resident #1 is prescribed and receives PRN medications to include: Ibuprofen 600 mg PO (orally) every 6 hours for pain; Gabapentin 300 mg PO 3 x per day for pain; and Doxylamine 25 mg PO at bedtime for sleep. Per review of the Medication Administration Record (MAR), staff have failed to document the effectiveness of the PRN medication after administration of the medications. 2. Resident #2 is prescribed Ativan 1 mg (anti-anxiety) PO every 6 hours as needed for behaviors associated with anxiety. Although Resident #2 receives this medication on a regular basis, staff failed to consistently document the effectiveness of this medication. Per interview on the afternoon of 9/18/19 the CEO/Co-Owner of the TCR confirmed the lack of staff monitoring for the effectiveness of the PRN medications administered to Residents #1 & #2.	T 044			
T 052 SS=D	V.5 9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services	T 052			

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T 052	Continued From page 2 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 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the TCR failed to demonstrate that 1 of 5 applicable staff 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	T 052			

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T 052	Continued From page 3 exploitation; respectful communication; infection control, and general care and supervision. Findings include: Per review of staff training/in-service records on 9/18/19, there was a lack of evidence that required training was provided on an annual basis for 1 of 5 applicable employees whose training records were reviewed. This was confirmed with the CEO/owner on the afternoon of 9/18/19.	T 052			



Averte-Gray House

House Manager: Joslin Goss

(802) 222-4445

Joslin.goss@averte.com

Plan of Correction per State Survey completed on 09/18/2019 at the Gray House

T 044: V.5.8.g.1.2.3.4.5.6. Resident Care and Services; SS=D

“This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the Therapeutic Community Residence (TCR) failed to document the effects/results of PRN (as needed) medication administered for 2 of 2 residents in the sample. (Resident #1 & 3). Findings include:

1. Resident #1 is prescribed and receives PRN medications to include: Ibuprofen 600 mg PO (orally) every 6 hours for pain; Gabapentin 300 mg PO 3 x per day for pain; and Doxylamine 25 mg PO at bedtime for sleep. Per review of Medication Administration Record (MAR), staff have failed to document the effectiveness of the PRN medication after administration of the medications.

2. Resident #2 is prescribed Ativan 2 mg (anti-anxiety) PO every 6 hours as needed for behaviors associated with anxiety. Although Resident #2 receives this medication on a regular basis, staff failed to consistently document the effectiveness of this medication. Per interview on the afternoon of 9/18/19 the CEO/Co-Owner of the TCR confirmed the lack of staff monitoring for the effectiveness of the PRN medications administered to Residents #1 & #2.”

Plan of Correction:

- **To correct the above deficiency, Averte-Gray house will implement a system by which staff will review the Medication Administration Record (MAR) at the end of each shift. Staff will examine the MAR to record the effectiveness of PRN’s given during the shift. Staff will seek out residents to inquire as to the effectiveness of the PRN’s given.**
 - **Additionally, staff will utilize a flagging system within resident’s MAR’s for when PRN’s are administered indicating the need to check the medications effectiveness.**
- **The House Manager will implement a check-off sheet by which staff will refer to so as to confirm that they are reviewing Resident MAR’s at the end of each shift. This check-off sheet will reside in the staff office in a visible location for staff to confirm they have completed the review.**
- **House Manager will review the check-off sheet, as well as discuss in staff supervisions the completion of this practice.**
- **This POC will be implemented on 9/29/19.**

T 052 V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services; SS=D

“Per review of staff training/in-service records on 9/18/19, there was a lack of evidence that required training was provided on an annual basis for 1 of 5 applicable employees whose training records were reviewed. This was confirmed with the CEO/owner on the afternoon of 9/18/19.”

Plan of Correction

- **The selected staff who were lacking the required trainings will complete said trainings as well as be provided with additional supervisions for extra education.**
- **House Manager will implement a system with co-managers to ensure that all staff are completing the required trainings throughout the year. This will be done during weekly Manager’s meetings.**
- **Managers will monitor staff trainings on a monthly basis to ensure that staff are completing the necessary trainings.**
- **This POC will be implemented on 9/29/19.**