



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

March 14, 2023

Mr. Alexander Leveille, Manager
Lcmh Johnson Group Home
Po Box 406
Johnson, VT 05656-0406

Dear Mr. Leveille:

Enclosed is a copy of your acceptable plans of correction for the relicensure survey conducted on **January 25, 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 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: 0518	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2023
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NAME OF PROVIDER OR SUPPLIER LCMH JOHNSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 406 JOHNSON, VT 05656
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T 001	Initial Comments On 1/25/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiencies were identified:	T 001	PLEASE SEE ATTACHED	
T 040 SS=E	V.5.8.5 Resident Care and Services 5.8 Medication Management 5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to develop a written plan for the use of PRN (as needed) psychoactive medications for 2 applicable residents (Residents #2 and #3). Findings include: Per record review Resident #2 is prescribed Hydroxyzine 50 mg by mouth every 8 hours as needed for anxiety; and Resident #3 is prescribed Hydroxyzine 50 mg by mouth every 4 hours as needed for anxiety and Lorazepam 1 mg by mouth once daily as needed for anxiety. At 1:23 PM on 1/25/23 the Registered Nurse confirmed a written plan for the use of PRN	T 040		

Division of Licensing and Protection

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

Adrian Woodcock

TITLE Director Resident Services

(X6) DATE 3/8/23

Division of Licensing and Protection

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T 040	Continued From page 1 psychoactive medications for Residents #2 and #3 had not been developed to include specific behaviors the medication is intended to address; and the desired effects and undesired side effects of the medications.	T 040		
T 052 SS=F	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 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	T 052		

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T 052	<p>Continued From page 2</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure 5 applicable staff completed all required yearly trainings. Findings include:</p> <p>Per record review 5 out of 5 sampled staff failed to complete required yearly trainings including:</p> <ul style="list-style-type: none"> * Staff #1 and Staff #2 did not complete any trainings * Staff #3 did not complete trainings in Resident Rights, Fire Safety and Emergency Evacuation; Emergency Response and First Aid; Respectful and Effective Interactions with Residents. * Staff #4 did not complete Emergency Response and First Aid training. * Staff #5 did not complete Emergency Response and First Aid trainings, and training in Respectful and Effective Interactions with Residents. <p>On the afternoon of 1/25/23 the Manager confirmed 5 out of 5 staff had not completed all required yearly trainings.</p>	T 052		
T 105 SS=D	<p>VI.6.21 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>6.21 The obligations of the residence to its residents shall be written in clear language, large print, given to residents on admission, and posted in an accessible, prominent and public place on</p>	T 105		

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T 105	<p>Continued From page 3</p> <p>each floor of the residence. Such notice shall also state the residence's grievance procedure and directions for contacting the designated Vermont protection and advocacy organization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to post Resident's Rights, a copy of the residence's Grievance Procedure, and directions for contacting the designated Vermont protection and advocacy organization on the second floor of the residence. Findings include:</p> <p>During the facility tour commencing at 9:15 AM on 1/25/23 the Manager confirmed Resident's Rights, the residence's Grievance Procedure, and directions for contacting the Vermont Legal Aid Ombudsman's Office were not posted on the second floor of the home.</p>	T 105		
T 127 SS=E	<p>VII.7.2.b Nutrition and Food Services</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items are labeled and dated. Findings include:</p> <p>During the tour of the facility commencing at 9:15</p>	T 127		

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T 127	<p>Continued From page 4</p> <p>AM on 1/25/23 the following perishable food items were observed without labels indicating the dates the items were opened or prepared.</p> <p>1. In the kitchen refrigerator: 3 containers of juice, 2 cartons of vegetable stock, 2 jars of jalapenos, 2 jars of olives, jar of jelly, preserves, mayonnaise, minced garlic, lemon juice, (2) relish, container of Parmesan cheese, Worcester sauce, hot sauce, pizza sauce, Sriracha, syrup, and sour cream, (7) dressings: Ranch, House Italian, Peppercorn Ranch, Italian, Honey Mustard, Balsamic.</p> <p>2. In the kitchen pantry: opened containers of raisins, fluff, vegetable oil, corn syrup, mirin, molasses, Crisco, and fried onions</p> <p>3. In the Freezer: opened bag of cranberries, onion rings, dinner rolls and green beans.</p> <p>The manager confirmed perishable food items stored in the kitchen refrigerator, freezer, and pantry were not labeled with dates they were opened or prepared during the facility tour commencing at 9:15 AM on 1/25/23.</p>	T 127		
T 141 SS=E	<p>VII.7.3.i Nutrition and Food Services</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.</p> <p>This REQUIREMENT is not met as evidenced</p>	T 141		

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T 141	<p>Continued From page 5</p> <p>by: Based on observation and staff interview there was a failure to ensure poisonous compounds are stored in a locked compartment. Findings include:</p> <p>During the facility tour commencing at 9:15 AM on 1/25/23 the following poisonous compounds were confirmed by the Manager to be stored in unlocked cabinets:</p> <ul style="list-style-type: none"> * Miracle Grow plant fertilizer, rug cleaner, dishwasher detergent pods and liquid were stored in an unlocked cabinet under the kitchen sink. * Comet cleaning powder, paint, and disinfectant were observed stored in an unlocked cabinet in the "back kitchen" located near the Manager's office in a section of the home that is customarily unlocked during the day 	T 141		
T 146 SS=E	<p>IX.9.1.a Physical Plant</p> <p>9.1 Environment</p> <p>9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review there was a failure to</p>	T 146		

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T 146	<p>Continued From page 6</p> <p>ensure care in a safe, functional, sanitary, homelike and comfortable environment. Findings include:</p> <p>During the tour of the home commencing at 9:15 AM on 1/25/23 the following environmental concerns were observed and confirmed by the Manager of the home:</p> <ol style="list-style-type: none"> 1. On the front porch of the facility there were 16 bags of empty cans to be recycled which a resident had collected over a period of 2-3 days before the survey. 2. Resident #1's room was cluttered with bags of clothing, baskets of clothing, and a chair covered with clothing which impeded entry into and movement in the room. Items strewn across the floor included two "bongs" (water pipes typically used for smoking marijuana), 10 opened bottles of soda and juice, packages of food, cigarettes, and empty bags. 3. Resident # 2's room contained 4 air freshener spray bottles, 2 spray bottles of Febreeze, and Endust spray; and Resident #3's room contained Windex spray and Sparkle glass cleaner. 4. Both locks on one window in Resident #4's room were ineffective. 	T 146		
T 188 SS=E	<p>IX.9.11.d Physical Plant</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.d There shall be an operable telephone on each floor of the residence, at all times. A list of emergency telephone numbers shall be posted by each telephone.</p>	T 188		

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T 188	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide operable telephones with emergency numbers posted by each telephone on each floor of the residence. Findings include:</p> <p>During the facility tour commencing at 9:15 AM on 1/25/23 the Manager confirmed emergency numbers were not posted by the first floor of the home, and the second floor of the home did not have a telephone with emergency numbers posted.</p>	T 188		
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02/28/2023

PLAN OF CORRECTION JOHNSON GROUP HOME

T040 SS=E 5.8 MEDICATION MANAGEMENT

T 040 V.5.8.5

5.8 Med management

Written plans for prn anxiolytics for Clients #2 and #3 were implemented by the nurse manager on February 28th, 2023. All written plans describe the use of the PRN medication. The behavioral care plan indicates these specific behaviors that are needed the administration of the medication. The PRN behavioral plans also indicate the use of the medication, educate the staff about the desired effects or undesired effects that the staff must monitor for. The care plan also displays where to document the time, reason, and specific results of the medication used. Behavioral care plans for clients two and three were reviewed at the staff meeting at the facility on February 28th, 2023. All staff verified understanding and had no questions. To ensure ongoing compliance, the nurse manager will develop a behavioral plan for all future clients prescribed a prn anxiolytic and/or antipsychotic. The nurse manager will be responsible for ongoing monitoring of use of behavioral plan by staff by reviewing MAR documentation and appropriate use of the prn medication. The nurse manager will also continue to review if the behavioral prn is effective for the client and report to psychiatric providers if necessary.

Tag T 040 POC accepted on 3/13/23 by J. Evans/P. Cota

T052 SS=F 5.9 STAFF SERVICES

The Johnson Group Home will ensure that staff demonstrates competency in skills and techniques that are expected to perform before providing direct contact with residents. There are twelve hours of training each year for each staff person providing direct care for residents. The training includes

- 1) Resident rights
- 2) Fire safety and emergency evacuation
- 3) Resident emergency response procedures, accidents, police or ambulance contact and basic first aid
- 4) Policies and procedures regarding mandatory reports of abuse, neglect, exploitation
- 5) Respectful and effective interaction with residents
- 6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions
- 7) General supervision and care of residents

All new hires must finish training before starting shift as well as current employees

Trainings will be assigned monthly to ensure compliance with state requirements. All training assignments will be documented in staff meeting notes.

All trainings will be up to date and documented by 3/28/2023
Alexander LeVeille will be responsible for implementation.

Tag T 052 POC accepted on 3/13/23 by J. Evans/P. Cota

T105 SS=D BI.

To fulfill our obligation and ensure residential rights we have posted large print facsimile on each floor where residential phones are located.

Corrective action will be implemented 3/10/2023. Alexander LeVeille will be responsible for implementation.

Tag T 105 POC accepted on 3/13/23 by J. Evans/P. Cota

T127 SS=E 7.2

Food Safety and Sanitation

Refrigerators will be checked on daily basis for all food to be labeled for easy identification. Any unlabeled food as well as all foods that have been stored for 5 days after preparation shall be disposed of. This will be part of staff daily shift duties.

Corrective action will be implemented 3/1/2023. Alexander LeVeille will be responsible for implementation.

Tag T 127 POC accepted on 3/13/23 by J. Evans/P. Cota

T141 SS=E 7.3

Food Storage and Equipment Section 7.3.i

All poisonous compounds shall be labeled for easy identification and stored in locked area unavailable to residents without supervision ex. Spray and wash and laundry soap.

Corrective action has been implemented as of 1/26/2023. Alexander LeVeille will be responsible for implementation.

Tag T 141 POC accepted on 3/13/23 by J. Evans/P. Cota

T146 SS=E 9.1.a

Environment

1. To ensure a safe and functional sanitary homelike and comfortable environment the front porch of the facility will no longer be used to store recycling this shall be moved to the shed outback. Staff will monitor to ensure returnable recycling is stored in that location.
2. Residents' rooms will be kept clear of clutter that limits movement in the room, weekly room checks will be done. If a clients' ADLs are insufficient to maintain a safe and functional sanitary homelike and comfortable environment, then an inhouse treatment plan would be implemented by RN. Staff will assist clients as needed to maintain safe sanitary environment.
3. During weekly room checks staff will monitor room contents for hazardous materials such as Windex and other cleaners.
4. Windows were not completely closed, once closed latches worked as designed. Clients and staff have been trained on how to properly close window tightly.

Corrective action has been implemented as of 3/17/23. Alexander LeVeille will be responsible for implementation.

Tag T 146 POC accepted on 3/13/23 by J. Evans/P. Cota

T188 SS=E 9.11

Disaster and Emergency Preparedness 9.11.d

Residential phones will be installed 3/31/23 emergency numbers will be posted at both residential phones. Bulletin boards will be at the phone locations with large print Grievance Policy & Residential Rights.

Alexander LeVeille will be responsible for implementation

Tag T 188 POC accepted on 3/13/23 by J. Evans/P. Cota