



**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 6, 2023

Mr. Brady Weigel, Manager  
Averte - Gray House  
2122 Lower Plain  
Bradford, VT 05033

Dear Mr. Weigel:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 28, 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 black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.  
State long Term Care Manager

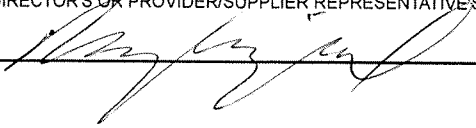
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVERTE - GRAY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2122 LOWER PLAIN BRADFORD, VT 05033</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
T 001	Initial Comments	T 001		
	An unannounced onsite relicensure survey was conducted on 8/28/23 by the Division of Licensing and Protection. Regulatory deficiencies were identified. Findings include:		<i>See attached.</i>	
T 167 SS=F	IX.9.4.d Physical Plant  9.4 Recreation and Dining Rooms  9.4.d Smoking shall not be permitted inside the building.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview the Manager failed to ensure a smoke free environment of a residential private room. Findings include:  During the environmental tour on 8/28/23 commencing at 11:10 AM, an observation of Resident #1 room presented with odor of cigarette smoke. The air condition set in the window, had collection of ash around the air conditioner and along the window sil. A side table in the room. with a small glass had evidence of collection of ash. The comforter on the bed was observed to have a hole, approximately 1 inch in diameter, the staff providing the tour confirmed Resident #1 has been found to smoke within the room, the staff confirmed the observations of cigarette ash and stated "The comforter hole is mostly like a burn hole from a cigarette."  Per interview on 8/28/23 at 11:30 AM Staff confirmed Resident #1 does smoke within the room, and confirmed the observations of cigarette ash and stated "The comforter hole is mostly like	T 167	Tag R167 Accepted 10/5/23 Jenielle M. Shea,RN	

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



TITLE

*Program Manager*

(X6) DATE

*9.21.23*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>AVERTE - GRAY HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2122 LOWER PLAIN BRADFORD, VT 05033</b>		
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T 167	<p>Continued From page 1</p> <p>a burn hole from a cigarette." Staff confirmed the house rules of smoking and identified the designated areas for smoking on the property. Staff indicated if we suspect smoking to be occurring we talk with Resident #1, reference the house rules, encourage to smoke outside, and notify the manager.</p> <p>Per interview on 8/28/23 at 12:15 PM the manager confirmed the evidence of smoking occurring in resident #1 room. The manager reviewed current actions taken, a fine is given per day of evidence of smoking. The manager stated the consented fines were initiated in July 2019. The manager confirmed, the resident will smoke outside, however, avoids social interaction and will go to room, if the outside designated area is being utilized by others. The manager confirmed the house rules include "No smoking in the home" and Resident #1 is awareness of the rules, including family per admission agreement and discussions of the smoking occurrences. The manager acknowledged the environmental safety concerns of smoking within the home and the safety of other housemates.</p>	T 167	<i>see attached</i>	

Averte- Gray House  
Plan of Correction  
September 21, 2023

### **Deficiency – T-167**

9.4.D Smoking should not be permitted inside the building.

### **Plan of Correction**

Program Manager met with Resident #1 on 9.18.23 to discuss severity of smoking in ■■■ room. Resident #1 admitted that ■■■ smokes in ■■■ room and claims ■■■ does not buy or receive cigarettes from the store or other residents. Resident #1 admits that ■■■ collects used cigarette butts from the butt can receptacles outside – this is something staff have witnessed as well. Program Manager went over the informed consent agreement for residents, reiterating that Resident #1 agreed to abide by Averte and State policy, and if the smoking continues to take place inside the building it could result in discharge of program. Resident #1 acknowledged the Program Manager's comments and concerns and stated that ■■■ will stop smoking inside and will try to use ■■■ Nicotine Patches as a replacement for smoking.

Due to the fact that Resident #1 is obtaining cigarettes from open cigarette butt can receptacles in designated smoking areas, the Program Manager purchased two lockable cigarette butt receptacles to replace the open existing cans. These new receptacles will be locked and can only be opened with a key that will be kept in staff office. The new receptacles will not allow access to used cigarette butts without such key. The new receptacles were purchased on September 19, 2023 and arrived and installed on September 21<sup>st</sup>.

Program Manager met with Gray House staff on September 19<sup>th</sup> and September 20<sup>th</sup> to discuss urging Resident #1 to utilize ■■■ Nicotine Patches daily and staff will report immediately and document any observations during regular room checks of Resident #1 smoking inside the building so that the Program Manager and Averte can act accordingly.