



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

September 20, 2019

Ms. Amanda Homsey, Manager
South Street Group Home
329 South Street
Bennington, VT 05201-2389

Dear Ms. Homsey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 26, 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

PRINTED: 09/08/2019
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER
SOUTH STREET GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
329 SOUTH STREET
BENNINGTON, VT 05201

(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 re-licensure survey was conducted by the Division of Licensing and Protection on 8/26/19. The following regulatory violations were identified.

T 001

Please see attached Plans of Correction

T 006 V.5.2.a Resident Care and Services SS=C

5.2 Admission Agreements

T 006

CORRECTIVE ACTION PLAN
filed separately

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, the services that are covered in the rate, and all other applicable financial issues, including an explanation of the residence's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI benefits. The agreement must be written in a format that is accessible, linguistically appropriate, and available in large font.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to provide a written admission agreement prior to the time of admission for three of three residents, Resident #1, 2 and 3 in the sample. Findings include:

Record review for Resident #1, 2 and 3 did not

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

TITLE

(X6) DATE

STATE FORM

Johanne Larson
Allyson...

Assoc. 275911
CNA Manager
Residential Manager

If continuation sheet 1 of 12

9-19-19
9-19-19

T006 - T999 POCs accepted 9/19/19 BBarclay/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 006 Continued From page 1 T 006

provide evidence of a signed admission agreement. During interview with the manager on 8/26/19 at 2:00 PM, s/he confirmed that s/he was not able to provide evidence, in either the electronic record or the hard copy medical record, of a signed admission agreement for the residents in the sample.

T 040 V.5.8.5 Resident Care and Services T 040
SS=D

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:
The facility failed to insure that a written plan for the use of the PRN (as necessary) psychoactive medications is in place for two of three residents, Resident 1 who receives prn Trazodone and Resident #3 who receives prn Quetiapine.
Findings include:

1. Record review for Resident #1 presents that the resident receives Trazodone 50 mg (milligram) three times a day as needed for agitation and anxiety. There is no evidence that a written plan for the use of the prn medication

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 040 Continued From page 2 T 040

describing specifics for circumstances that indicate the use of the medication.

2. Record review for Resident #3 presents that the resident receives Quetiapine 25 mg at hour of sleep as needed. There is no evidence that a written plan for the use of the prn medication describing specifics for circumstances that indicate the use of the medication.

Confirmation was made by the house manager, on 8/26/19 at 2:15 PM that there is no evidence of a written plan for the use of prn psychoactive medications for these two residents.

T 052 V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services SS=E T 052

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;

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2019
NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201	
(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)
T 052	<p>Continued From page 3</p> <p>(5) Respectful and effective interaction with residents;</p> <p>(6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that five of five employees reviewed had inclusion in their training of the required following areas, Resident rights; Fire safety and emergency evacuation; Resident emergency response procedures; Mandatory reporting of abuse, neglect and exploitation; Respectful and effective interactions; Infection control measures other than Bloodborne pathogens and General supervision and care of residents. *This is a repeat violation from a previous re-licensing survey. Findings include:</p> <p>During the review of the five employee files on 8/26/19, there was no evidence that any of the employees in the sample had received the training per requirement. Per confirmation from the Human Resources department and the house manager, at 2:00 PM, confirmed that the mandated training have not been provided. It was also confirmed at this time that the Bloodborne pathogen training that was provided in the past twelve months did not include first aid or infection control.</p>	T 052	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 060	Continued From page 4	T 060		
T 060 SS=B	V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services	T 060		
	5.10 Records/Reports			
	5.10.b The following records shall be maintained and kept on file:			
	(1) A resident register including all admissions to and discharges out of the residence.			
	(2) A record for each resident which includes:			
	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;			
	ii. The health care provider's name, address and telephone number;			
	iii. Instructions in case of resident's death;			
	iv. The resident's intake assessment summary, identification of problems and areas of successful life function;			
	v. Data from other agencies;			
	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;			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 060 Continued From page 5 T 060

- vii. A signed admission agreement;
- viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record);
- 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.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to ensure that 3 of 3 residents, Resident #1, 2 and 3 medical records contained instructions in the event of resident's death and did not have a signed admission agreement. Findings include:

Record review for Resident #1, 2 and 3, failed to provide a signed admission agreement, nor was there instructions in the event of death of the resident. Confirmation was made on 8/26/19 at 2:00 PM by the house manager, that the records for Resident #1, 2 and 3 did not contain the required information.

T 114 VII.7.1.a.2 Nutrition and Food Services T 114
SS=F
7.1 7.1 Food Services
7.7.a Menus and Nutritional Standards

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 114	Continued From page 6	T 114		
	<p>7.1.a.2 The meals served each day must provide 100% of the Dietary Reference Intakes (DRIs) and comply with the current Dietary Guidelines for Americans. DRIs are a set of nutrient-based reference values that expand upon and replace the former Recommended Dietary Allowances (RDAs) in the United States. They include: acceptable macronutrient distribution range (AMDR); adequate intake (AI); estimated average requirement (EAR); recommended dietary allowance (RDA) and tolerable upper intake level (UL). Dietary Guidelines for Americans were developed by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services.</p>			
	<p>This REQUIREMENT is not met as evidenced by: Based on observation during the facility tour, staff interview and record review, the facility failed to ensure that meals provide 100% of the Dietary Reference Intakes and do not comply with Dietary Guidelines for Americans. Findings include: There was no evidence of a posted menu and when a copy of the menu was requested, the staff member provided a paper that listed the following: 8/24 Meatball casserole; 8/25 Sweet</p>			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 114 Continued From page 7 T 114

Teriyaki Chicken over rice; 8/26 Tacos/Spanish rice; 8/27 Steak ums and fries; 8/28 Homemade English Muffin pizzas; 8/29 BLT; 8/30 Cube steak, mashed potatoes with gravy and corn; 8/31 grilled chicken pasta salad and 9/1 Crock pot meal. The caregiver stated at 12:50 PM that there was not an inclusion of fruits and vegetables in the diet and there are not a lot of choices.

T 115 VII.7.1.a.3 Nutrition and Food Service SS=C T 115

7.1 Food Services

7.1.a Menus and Nutritional Standards

7.1.a.3 The current week's regular and therapeutic menu shall be posted in a prominent public place for residents and other interested parties.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to prominently display, in a public place, the current week's regular and therapeutic menus. Findings include:

During the kitchen tour there was no evidence of a menu being posted. When requested by staff, they produced a hand-written piece of paper that they reported was the menu that they attach near the calendar in the kitchen. Confirmed by the caregiver on 8/26/19, that the menu was not posted in a prominent public place at 12:50 PM.

T 117 VII.7.1.a.5 Nutrition and Food Services SS=C T 117

7.1 Food Services

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 117 Continued From page 8

T 117

7.1.a Menus and Nutritional Standards

7.1.a.5 The residence shall keep menus, including any substitutions, for the previous month on file and available for examination by the licensing agency

This REQUIREMENT is not met as evidenced by:
Based on staff interview, the facility failed to keep menus, including any substitutions, for the previous month on file and available for examination by the licensing agency. Findings include:

After review of the current menu provided by the facility, a request for past menus was made for comparison purposes and the care giver stated on 8/26/19 at 12:50 PM, that the facility does not keep the menus from week to week and stated they were not aware of the need to do so.

T 130 VII.7.2.e Nutrition and Food Services
SS=F

T 130

7.2 Food Safety and Sanitation

7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to ensure that unlabeled food was not maintained on the premises. Findings

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 130	Continued From page 9 include: During the tour of the facility's kitchen, it was identified that the refrigerator freezer contained packages of chicken and pork chops that had been opened, removed from the store packaging and placed in plastic storage bags. There was no evidence of the meat being labeled as to the content and there was no date as to when it was opened. There was further observation of foods in the cupboards, rice, potato chips, a bag of noodles, container of stuffing and a jar of marshmallow fluff that were also opened and not labeled with a date. Confirmation was made on 8/26/19 at 11:30 AM by staff that was present during the discovery that the foods were not labeled and dated as required.	T 130		
T 188 SS=E	IX.9.11.d Physical Plant 9.11 Disaster and Emergency Preparedness 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. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide an operable telephone on each floor of the residence with a list of emergency telephone numbers posted. Findings include: During the tour of the facility there was no evidence that the facility had a telephone on the second floor of the facility. During interview with	T 188		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2019
NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201	
(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 188	Continued From page 10 the house manager on 8/26/19 at 12:50 PM, S/he confirmed that there was not a phone on the second floor for the residents to use and further stated that there is not a list of emergency phone numbers listed.	T 188	
T999 SS=B	Final Comments This REQUIREMENT is not met as evidenced by: 4.13 Survey/Investigation (f) The residence shall make current 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 residence shall post a notice of the availability of all other written reports in a prominent place. If a copy is requested and the residence does not have a copy machine, the residence shall inform the resident or member of the public that they may request a copy from the licensing agency and shall provide the address and telephone number of the licensing agency. This requirement was NOT MET based on the following: Based on observation and interview, the TCR did not have written reports from the recent inspections readily available nor posted in a prominent area. Findings include: During the initial tour on 8/26/19 there was no evidence of the current reports of survey results nor notice of the availability of other reports being posted in a readily accessible prominent place.	T999	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201
---	---

(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

T999	Continued From page 11 This was confirmed by the manager at 12:10 PM on the day of survey.	T999		
------	---	------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0509	(X2) MULTIPLE CONSTRUCTION A BUILDING	(X3) DATE SURVEY COMPLETED 08/28/2019
NAME OF PROVIDER OR SUPPLIER SOUTH STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 329 SOUTH STREET BENNINGTON, VT 05201		
(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

The following plan was developed by the CRT Management Team.

For follow up questions, please call JoAnne Larsen (CRT Manager) at 802-442-5491 ext 486.

complete

<p>T 001 Initial Comments T 001 An unannounced re-licensure survey was conducted by the Division of Licensing and Protection on 8/26/19. The following regulatory violations were identified. T 006 V.5.2.a Resident Care and Services T 006 SS=C 5.2 Admission Agreements 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, the services that are covered in the rate, and all other applicable financial issues, including an explanation of the residence's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI benefits. The agreement must be written in a format that is accessible, linguistically appropriate, and available in large font. This REQUIREMENT is not met as evidenced by:</p>	<ol style="list-style-type: none"> 1. Reached out to other TCR at UCS and accessed their Admission form 2. An Admission Form will be edited to apply to South St. and put into place by 9/18/19. 3. 2 Agreements will be designed – one for the downstairs room and a second one for the upstairs apartment. 4. Reached out to business office to discuss the requirements of this admission form. 5. Train staff to understand and follow the Regulations – a copy of the Regulations will be provided for staff to read. <p>To assure continued compliance, the Group Home Manager will write a report on a monthly basis that reflects review of this process.</p>	<p>10/1/19</p> <p>10/1/19</p> <p>10/1/19</p> <p>9/19/19</p> <p>11/1/19</p>	
---	--	--	--

<p>Based on staff interview and record review, the facility failed to provide a written admission agreement prior to the time of admission for three of three residents, Resident #1, 2 and 3 in the sample. Findings Include: Record review for Resident #1, 2 and 3 did not</p>			
<p>T 040 V.5.8.5 Resident Care and Services T 040 SS=D 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: The facility failed to insure that a written plan for the use of the PRN (as necessary) psychoactive medications is in place for two of three residents, Resident 1 who receives pm Trazodone and Resident #3 who receives pm Quetiapine. Findings include: 1. Record review for Resident #1 presents that the resident receives Trazodone 50 mg (milligram) three times a day as needed for agitation and anxiety. There is no evidence that a written plan for the use of the pm medication Division of Licensing and Protection STATE FORM 0822</p>	<ol style="list-style-type: none"> 1. The Medical Director was contacted regarding this requirement. 2. Nursing Staff that are responsible for medications will design this form and put it place for all PRN psychoactive medications by 9/30/19. 3. Group home staff will be trained on this requirement <p>To assure continued compliance, the Group Home Manager will write a report on a monthly basis that reflects review of this process and submit it to the Assistant Division Direct and the CRT Management Team.</p>	<p>10/1/19</p> <p>11/1/19</p>	
<p>SS=E 5.9 Staff Services 5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are</p>	<ol style="list-style-type: none"> 1. A Monthly Training program will be mandated for all staff,, which over the course of the year will provide 12 total hours of training addressing: (a) Resident rights; 	<p>10/1/19</p>	

<p>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> <ul 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>Division</p>	<ul style="list-style-type: none"> (b) Fire safety and emergency evacuation; (c) Resident emergency response procedures, accidents, police, ambulance contact and first aid; (d) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (e) Respectful and effective interaction with residents; (f) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (g) General supervision and care of residents <ul style="list-style-type: none"> 2. Staff will sign an attendance sheet to document their participation. 3. In the event that a person is absent the House Manager will ensure that the staff person is adequately trained. <p>To assure continued compliance, the Group Home Manager will write a report on a monthly basis that reflects review of this process and submit it to the Assistant Division Direct and the CRT Management Team.</p>	<p>11/1/19</p>	
<p>T 060 V.5.10.b.1.2.I.II.III.iv.v.vi.vii.viii.I Resident Care and T 060 SS=B Services 5.10 Records/Reports 5.10.b The following records shall be maintained and kept on file:</p> <ul style="list-style-type: none"> (1) A resident register including all admissions to and discharges out of the residence. (2) A record for each resident which includes: <ul style="list-style-type: none"> 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; ii. The health care provider's name, address and telephone number; iii. Instructions in case of resident's death; iv. The resident's intake assessment summary, identification of problems and areas of successful 	<ul style="list-style-type: none"> 1. The residential Manager will create a schedule for training for use of the EMR. 2. A Resident Register containing basic safety and crisis information will be printed out and kept on the premises. Forms to be included will be developed and made available for staff. 3. Any refusal by client will be documented. 4. The Plan for death, the Admissions Form, and the client's picture will be scanned and kept on the EMR. 5. Other requirements in the section are available on the EMR. 	<p>10/1/19</p>	

<p>life function; v. Data from other agencies; 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</p> <p>vii. A signed admission agreement; viii. A recent photograph of the resident (but a resident may decline to have his or-her picture taken. any such refusal shall be documented in the resident' s record); ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document.</p> <p>form; Division</p>	<p>To assure continued compliance, the Group Home Manager will write a report on a monthly basis that reflects review of this process and submit it to the Assistant Division Direct and the CRT Management Team.</p>	<p>11/1/19</p>	
<p>T 114 VII.7.1.a.2 Nutrition and Food Services T 114 SS=F 7.1 7.1 Food Services 7.7.a Menus and Nutritional Standards</p> <p>7.1.a2 The meals served each day must provide 100% of the Dietary Reference Intakes (DRIs) and comply with the current Dietary Guidelines for Americans. DRIs are a set of nutrient-based reference values that expand upon and replace the former Recommended Dietary Allowances (RDAs) in the United States. They include: acceptable macronutrient distribution range (AMDR); adequate intake (AI); estimated average requirement (EAR); recommended dietary allowance (RDA) and tolerable upper intake level (UI). Dietary Guidelines for Americans were developed by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services. SS=C 7.1 Food Services 7.1.a Menus and Nutritional Standards 7.1.a.3 The current week's regular and therapeutic menu shall be posted in a prominent public place for</p>	<ol style="list-style-type: none"> 1. Print out Dietary Guidelines for Americans 2. Use the guidelines to create a 4 week menu 3. Menus will be dated and posted and edited as necessary. <p>To assure continued compliance, the Group Home Manager will write a report on a monthly basis that reflects review of this process and submit it to the Assistant Division Direct and the CRT Management Team.</p>	<p>9/18 10/1/19</p> <p>11/1/19</p>	

<p>residents and other interested parties.</p>			
<p>T 130 VII.7.2.e Nutrition and Food Services T 130 SS=F 7.2 Food Safety and Sanitation 7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.</p>	<ol style="list-style-type: none"> 1. Weekly review of foods in refrigerator and cupboards will take place and outdated, damaged or unlabeled foods will be discarded. 2. All leftovers will be labeled and discarded after 3 days. 3. The refrigerator temperature will be checked on a weekly basis 4. Staff will be trained on the Agency Policy on Food Storage and Sanitation. <p>To assure continued compliance, the Group Home Manager will write a report on a monthly basis that reflects review of this process and submit it to the Assistant Division Direct and the CRT Management Team.</p>	<p>10/1/19</p> <p>11/1/19</p>	
<p>SS=E 9.11 Disaster and Emergency Preparedness 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. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide an operable telephone on each floor of the residence with a list of emergency telephone numbers posted. Findings include: During the tour of the facility there was no evidence that the facility had a telephone on the second floor of the facility. During interview with</p> <p>T 188 Continued From page 10 T 188 the house manager on 8/26/19 at 12:50 PM, S/he confirmed that there was not a phone on the second floor</p>	<p>A system with 2 phones will be purchased and installed by:</p> <p>Emergency telephone numbers will be posted by each phone.</p> <p>To assure continued compliance, the Group Home Manager will write a report on a monthly basis that reflects review of this process and submit it to the Assistant Division Direct and the CRT Management Team.</p>	<p>9/20/19</p> <p>9/20/19</p> <p>11/1/19</p>	

<p>for the residents to use and further stated that there is not a list of emergency phone numbers listed.</p>			
<p>SS=B This REQUIREMENT is not met as evidenced by: 4.13 Survey/Investigation 9/18/19 (f) The residence shall make current 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 residence shall post a notice of the availability of all other written reports in a prominent place. If a copy is requested and the residence does not have a copy machine, the residence shall inform the resident or member of the public that they may request a copy from the licensing agency and shall provide the address and telephone number of the licensing agency. This requirement was NOT MET based on the following: Based on observation and interview, the TCR did not have written reports from the recent inspections readily available nor posted in a prominent area. Findings include: During the initial tour on 8/26/19 there was no evidence of the current reports of survey results nor notice of the availability of other reports being posted in a readily accessible prominent place. Division of Licensing and Protection STATE FORM 6609 275014 If continuation sheet 11 of 12 Division of Licensing and Protection B. WING</p>	<p>This report will be printed and displayed on the bulletin board in the kitchen.</p> <p>To assure continued compliance, the Group Home Manager will write a report on a monthly basis that reflects review of this process and submit it to the Assistant Division Direct and the CRT Management Team.</p>	<p>9/18/19</p> <p>11/1/19</p>	