



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

January 8, 2020

Ms. Joanne Larsen, Manager
South Street Group Home
329 South Street
Bennington, VT 05201-2389

Dear Ms. Larsen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 10, 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: 12/20/2019
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 C 12/10/2019
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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
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T 001 Initial Comments

An unannounced on site complaint investigation was conducted by the Division of Licensing and Protection on 12/10/19. The facility was found to not be in compliance with regulations for Therapeutic Community Residences.

T 001

T 033
SS=D V.5.7.c Resident Care and Services

5.7 Treatment Plan

5.7.c The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment.

This REQUIREMENT is not met as evidenced by:
Based on observation, resident and staff interview, the facility failed to insure that a treatment plan with clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment.
Findings include:

Observation of the living area for Resident #1 presents with food and dirt on the floor, a soiled mattress, empty and spilled bags of potato chips, as well as other items of food that would be an attraction to insects and rodents. There was also a pungent odor emanating from the room and was smelt in the hall and the kitchen area, where Resident #1's bedroom is located. Resident #1 stated that s/he tries to keep the room clean, but has a hard time doing so. The manager of the residence stated that Resident #1 needs to take

T 033

*A goal sheet will be created with residents to identify short term, measurable goals with time frames. Completed goal sheets will be kept in the resident's binder.
Goals will be reviewed with staff in staff supervision weekly.*

Facilities, Health & Safety Director who is Food safe certified will provide training to staff & clients & implement food safe practices w/in SSOH.

Division of Licensing and Protection

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

TITLE

(X8) DATE

John H. Larson

Interim Manager

1/03/20

STATE FORM

6899 MJFF11

If continuation sheet 1 of 2

T033-T999 POCs accepted 1/8/20 BBORCURN/PMU

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T 033	Continued From page 1 responsibility for ownership of keeping the room clean and it is part of his/her treatment plan. The manager further stated that Resident #1 has a case manager that has attempted to help him/her with cleaning of the room, but it is short-lived. There was no evidence of a treatment plan being developed for Resident #1 in regards to hygiene and keeping the room clean, this was confirmed by the manager on 12/10/19 at 1:48 PM.	T 033		
T 038 SS=F	V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services 5.8 Medication Management d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (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. (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;	T 038	<i>Increased nursing supervision at South Street Group Home by Rutelle Home nursing staff.</i> <i>Full med delegation retraining of all South Street staff</i> <i>Client meds switched to Genoa Pharmacy for prepackaged meds - training for staff in this system. Genoa Pharmacy has the ability to provide exactly what is necessary for residents & staff. Genoa is on-site and will work with staff closely. Will develop a simplified approach that will meet requirements but an efficient process for staff. The process has begun</i>	<i>12/13/19</i> <i>2/1/20</i> <i>2/15/20</i>

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T 038	<p>Continued From page 2</p> <p>ii. Establishing a process for routine communication with designated staff about the resident's 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: Based on staff interview and record review, the facility failed to insure that medications were properly administered to four residents of the home, Resident #1, 2, 3 and 4. Findings include:</p> <p>Review of the medication administration process presented that the Registered Nurse (RN) has approved the pre-pouring of the resident medications at Batelle House, which is the crisis home for the United Counseling Service (which oversees this Therapeutic Community Residence) and picked up by the manager weekly. The copy of the physician orders are sent monthly with the medication administration record (MAR) and when changes are made. The RN from Batelle house, in an interview on 12/10/19, stated that the RN is responsible for reviewing the monthly MAR and assuring that the medications are correct. S/he said there are two checks done before the MAR is sent to the residence. In review of the November MAR for Resident #3,</p>	T 038	<p><i>medication management training Nursing staff is meeting with Staff and clients weekly beginning 1/10/20 to educate on medication management and other topics related to delegation, med adherence, documentation accountability. This group is on-going.</i></p> <p><i>All staff will be retrained in MARs process with observation of nursing staff of med. passes</i> zlike</p>

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T 038	<p>Continued From page 3</p> <p>there is and order for Prazosin (used to treat high blood pressure) 1 milligram (mg) by mouth two times a day in AM and at 4 PM and continue 2 mg at HS. The AM dose was not given on 11/20 and 11/28/19. It also was not given at 4 PM at all and was crossed out on the MAR without explanation. The Prazosin 2 mg at HS has D/C (meaning to discontinue) written next to it and it is then scribbled out form 11/2/19 on. The order from the physician was signed on 10/30/19 for "Prazosin 1 mg in AM and 2 mg at HS".</p> <p>Review of the December MAR for Resident #3 was signed by the physician and MAR and orders do not match. Also in review of the medication container that was sent to the home, there is no Prazosin in the container for the PM dose. There is no way to accurately determine what pills are in the pill containers that a RN has prepared off site and that unlicensed staff are administering.</p> <p>At 3:00 PM a review of the November MAR for Resident #3 was completed and s/he confirmed that there is no evidence that all medications were administered as ordered due to the fact that the MAR is incomplete on eight separate days and varying shifts. There is no evidence of the reason that prn (as needed) Tylenol, Loratadine or Seroquel were given. The manager stated that s/he had no explanation as to why there is so much missing documentation.</p> <p>Residents # 1, 2 and 4 also had missing documentation to insure that the medications were administered.</p>	T 038	
T 066 SS=D	V.5.10.d.2 Resident Care and Services 5.10 Records/Reports	T 066	

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T 066	<p>Continued From page 4</p> <p>5.10.d.2 A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide a written report of any reports or incidents of abuse. Findings include:</p> <p>During a complaint investigation of alleged abuse, it was found that the facility failed to file a written report to the State Agency an incident of physical resident to resident abuse.</p> <p>Per interview with the manager on 12/10/19 at 10:38 AM, s/he confirmed that Resident #1 physically assaulted Resident #5, leaving fingernail marks on the outside curve of the breast, upper thorax and lower chin. Resident #1 stated that she attacked Resident #5 because s/he thought that they had taken his/her money. The manager further stated that the police were notified and did an investigation as well as the home doing an investigation, but it was not reported to the State Agency. It was also stated by the manager that allegations of missing money complaints from Resident #2 and #3 had not been reported, but was handled internally.</p>	T 066	<p>The Required Incident Report for has been accessed and is available to Group Home Staff. Training on Reporting Requirements will be done with staff. 1/10/20</p>
T 085 SS=D	<p>VI. 6.1 Residents' Rights</p> <p>VI. Resident Rights</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A residence may not ask a resident to waive the</p>	T 085	<p>Residents Rights are posted in the South Street Group Home. These rights will be reviewed with staff and clients. 1/10/20</p>

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T 085	Continued From page 5 resident ' s rights. A resident has the right to exercise any rights without reprisal. This REQUIREMENT is not met as evidenced by: Based on staff interview, the facility failed to treat all residents with dignity, and privacy for one resident in the sample, Resident #4. Findings include: Resident #4 was showering in his/her room upstairs and the maintenance personnel came to remove an item from the room. The previous house manager sent them to the room, unescorted, which is against house rules and Resident #4 came out of the bathroom with only a towel around themselves. Per confirmation of the manager at 3:10 PM, it was not acceptable for anyone to be in the resident's room without express permission of the resident and the privacy was not maintained for Resident #4.	T 085	<i>Re-Training on protocol on allowing access (or not) has been reviewed by staff which includes staff knocking and completing a room check prior to allowing any worker to enter room or apartment.</i>
T 146 SS=D	IX.9.1.a Physical Plant 9.1 Environment 9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation, the residence failed to provide and maintain a safe, sanitary, homelike	T 146	<i>Group Home Staff are instructed to encourage and support clients to do their chores, but find responsibility for the condition of the house rests with Staff. Staff are instructed to assure the House is in excellent condition before the end of each shift.</i> 12/24/20

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T 146

Continued From page 6
and comfortable environment.

Upon entering the residence on 12/10/19 for a complaint investigation that involved the environment, there was a strong odor of rotting garbage as soon as entering the building. In the hall and near the kitchen, the smell was stronger. There was food particles on the floor in the kitchen, papers and dirt on the floors in the hall and living room. The remainder of breakfast, partially eaten was still on the kitchen table and there were glasses partially full.

Observation of the living area for Resident #1 presents with food and dirt on the floor, a soiled mattress, empty and spilled bags of potato chips, as well as other items of food that would be an attraction to insects and rodents. There was also a pungent odor emanating from the room and was smelt in the hall and the kitchen area, where Resident #1's bedroom is located. Resident #1 stated that s/he tries to keep the room clean, but has a hard time doing so. The manager stated at 1:48 PM on 12/10/19, that the residents are responsible for keeping the home clean and if they do not do it, then the night shift is responsible. S/he confirmed that there was a strong disagreeable odor and that the home was not clean.

T 146

leadership is working with staff & managers to ensure a more home like & warm environment. The coordinator of the 3 DS group homes have been brought in as the lead to bring SS&A up to the standard that is expected (Union St for example). We are working with facilities to have rugs removed & clean vinyl flooring (plank) installed in February, perform a deep clean with a clear follow-up & expectation plan.

Staff & management are working with Union St. Group home manager to implement menu & food safe. These efforts are on-going. Flooring will be complete 1st week February.

T999 Final Comments
SS=A

T999

This REQUIREMENT is not met as evidenced by:
4.12 Responsibility and Authority

(b) The manager of the residence shall be present in the residence an average of twenty-two hours per week.

We are actively recruiting a New Group Home Manager. We have two positive

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T999	<p>Continued From page 7</p> <p>This requirement was NOT MET based on the following:</p> <p>Based on an interview with staff and the manager of the residence on 12/10/19, the manager does not work in the residence an average of twenty-two hours a week. The manager stated at 10:03 AM, that s/he has many duties within the counseling services that oversees the residence and s/he has to split their time at the main office and the residence. S/he further confirmed that s/he does not usually do more than twenty hours per week and that there are some weeks that s/he is not at the residence that many hours.</p> <p>4.13 Survey/Investigation</p> <p>(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.</p> <p>This requirement was NOT MET based on the following:</p> <p>Based on observation and interview with the manager, the survey results of the past inspections were not posted in a prominent, readily assessable location. Per confirmation with the manager at 10:03 AM on the day of the investigation, the results had been moved from a bulletin board to a wall in the living room and the copy posted did not contain the accepted plan of correction. The manager stated that the results</p>	T999	<p>Candidates to hope to make an offer in the coming weeks 1/13/20 In the mean time, the current interim manager will increase time at group home.</p> <p>The survey from 8/26/19 is posted at the living room wall, this includes the plan for corrective action, and is the signed form.</p>	12/10/19
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T999	Continued From page 8 were not in an easily accessible location and there was no description as to how the concerns would be corrected.	T999		
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