



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

April 19, 2023

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 re-licensure survey conducted on **November 22, 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: 0509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/22/2022
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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
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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 was conducted by the Division of Licensing and Protection on 11/8-11/9/2022 with off site review of additional records provided by the facility, and interview through 11/22/2022. There were regulatory findings as a result of this survey.	T 001		
T 187 SS=F	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 home failed to ensure that fire drills were conducted at least quarterly and at the required times of the day and frequency, as specified in the regulations. Findings include: Per review on of the fire drills conducted during 2020 through 2022, the home failed to conduct quarterly fire drills with rotated times of day; morning, afternoon, evening, and night.	T 187	T 187 SS=F IX.9.11.c Physical Plant 9.11 D Plan of Correction: New schedule logs for fire drills identify day, afternoon, evening and overnight yearly are posted in the med room and in the front office. Date of Correction:	4/14/23

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

Johanne Larsson

TITLE

Group Home Manager

(X6) DATE

4-19-23

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 11/22/2022
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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
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T 187	<p>Continued From page 1</p> <p>Per review of the documented fire/evacuation drills provided by the Facilities and Safety Administrative Manager, during the year 2020 there were only 2 fire drills conducted, one on 3/10/2020 at 5:00 PM and one on 5/11/2020 at 4:00 PM. Both of the drills were conducted during the afternoon hours. During the year 2021 there were only three fire drills held; one on 3/16/2021 at 7:45 PM (evening), 6/24/2021 at 12:06 PM (afternoon), and 11/4/2021 at 11:30 AM (morning). There were also no drills conducted during the night in 2021. As of this date in 2022 only one drill has been conducted. This drill was done on 7/27/2022 at 3:00 PM.</p> <p>On 11/22/2022 at 3:00 PM the Facilities and Safety Administrative Manager confirmed that the drills provided for review were the only documented drills conducted. S/he also confirmed that there was no evidence that the facility had conducted all of the required fire drills between 2020 and 2022.</p>	T 187	<p>Monitoring Plan: An updated schedule has been developed that includes all identified drills for all three shifts as required over the year. All Emergency drill logs and reports will be signed by group home manager and sent to Health and Safety. The Drill report will include names of staff that participated in the drill. (see attached schedule)</p> <p>Tag T 187 POC accepted on 4/19/23 by S. Freeman/P. Cota</p>	
T 188 SS=F	<p>IX.9.11.d Physical Plant</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.d There shall be an operable telephone on each floor of the residence, at all times. A list of emergency telephone numbers shall be posted by each telephone.</p> <p>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</p>	T 188		

Division of Licensing and Protection

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T 188	<p>Continued From page 2</p> <p>include:</p> <p>Per interview with the facility manager on 11/8/2022 at approximately 2:30 PM there is no telephone available with emergency numbers on the second floor of the facility for the residents to use. The manager stated that s/he had purchased a telephone for the second floor and has not had it installed yet.</p> <p>Per review of past annual survey results, the facility had also been cited for not having a telephone or emergency numbers available on the second floor as a result of the last annual survey on 8/26/2019.</p>	T 188	<p>T 188 SS=F IX.9.11.d Physical Plant 9.11</p> <p>Plan of Correction: The phone in question was in the front office and had been removed from the upstairs area when a client had taken it into her room. It is now in place, with emergency numbers posted. Staff will monitor the access to the phone to assure it is not removed for any reason.</p> <p>Date of Correction:</p> <p>All phones are in place as of 4/14/23 and have emergency numbers, 911 and poison control to follow our protocols.</p> <p>Monitoring Plan: A functional check on the phones will take place at the end of each shift and be noted in the daily check list done by each staff person. (as of 4/16/2023 – see attachment.)</p> <p>Tag T 188 POC accepted on 4/19/23 by S. Freeman/P. Cota</p>	4//14/23