

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 18, 2017

Ms. Tina Hessler, Manager  
Gatling House Group Home  
100 Ledge Hill Drive  
Bennington, VT 05201

Dear Ms. Hessler:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on August 21, 2017. 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,



Pamela M. Cota, RN  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/21/2017
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NAME OF PROVIDER OR SUPPLIER  GATLING HOUSE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LEDGE HILL DRIVE BENNINGTON, VT 05201
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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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R100 Initial Comments: R100

An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 8/21/17 and there were regulatory findings.

R104 V. RESIDENT CARE AND HOME SERVICES R104  
SS=C

5.1 Admission

5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.

(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,

*See attachment 9/11/17*

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



TITLE

Group Home Manager  
JCS

(X6) DATE

9/11/17

Division of Licensing and Protection

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R104 Continued From page 1

the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the facility failed to include in the admission agreement, the specific room and board rate for 3 of 3 ACCS residents reviewed, Resident #1, 2 and 3. Findings include:

During record reviews for Residents #1, 2 and 3, the signed admission agreements did not provide specific amounts for room and board rates that each of the residents would be responsible for. The house manager confirmed at 3:00 PM that the amounts had not been filled in before the residents signed the agreements.

R104

R171 V. RESIDENT CARE AND HOME SERVICES  
SS=D

R171

5.10 Medication Management

5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, 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 home;
- (3) All PRN medications administered, including

*See attachment 9/11/17*

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R171 Continued From page 2

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; and

(5) For residents receiving psychoactive medications, a record of monitoring for side effects.

(6) All incidents of medication errors.

This REQUIREMENT is not met as evidenced by:  
Based on record review and staff interviews, the facility failed to insure that 2 residents, Resident #1 and 2, receiving psychoactive medications had records of monitoring for side effects. Findings include:

1.) During record review and medication reconciliation, it was evident that Resident #1 takes Abilify 10 mg (milligrams) daily at (HS) hour of sleep. Abilify is an antipsychotic medication and per review of the medical record there is no evidence that monitoring for side effects is being done. Per interview with the Registered Nurse (RN) at 2:55 PM, s/he stated that the monitoring is done by the prescriber of the medication and confirmed at this time that although there is documentation regarding the effects of the medication, there is no documentation to indicate if there are any side effects of the medication.

2.) Resident #2 takes Risperdal 0.5 mg daily at HS, which is an antipsychotic medication. Per interview with the Registered Nurse (RN) at 2:55 PM, s/he stated that the monitoring is done by the prescriber of the medication and confirmed at this time that although there is documentation regarding the effects of the medication, there is

R171

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R179 Continued From page 4

met the required 12 hours of annual training. Findings include:

During review of the mandated training log for 5 direct care staff, it was found that one had not completed the training in Resident Rights and Emergency Response (First Aid). The second direct care staff did not complete training in Respectful Effective Communication and Infection Control. The third did not complete training for Resident Rights. Per interview with the house manager at 12:30 PM, s/he stated that if a staff member is not able to attend the mandatory training on the designated day, materials are given for them to review. S/he further stated that s/he does not have the staff sign for the materials but takes a verbal from them that they have been reviewed. The house manager confirmed at this time that there is no evidence that completion of the missing mandatory training have been done.

R179

*See attachment 9/11/17*

R999 MISCELLANEOUS

4.14.f The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency.

This requirement is NOT MET as evidenced by:

R999

*See attachment 9/11/17*

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R999	Continued From page 5  Based on observation and resident and staff interview, the facility failed to ensure the written reports resulting from inspections are readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them, as mandated in 4.14.f. Findings include:  During the tour of the facility, the postings from the survey results of the 1/14/15 re-licensure survey were not evident in a readily accessible location. Resident #1 and 2 were asked if they knew about the survey results or location of the results and both denied any knowledge of where the results might be located. Per interview with the house manager at 10:00 AM, s/he confirmed that the results were not posted and doesn't recall seeing them. S/he placed a call to the main office, housed in a different building that is located in a different section of town, and confirmed that the results were in the office and not in the facility.	R999		
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## **2017 Plan of Correction: Gatling House Group Home, UCS**

**R104 5.2a ... The facility failed to include in the admission agreement, the specific room and board rate for 3 of 3 ACCS residents reviewed.**

**Resident #1,2,3 each had signed admission agreements that did not provide specific amounts for room and board rates that each resident would be responsible for. The house manager confirmed that the amounts had not been filled in before the residents signed the agreements.**

### **Plan of Correction:**

Admission agreements were in place with the correct room and board rate along with the correct amount of personal needs allowance. The daily rate for ACCS was not indicated on the signed agreement. The daily rate was added to all Admissions Agreements.

Completion Date of Correction: The admission agreement for each resident was updated with the ACCS daily rate the day of the review on 8/21/17.

Monitoring Plan: Group Home Manager will ensure admissions agreement will include ACCS daily rate before resident signs when update is necessary.

**R171 5.10g ....The facility failed to insure that 2 residents receiving psychoactive medications had records of monitoring for side effects.**

**Resident #1, #2 there was no evidence that monitoring for side effects is being done. Registered nurse stated that monitoring is done by the prescriber of the medication and confirmed that although there is documentation regarding the effects of medication there is no documentation to indicate if there are any side effects of the medication.**

Completion Date of Correction: The RN informed the UCS Psychiatric Medical Team of the findings on 8/22/17 and met with the specific UCS prescriber (for the residents reviewed) on 8/24/17. The Psychiatric Medical Team has identified that this is an issue and is currently working on a plan to ensure that proper documentation includes sufficient side effect and Tardive Dyskinesia monitoring. Psychiatric medication checks usually occur on a quarterly basis.

Monitoring Plan: Group Home manager will review psychiatric medication check visit notes for the residents of the group home. The RN will also review notes and meet with prescribers of Psychiatric Medical Team as needed to ensure that their documentation is complete.

**R179 5.11b.... 3 of 5 direct care staff did not meet the required 12 hours of annual training.**

*R104-R9999 POC's accepted 9/18/17 pmcota RN*

**1 staff had not completed the training in Residents Rights and emergency response. The 2<sup>nd</sup> staff did not complete training in the Respectful Effective Communication and Infection Control. 3<sup>rd</sup> staff did not complete Resident Rights.**

**Plan of Correction:**

The 3 direct staff that missed the trainings above did attend at a different date and receive all training materials to keep for their review. The 3 out of 5 staff did not sign the attendance training documentation after their scheduled review. Each staff when they attend training will sign an attendance sheet during scheduled training or when the staff receives training if they missed the scheduled one that will be kept in a training log

Completion date of correction: On 9/13/17 staff #1,2,3 are scheduled to attend the trainings that they didn't have documented as attending and sign the attendance sheet that will be kept in the training log.

Monitoring Plan: The group home manager will ensure that all staff receive the required 12 hours of training that will include Resident Rights, Fire safety, Resident emergency response procedures, Policies and Procedures for reports of abuse, Respectful interactions, infection control, and general supervision and care of residents. Each staff will sign attendance sheet. If staff didn't attend training Manager will ensure that those staff make up the training and sign an attendance sheet to keep in the training log.

**R999 4.14f Facility failed to ensure the written reports resulting from inspections are readily available to residents and to the public in a place accessible to residents.**

**The postings from the survey results of the 1/14/15 re-licensure survey were not evident in a readily accessible location**

**Plan of Correction:**

The re-licensure was at the Atwood location with the Division Director and was immediately brought to the facility and placed next to the current license in the common area accessible to public and residents.

Completion date of correction: On 8/21/17 the re-licensure survey was hung next to current license in common area accessible to public and residents.

Monitoring Plan: Group home manager will ensure that written reports resulting from inspections will be readily available to residents and public in a designated area in the common area where individuals wishing to examine the results do not have to ask to see them.