



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

February 22, 2019

Ms. Lindsey Fuentes-George, Manager
Elm Street Group Home
C/o Csac, 109 Catamount Park
Middlebury, VT 05753

Dear Ms. Fuentes-George:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 28, 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: 0500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2019
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NAME OF PROVIDER OR SUPPLIER ELM STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE C/O CSAC, 109 CATAMOUNT PARK MIDDLEBURY, VT 05753
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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
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T 001	Initial Comments An unannounced on-site relicensure survey was conducted by the Division of Licensing and Protection on 1/28/19 to determine compliance with the Licensing and Operating Regulations for the Therapeutic Community Residences. The following regulatory violations were identified:	T 001		
T 035 SS=D	V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services 5.8 Medication Management 5.8.a Each therapeutic community residence must have written policies and procedures describing the residence's medication practices. The policies must cover at least the following: (1) If a therapeutic community residence provides medication management, it shall be done under the supervision of a registered nurse. (2) Who will provide the professional nursing delegation if the residence administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the residence. (3) Qualifications of the staff who will be managing medications or administering medications and the residence's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies.	T 035	see page 2	

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

Miranda Rickett

TITLE

Service Coordinator 2-12-19

(X5) DATE

Division of Licensing and Protection

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T-035	<p>Continued From page 1</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>(8) Procedures for assessing a resident's ability to self-administer and documentation of the assessment in the medical record</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR failed to conduct an assessment of a resident's ability to self-administer medications. (Resident #1) Findings include:</p> <p>Per interview on 1/28/19 at 12:05 PM, the RN assigned to provide nursing overview for the residents living at the TCR confirmed although Resident #1 was performing self-administration of his/her medications, an assessment has not been conducted by either TCR staff or the RN to ensure the resident is capable in directing the administration of their own medications, as defined in the TCR regulations. The RN did confirm the resident's primary care physician's nurse had "signed off" for Resident #1 to self-administer prescribed medications, however it has not been his/her responsibility to assure competency of the individual who has possession of his/her medications now stored in a lock box in the resident's room.</p>	T-035	<p>T-035 Our Agency nurse performed an assessment on Resident # that she is able to self administer her meds. Done on 2-5-19. See attached form.</p> <p>T-035 2/21/19 P.O.C Accepted M. McIntosh</p>	February 5, 2019
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NAME OF PROVIDER OR SUPPLIER
ELM STREET GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**C/O CSAC, 109 CATAMOUNT PARK
MIDDLEBURY, VT 05753**

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T 052	Continued From page 2	T 052		
T 052 SS=D	<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</p> <p>5.9 Staff Services</p> <p>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:</p> <ol style="list-style-type: none"> (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 <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the TCR failed to demonstrate that 1 of 5 staff were</p>	T 052	<p>T 052 Plans are now in place for substitutes to participate in at least 12 hrs of training a year with the first training being offered 2-13-19.</p> <p>Trainings have until this point only been kept on record at the house for regular staff. Training records for substitutes will now be kept at the house as well documenting the 12 hours a year.</p> <p><i>T-052 P.O.C Accepted</i> <i>DeeTash 2/2/19</i></p>	<p>Required trainings will all be complete by December 31, 2019</p>

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T 052	<p>Continued From page 3</p> <p>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 exploitation; respectful communication; infection control, and general care and supervision. Findings include:</p> <p>1. Per review of training records provided at the time of survey on 1/28/19, 1 of 5 employees who provide direct care to residents of the TCR have not completed the mandatory 12 hours of annual training. This was confirmed by the House Manager on the afternoon of 1/28/19.</p>	T 052		
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