



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

February 1, 2019

Ms. Rachel Sullivan, Manager  
Seminary Street Group Home  
C/o Csac, 109 Catamount Pk  
Middlebury, VT 05753

Dear Ms. Sullivan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 27, 2018**. 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 black ink that reads "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>0501 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>12/27/2018 |
|--|--|--|--|

NAME OF PROVIDER OR SUPPLIER  
**SEMINARY STREET GROUP HOME**

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

| (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<br><br>The Division of Licensing and Protection conducted an unannounced, onsite Therapeutic Community Residence relicensure survey on 12/27/2018. The following regulatory violations were identified.   | T 001         |   |                    |
| T 038<br>SS=D      | V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services<br><br>5.8 Medication Management<br><br>d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:<br><br>(1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider's diagnosis and orders.<br><br>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.<br><br>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:<br><br>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;<br><br>ii. Establishing a process for routine communication with designated staff about the resident's | T 038         | Re: Medication Management<br>Follow up on this violation has been completed. A medication training is scheduled for direct staff with the agency nurse on 1/28/19. This training will cover the administration of the nebulizer and the necessary cleaning + maintenance of the equipment. This training will be provided each year, documented in the staff training book for public view in the staff office. | 1/28/19            |

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

*Deborah Hobbs*

TITLE

Service Coordinator

(X6) DATE

1/18/19

STATE FORM

6899

DSTF11

If continuation sheet 1 of 8

T038 - T193  
Plans of correction accepted  
1/30/19 Ssherbrook, RN  
with addendum.

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| T 038  | <p>Continued From page 1</p> <p>condition and the effect of medications, as well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on staff interview and record review, the residence failed to ensure that all training requirements were met prior to the administration of medication by unlicensed direct care staff for 1 out of 3 residents in the sample (Resident #1). Findings include:</p> <p>Per medical record review, Resident #1 had physician orders to receive nebulizer (aerosol respiratory medication) treatment four times a day, and was receiving this treatment by unlicensed direct care staff. There was no documentation available to confirm unlicensed staff had been educated about the administration of this specific medication, or had been informed about the necessary cleaning and maintenance required for the equipment used to deliver the treatment. The Service Coordinator confirmed s/he was unable to provide evidence of education or staff instructions regarding equipment maintenance at 1:30 PM on 12/27/2018.</p> <p>T 060 V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.I Resident Care and SS=C Services</p> | T 038   |   |

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| T 060  | <p>Continued From page 2</p> <p>5.10 Records/Reports</p> <p>5.10.b The following records shall be maintained and kept on file:</p> <p>(1) A resident register including all admissions to and discharges out of the residence.</p> <p>(2) A record for each resident which includes:</p> <p>i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin;</p> <p>ii. The health care provider's name, address and telephone number;</p> <p>iii. Instructions in case of resident's death;</p> <p>iv. The resident's intake assessment summary, identification of problems and areas of successful life function;</p> <p>v. Data from other agencies;</p> <p>vi. Treatment plans and goal, regular progress notes, supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form;</p> <p>vii. A signed admission agreement;</p> <p>viii. A recent photograph of the resident (but</p> | T 060   |   |  |

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| T 060              | <p>Continued From page 3</p> <p>a resident may decline to have his or her picture taken.<br/>any such refusal shall be documented in the resident's record);</p> <p>ix. A copy of the resident's advance directives, if any were completed, and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on staff interview, the residence failed to ensure all required documentation was kept current and available onsite for review by the licensing agency. Findings include:</p> <p>A resident register was requested at the time of the relicensure survey. The Residential Instructor and Service Coordinator present on the morning of 12/27/2018 confirmed a document which included all admissions to and discharges from the residence was not available.</p> | T 060         | <p>Re: Resident Care 1/18/19</p> <p>A resident register has been developed showing admissions to the group home, date of admission and previous residence. This document also includes available space to record discharges and reason for discharge. This document is available for viewing in the staff office and will be maintained as residents move in or out.</p> |                    |
| T 193<br>SS=C      | <p>X.10.2.a.b.c.d.e.f Pets</p> <p>10.2 Pets, owned by a resident or the residence, may reside in the residence providing the following conditions are met:</p> <p>10.2.a The residence shall ensure that the presence of a pet causes no discomfort to any resident.</p> <p>10.2.b The residence shall ensure that pet</p>   | T 193         |  |                    |

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| T 193 | <p>Continued From page 4.</p> <p>behavior poses no risk to residents, staff or visitors.</p> <p>10.2.c The residence must have procedures to ensure that pets are kept under control, fed, watered, exercised and kept clean and well-groomed and that they are cleaned up after.</p> <p>10.2.d Pets must be free from disease including leukemia, heartworm, hepatitis, leptos psoriasis, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations.</p> <p>10.2.e Pet health records shall be maintained by the residence and made available to the public.</p> <p>10.2.f The residence shall maintain a separate area for feeding cats and dogs other than the kitchen or resident dining areas.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on staff interview and documentation review, the residence failed to ensure that all required records were available for a pet residing in the home. Findings include:<br/><br/>The residence was unable to provide evidence of recent pet health records and veterinary documentation in order to demonstrate a cat residing in the residence was free from disease and current with rabies and distemper vaccinations. The Residential Instructor and Service Coordinator confirmed on the morning of</p> | T 193 | <p>Re: Pets</p> <p>Staff located the Medical records for therapy cat in her bedroom. This notebook has been placed in the staff office and is available for public view. The consumer has agreed to continue providing necessary care for her cat. To provide all documentation after a vet visit to the staff. The residential staff will assist with providing documentation with reminders and maintain the vet book.</p> | 12/27/18 |
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| T 193  | Continued From page 5<br><br>12/27/2018 the pet's records from annual veterinary appointments were not available.      | T 193   |   |

Seminary Street Group Home

Plan of Correction addendum

Survey date: 12/27/2018

T 060

Addendum: The House Manager is responsible for maintaining the resident register.

The Service Coordinator is responsible for monitoring all corrective actions.

Per telephone call with K. Hobbs 1/30/2019 12:35 PM

*SSWWS ROK, RN*