



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 23, 2022

Mr. Alexander Leveille, Manager
Segue House
7 St Paul Street
Montpelier, VT 05602-3033

Dear Mr. Leveille:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 8, 2022**. 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: 0504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/08/2022
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NAME OF PROVIDER OR SUPPLIER SEGUE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ST PAUL STREET MONTPELIER, VT 05602
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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 An unannounced on-site re-licensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 2/8/2022 to determine compliance with the Licensing and Operating Regulations for the Therapeutic Community Residences (TCR). The following regulatory violations were identified related to both the complaint and re-licensure survey:	T 001	<i>Please see attached plans of correction.</i>	
T 052 SS=D	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,	T 052		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Coordinator* (X6) DATE *3/2/22*

T052 - T187 POC accepted 3/2/22 Fmclntark RN/PMU

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T 052	Continued From page 1 maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the TCR failed to ensure all staff received the required 12 hours of yearly training. Findings include: During the course of survey on 2/8/22, the manager was requested to demonstrate via training records that staff employed at the TCR who provide direct care to residents had received the 12 hours of required yearly training to include: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision. Per review of training records noted 2 of 5 employees had not completed all of the required training's. This was confirmed with the manager during the afternoon of 2/8/22.	T 052		
T 111 SS=D	VI.6.27 Residents' Rights VI. Residents' Rights 6.27 Residents have the right to have accommodations made to a disability (or disabilities) to ensure that there are no barriers to their receipt of services and that they understand the care and treatment being provided. Such accommodations shall include, but are not limited to, sign language interpretation and having documents provided in accessible formats, as applicable. The resident shall not be required to pay for these services.	T 111		

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T 111	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the TCR failed to accommodate the needs of one disabled resident (Resident #1). Findings include: Resident #1 was admitted to facility on 4/1/2021 requiring medication administration, behavioral monitoring, and further stabilization for co-occurring polysubstance abuse disorder and Traumatic Brain Injury. On admission, Resident #1 was assigned a shared room on the third floor of the facility. Resident #1's room was located across a narrow hallway from a steep staircase down to the second floor, with a short wall serving as the barrier between the hallway and the staircase. On 8/25/2021 Resident #1 had an office visit with a neurologist for TBI Sequelae and Sleepwalking. The provider noted onset of sleepwalking corresponded with the "introduction of diuretic medication and sleep disturbance related to noisy roommate". Provider also noted "on multiple occasions [Resident #] injured himself/herself and struck his/her head while walking overnight". Medication changes were made with some reduction of sleepwalking episodes noted. Resident #1 was free of sleepwalking episodes during a four-day vacation to his/her own home. The neurologist's Plan of Care to address this problem outlined in the 8/25/21 office visit documentation included "having [Resident#1] sleep alone in a room with a gate at the door as a safety measure". Per interview at 1:15 PM on 2/8/22 the facility nurse confirmed receipt of the plan of care outlined in the office visit documentation and stated s/he discussed the	T 111		

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T 111	Continued From page 3 issue with the TCR manager. Per interview on the afternoon of 2/8/22 the manager confirmed s/he was aware of the need for accommodations for Resident #1 and further confirmed Resident#1 remained in shared room on the third floor despite the presented issue, until s/he was transferred to the second-floor art room for two weeks before discharge from facility on 2/1/22.	T 111		
T 127 SS=E	VII.7.2.b Nutrition and Food Services 7.2 Food Safety and Sanitation 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. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the TCR failed to ensure all perishable food was labeled as required. Findings include: During a tour of the first floor kitchen on 2/8/2022 at 10:55 AM food stored in a refrigerator identified by staff to be used by the residents contained 2 packages of hot dogs, both opened with no labeled date along with cold cuts that were outdated.	T 127		
T 135 SS=E	VII.7.3.c Nutrition and Food Services 7.3 Food Storage and Equipment 7.3.c All food service equipment shall be kept clean, sanitized and maintained according to manufacturer's guidelines.	T 135		

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T 135	Continued From page 4 This REQUIREMENT is not met as evidenced by: The TCR failed to ensure all kitchen counters and work areas in the kitchen were left clean. Findings include: 1. During a tour of the kitchen on 2/8/22 at 11:00 AM, the kitchen counters were observed to have food fragments and other debris, also noted the dinning room table was soiled with scattered food remains.	T 135		
T 140 SS=E	VII.7.3.h Nutrition and Food Services 7.3 Food Storage and Equipment 7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers. Garbage containers shall be kept clean and sanitized. This REQUIREMENT is not met as evidenced by: Per observation of the kitchen, TCR staff failed to ensure trash receptacles remained covered while in use in the kitchen. Findings include: Per observation on 2/8/2022 at 11:00 AM during a tour of the TCR and later in the afternoon, the trash receptacle stationed in the kitchen beside a counter island, was noted to remain uncovered and filled with multiple objects of trash.	T 140		

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T 146	<p>Continued From page 6</p> <p>2/8/2022, the agency's department who manage the maintenance of the TCR building have been aware of the damage. In addition, the bathtub was soiled and the shower head was found sitting in the bathtub.</p> <p>2. A box spring and mattress on a metal frame was observed being stored in the living room where residents gather. The bed was stored vertically up against a wall beside a resident's chair and was unstable, creating a potential hazard for any individual sitting near or walking by the free standing bed. Per interview with the TCR manager on the afternoon of 2/8/2022, confirmed the bed is placed in the living room during the day and moved at night by overnight staff who utilize the bed. Having the bed stored in the living reduces a home-like environment. In addition, there was a second bed, standing vertically near the front entrance, next to the living room. There were also 3 large yellow mop buckets with mops also being stored at the front entrance. Both potentially creating an obstruction of the front exit.</p> <p>3. In another 3rd floor 1/2 bathroom (not the above mentioned bathroom) multiple used disposable razors were observed mingled together on a soiled shelf with other shaving equipment. Per interview on the afternoon of 2/8/22 the manager confirmed residents are reusing and sharing the razors. This unsanitary practice creates the opportunity for viruses and bacteria to be passed from user to user when blades become contaminated with blood.</p> <p>4. Per observation of 3 of the 6 resident rooms found extensive clutter and debris covering almost entire floors to include soiled laundry, trash, soiled dishes; multiple extension cords attached to electronic devices and fans, piles of</p>	T 146		

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T 146	<p>Continued From page 7</p> <p>loose tobacco spread throughout rooms and beds unmade and covered with additional items of clothing and other personal items. The rooms were odorous and lacked any indication of assistance from TCR staff to engage the residents in maintaining a safe and sanitary environment.</p> <p>5. The wooden floors throughout the entire facility were heavily soiled with debris, dirt and dust noted in multiple corners, under chairs and tables.</p> <p>6. Wall fans in the bathrooms of 2nd and 3rd floor were heavily soiled with dust. Portable fans used throughout the facility were also heavily soiled.</p> <p>4. 2 wall lights on a stairwell and 3rd floor wall were missing covers, leaving bright exposed LED lights.</p> <p>5. Under a bathroom sink located on the second floor a large bottle of mouth wash was observed. Content included 18.9% of alcohol which would be contraindicated for those residents attempting sobriety. In addition, a large jug of bleach was also noted to be stored and accessible to residents.</p> <p>6. A second kitchen on the second floor was found to have remains of food, soiled dishes and soiled cabinets. Counters were unsanitary. Staff stated this kitchen was no longer being used, however it had been left soiled and unkept. A microwave rotating glass dish was found in a draw covered with mold. There was evidence the residents are still using the kitchen to dispose of used meal dishes and coffee.</p> <p>7. The bathrooms used by residents on the</p>	T 146		

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T 146	Continued From page 8 second and third floor were found to be heavily soiled with dust and debris. The floors were unclean along with the sinks and toilets. The manager stated custodial services come in weekly to clean, however at the time of survey this was not evident. 8. A fire extinguisher was observed unsecured sitting beside the basement stairs. Staff confirmed the extinguisher should be secured and staff and sometimes residents frequent the basement.	T 146		
T 153 SS=D	IX.9.2.d Physical Plant 9.2 Residents' Rooms 9.2.d The door opening of each bedroom shall be fitted with a full-size door of solid core construction. This REQUIREMENT is not met as evidenced by: The TCR failed to provide Resident #1 a bedroom with a full-size door of solid core construction. Findings include: During a tour of the TCR on the afternoon of 2/8/22 the manager confirmed Resident #1 was transferred to an art room on the second floor of the facility for two weeks prior to discharge on 2/1/21. On inspection the door opening of the art room was fitted with double swinging doors containing large areas of clear Plexiglas in the upper halves of both doors.	T 153		
T 154 SS=D	IX.9.2.e Physical Plant	T 154		

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T 154	<p>Continued From page 9</p> <p>9.2 Residents ' Rooms 9.2.e Resident bedrooms shall be used only as the personal sleeping and living quarters of the residents assigned to them. Halls, storerooms or unfinished attic rooms shall not be used as bedrooms, except in emergency situations on a temporary basis, not to exceed 72 hours.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the TCR failed to provide a bedroom used only as Resident #1's personal sleeping and living quarters for a period of two weeks. The TCR also failed to provide Resident #1 a bedroom doorway fitted with a full size door of solid core construction. Findings include:</p> <p>During a tour of the TCR on the afternoon of 2/8/22 the manager confirmed Resident #1 was transferred to an art room on the second floor of the facility for two weeks prior to discharge on 2/1/21. On inspection the door opening of the art room was fitted with double swinging doors containing large areas of clear plexiglass in the upper halves of both doors. Resident #1's bed remained in the room during the inspection on 2/8/22, one week after Resident #1's discharge. The room contained a large amount furniture and other items pushed to the walls of the room, and Resident #1's bed was surrounded by chairs and other items stacked along the side and foot of the bed. On the afternoon of 2/8/22 the Program Manager confirmed the items observed in the room contained furniture and supplies for the art room, and items not belonging to the resident were stored in the room during the two week period Resident #1 resided in the room.</p>	T 154		

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T 187	Continued From page 10	T 187		
T 187 SS=D	IX.9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness 9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the TCR failed to conduct fire drills that included a drill during night hours. Findings include: Per review of the TCR fire drill log on the afternoon of 2/8/22 noted although other times of day/evening had been covered, a night drill had not been conducted as required. The manager confirmed the night fire drill had not been performed.	T 187		

Segue Plan of Correction for 2/8/22 Audit 3.3.2022:

Residential Coordinator will oversee Implementation of the following plan and will be responsible for its completion in time frames outlined below.

1. **T052- 5.9 Staff services:** 2 out of 5 employees had not completed all required training.

POC: all staff will achieve 12 hours of required training, annually. Monthly training audits will occur for assigned training as well as in-person trainings at by weekly staff meetings.

Implementation: 4/1/22

2. **T111- 6.27 Resident's Rights:** Resident #1 () plan of care from neurologist included "having resident sleep alone in a room with a gate at the door as a safety measure"- resident remained in shared bedroom without implementing harm reduction measures for sleep walking.

- o POC: Resident #1 has been transferred to level 3 that has the structural capacity to accommodate their need for a first floor and private room with harm reduction measures for sleep walking. Future intakes will be evaluated for their needs and ability to safely access assigned room and the communal living spaces. Doctors plans of care will be followed. Implementation: 2/15/22

3. **T127 – 7.2 Food Safety and Sanitation:** Resident fridge contained two open packages of hot dogs without indication label or date of opening. Outdated cold cuts were also made available to residents in fridge. Staff failed to uphold food safety standards by not labeling and dating open food items in the fridge that residents have access to.

- o POC: All food will be properly labeled, dated, and stored once it has been opened by staff or resident. Staff will check fridge daily and eliminate any undated or unlabeled food. Sandwich meat will be marked for when it has come out of freezer to ensure safe consumption. More food safe storage containers will be purchased for effective labeling. Implementation 4/1/22

4. **T135- 7.3 Food Storage and Equipment:** Kitchen counters and dining room table were unclean and scattered with food remains.

- POC: All surfaces for serving or eating will be cleaned and sanitized throughout the day and evening. Staff will maintain kitchen and will work with clients to develop independent living skills needed to maintain food safe areas.

Implementation 4/1/22

5. **T140- 7.3 Food Storage and Equipment:** Trash receptacle in the kitchen was observed without a cover.

- POC: New trash receptacle with lid has been ordered for kitchen

Implementation:4/1/22

6. **T146- 9.1 Environment:**

- i. 3rd floor half bath was observed in significant disrepair, with an 8-inch hole in the ceiling. Additionally, the shower head was broken off and placed in the middle of the bathtub. The condition of this bathroom, used daily by residents, failed to comply with TCR standards of maintaining a safe, functional, and homelike environment.

- POC: Maintenance department had been informed of situation in the 3rd floor Shower this has been locked and prohibited from use by residents until repairs have been made. Residents have been asked to use the showering facilities on the 1st and 2nd floor. WCMHS has a signed contract with contractor to repair the roof issue followed by repairing the shower room ceiling and the light switch electrical removed and replaced to code.

Implementation:6/1/22

- ii. The staff bed, second staff bed, (box spring, mattress, and metal frame) and mop buckets were stored in first floor living room, near the front entrance of the building. The staff bed is stored vertically in the common room without additional safety measures. The second staff bed was stored vertically behind resident's chair. The staff beds are potential hazards to resident's physical safety, especially if it were to fall suddenly given their proximity to a resident's designated chair. The mop buckets are an creating a potential obstruction to the entrance. None of these additions lend themselves to creating a homelike environment.

- POC: Primary staff bed will be secured with a strap to decrease risk of falling when stored vertically. Second staff bed has already been removed and is no longer at this facility. The mop buckets will be permanently moved to basement, for staff and custodial staff to access when needed.

Implementation:2/15/22

- iii. In the second bathroom on the 3rd floor, multiple used razors were found mingled in with other personal hygiene products on the shelves. This creates the potential for clients to reuse and share razors, increasing risk transmitting a contagious pathogen from user to user via dried blood.

- POC: Excess used razors have been removed from all residential bathrooms by staff. Residents have been reminded to dispose of razors after each use. Staff will increase number of weekly bathroom checks across all floors. Containers will be supplied for the for residents to store their individual bathroom essentials.

Implementation:4/15/22

- iv. 3 of 6 residential bedrooms contained significant clutter, including used dishes, soiled laundry, multiple extension cords, mounds of loose tobacco, unmade beds, and additional items covering most of the floor. The three rooms held a noticeable odor and showed a lack of staff engagement in helping residents maintain a sanitary personal space.
 - POC Laundry hampers have been ordered and will be provided for all residents. Staff will provide physical assistance based on ADL needs and condition of room based on weekly room inspections. Staff will clean and maintain rooms with residents to maintain a safe living space. Room checks will occur on a weekly basis with two staff present and condition of room recorded in daily resident note.
Implementation: 4/15/22
- V. Wooden floors throughout the facility were heavily soiled with debris, dirt, and dust.
 - POC: Daily and custodial staff sweep, mop twice per week for 2nd and third floor and twice daily for first floor.
Implementation: 4/1/22
- Vi. Wall fans in the bathrooms on the 2nd and 3rd floor were heavily soiled with dust. Portable fans used on all floor of the facility were also soiled with dust.
 - POC: Fans will be cleaned or replaced. Cleaning the exhaust fans will be added to cleaning check list for staff and cleaners. All fans with Filters will be replaced and date of replacement noted on fan.
Implementation: 4/15/22
- Vii. Wall lights on both second and third floors were missing covers.
 - POC: New wall lights have been ordered to replace these light fixtures.
Implementation: 5/15/22
- Viii. In the second-floor bathroom, a bottle of mouthwash and a bottle of bleach were found. Items were stored under the bathroom sink, accessible to residents. Mouthwash contained 18.9% alcohol, which is prohibited in the house.
 - POC: Staff has retrieved and appropriately disposed of mouth wash. from the second-floor bathroom. All cleaning products have been removed from under sinks and no longer are in areas with resident access.
Implementation: 4/1/22

- X. The second-floor kitchen was found in an unsanitary condition, with used dishes, food fragments, and debris strewn across the counters and cabinet space. While the second-floor kitchen has been shut down since November, there is evidence that residents continue to use it to dispose of meals and make coffee.
 - POC: The second-floor kitchen remains closed to residents. The cabinets, sink and counters will be cleaned, sanitized. Room will be checked daily by house Staff and cleaned if needed. Cleaning staff will clean, mop, and dust two times per week.
Implementation: 4/15/22
- Xi. The bathrooms on the second and third floor appeared heavily soiled with dust and debris. The floors were unclean, along with the sinks and toilets.
 - POC: Cleaning staff who work Monday through Friday will clean and sanitize including sweep, mop, and dust all bathrooms twice per week.
Implementation: 4/15/22
- Xii. The fire extinguisher in the basement is unsecured and sitting next to the base of the stairs. Both staff and residents frequent the basement.
 - POC: Fire extinguisher will be secured in its designated place for fire emergencies. Implementation: 4/1/22
- 7. **T153- 9.2 Residents' Rooms:** The door opening for each bedroom must be fitted with a full-size door. Resident #1 was residing in the art room for a temporary period of time, which is fitted with double swinging door with large Plexiglass portals.
 - POC: No resident will be housed in a room that does not have full sized door.
Implementation: 2-8-22

8. **T154- 9.2 Residents' Rooms:** Resident's bedrooms shall be used only as the personal sleeping and living quarters for that resident. Halls, storerooms, and other rooms can only be used as emergency sleeping quarters if it does not exceed 72 hours. Resident #1 was transferred from shared bedroom to the art room for a temporary stay two weeks prior to discharge—exceeding the restrictions placed on emergency use of non-living spaces.

- o POC: Resident's bedrooms will only be used as the personal sleeping and living quarters for that resident. Halls, storerooms, and other rooms will only be used as emergency sleeping quarters if it does not exceed 72 hours. No resident will be housed in a room that does not have full sized door.

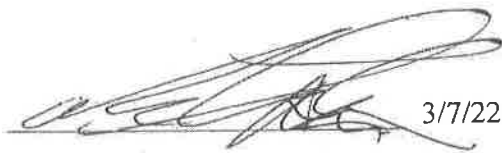
Implementation: 2-8-22

9. **T187- 9.11 Disaster and Emergency Preparedness:** Fire drills have to be conducted on a quarterly basis, including times in the morning, afternoon, evening, and night. TCR failed to conduct a night fire drill within the last calendar year.

- o POC: Two late night nightly fire drills 2-18-22 and 3-3-22 have been done since the 2/8/22 audit.

Implementation: 3/3/22

These were requested from Assistant Fire Marshal Stanley Baranowski and bringing Segue into compliance. We are waiting for final report Segue will implement any other indicated changes requested by the final report within two months of receiving report.



3/7/22

Alexander LeVeille
TCR Coordinator Segue
Washington County Mental Health Services
7 Saint Paul St.
Montpelier, VT 05602
Alexander.levaille@WCMHS.org
(802) 229-5084 Fax (802)229-8026