



**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

September 5, 2024

Ladonna Bassett, Manager  
Averte - Main House  
2122 Lower Plain  
Bradford, VT 05033-8936

Dear Ms. Bassett:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 7, 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:  <b>0520</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVERTE - MAIN HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2122 LOWER PLAIN BRADFORD, VT 05033</b>
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T 001	<p>Initial Comments</p> <p>On 8/7/24 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey and investigation of one complaint. There were no deficiencies identified related to the complaint investigation. The following regulatory deficiencies were identified related to the relicensure survey:</p>	T 001	<p style="text-align: center;"><i>See attached</i></p> <p>Please refer to the attached document for review corrective actions accepted by Jo A Evans RN on 9/5/24</p>	
T 046 SS=F	<p>V. 5.8.h.1 Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.h.1 Resident medications that the residence manages must be stored in double-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 that require refrigeration are stored in a locked compartment. Findings include:</p> <p>The facility's policies and procedures are consistent with the requirement to store medications in a locked compartment.</p> <p>On the afternoon of 8/7/24 the medication refrigerator was observed to be unlocked, leaving the medications stored within the refrigerator unsecured and accessible to anyone who enters the office area. This finding was confirmed by the Med Delegated Staff on duty and the Interim Manager on the afternoon of 8/7/24.</p>	T 046		

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

*Z Bassett*

TITLE

*Program Manager*

(X6) DATE

*9/5/24*

Division of Licensing and Protection

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T 054	Continued From page 1	T 054		
T 054 SS=F	<p>V.5.9.d Resident Care and Services</p> <p>5.9 Staff Services</p> <p>5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the residence as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written documentation on file and available for review indicating the decision to hire 1 applicable Staff with substantiated Vermont Center for Criminal Information (VCIC) criminal record finding does not pose a risk to facility residents per the Division of Licensing and Protection's memorandum entitled "Background Check Process" sent to all Residential Care Home facilities on June 25, 2015. Findings include:</p>	T 054		

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T 054	<p>Continued From page 2</p> <p>On the afternoon of 8/7/24 the Market Director and Interim Manager confirmed policies and procedures that govern hiring of staff with substantiated criminal record findings had not been developed by the home.</p> <p>Per review of staff background check records for a sample of 5 staff, one applicable staff's VCIC criminal record check listed a substantiated finding other than a substantiated charge of abuse, neglect or exploitation; or a substantiated conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare.</p> <p>At 4:10 PM on 8/7/24 the Market Director confirmed a letter was not on file in the applicable Staff's personnel file indicating the decision to hire the applicable staff did not pose a risk to facility residents.</p>	T 054		
T 062 SS=F	<p>V.5.10.b.4 Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b.4 The results of the criminal record and abuse registry checks for all staff.</p> <p>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 and abuse registry checks as required. Findings include:</p> <p>The home's policies and procedures governing staff criminal record and abuse registry background checks are consistent with licensing</p>	T 062		

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T 062	Continued From page 3 requirements.  Per review of staff background check records provided for review on request for a sample of 5 staff employed by the home, all required criminal record and abuse registry checks were not completed as required for 4 out of 5 sampled staff. This finding was confirmed by the Market Director at 4:10 PM on 8/7/24.	T 062		
T 071 SS=F	V.5.13 Resident Care and Services  5.13 Policies and Procedures  Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request.  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:  On the afternoon of 8/7/24 the Market Director and Interim Manager confirmed policies and procedures that govern hiring of staff with substantiated criminal record findings, and governing notification of the licensing agency regarding changes in management had not been developed by the home.	T 071		
T999 SS=F	Final Comments	T999		

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T999	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>4.12 License Certificate</p> <p>The home's current license certificate shall be protected and appropriately displayed in such a place and manner as to be readily viewable by persons entering the home. Any conditions which affect the license in any way shall be posted adjacent to the license certificate.</p> <p>This regulatory requirement is NOT MET as evidenced by:</p> <p>Based on observation, staff interview and record review there was a failure to notify the licensing agency regarding a change in the individual appointed by the Licensee as the Manager of the home, submit an application for change of Manager, and request a new license which accurately reflects the current Manager appointed by the Licensee as the individual responsible for the daily management of the home. Findings include:</p> <p>At 4:28 PM the Market Director and Interim Manager confirmed policies and procedures governing notification of the licensing agency regarding changes in management have not been developed.</p> <p>On the morning of 8/7/24 the home's Interim Manager confirmed the previous Manager of the home was no longer employed by the organization that manages the home, and confirmed the license posted at the home did not accurately identify the individual appointed as the person responsible for daily management of the home. At approximately 10:15 AM on 8/7/24 the Market Director for organization that manages the home confirmed the employment of the Manager</p>	T999		
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T999	Continued From page 5  identified on the posted license ended on 8/1/24, and confirmed the licensing agency had not been notified of this change in the person appointed as responsible for the daily management of a home.	T999		

## **Averte- Main House**

### **Plan Of Correction**

#### **Deficiency – T046**

The medication refrigerator was locked on August 8, 2024. All staff will ensure the medication refrigerator is locked when not in use.

T046 Plan of Correction accepted by  
Jo A Evans RN on 9/5/24

#### **Deficiency – T054**

There is written documentation on file indicating the decision to hire one staff with a finding, who does not pose a risk to the facility residents. This was completed on August 27, 2024.

The Hiring policy and procedure was updated on September 4, 2024, to include procedures that govern hiring of staff with criminal records findings.

T054 Plan of Correction accepted by  
Jo A Evans RN on 9/5/24

#### **Deficiency – T062**

The Human Resource department updated the file system, and created a checklist to ensure all required background checks are completed. The department also completed an audit to ensure all background checks have been completed. This was completed on August 27, 2024.

T062 Plan of Correction accepted by  
Jo A Evans RN on 9/5/24

#### **Deficiency – T071**

The Hiring policy and procedure was updated on September 4, 2024, to include procedures that govern hiring of staff with criminal records findings.

A policy and procedure that govern notification of the licensing agency regarding changes in management will be developed at our next policy committee meeting and put in place no later than September 30, 2024.

T071 Plan of Correction accepted by  
Jo A Evans RN on 9/5/24

#### **Deficiency – T999**

On August 8, 2024, Averte Interim Director notified the Division of Licensing and Protection with the application for change of Manager and requested a new license which reflects the new Manager. The new license certificate is displayed and readily viewable by persons entering the home. This was completed on August 8, 2024.

T999 Plan of Correction accepted by  
Jo A Evans RN on 9/5/24