



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

December 12, 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 survey conducted on **October 30, 2023**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

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 10/30/2023
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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 onsite re-licensure survey was conducted by the Division of Licensing and Protection on 10/30/23. Regulatory deficiencies were identified. Findings include:	T 001		
T 052 SS=F	<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</p> <p>5.9 Staff Services</p> <p>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:</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 	T 052	<p>5.9.b</p> <p>All required trainings have been designed and entered into the Relias Program, accessible to staff.</p> <p>The program manager will assign a training per month for staff to complete, and a monthly meeting will provide an opportunity for questions and documentation of the completed training completed by each staff person will be entered into the Staff training book kept in the front office at South Street Group Home.</p> <p>Additional Trainings will be documented in the Staff Training Book. Staff will sign to confirm their participation in any training.</p> <p>5.9.b accepted by Carol Scott LTCM-12-11-23</p>	11/20/23

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Johnne Han* TITLE: *Group Home Manager* (X6) DATE: *12/11/23*

Division of Licensing and Protection

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T 052	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Manager failed to ensure 5 out of 5 staff of the applicable sample completed 12 hours of training annually. Findings include:</p> <p>Per staff record review of the required annual trainings 5 out of 5 staff of the applicable sample failed to complete trainings for Policies and procedures regarding mandatory reports of abuse, neglect and exploitation, Fire Safety and General supervision and care of residents. Additionally, 3 out of 5 staff of the applicable sample failed to complete trainings for Respectful and effective interaction with residents.</p> <p>Per interview on 10/30/23 on 1:00 PM the Registered Nurse confirmed the training records for the 5 applicable staff and acknowledged all the required trainings were not completed.</p>	T 052		
T 146 SS=F	<p>IX.9.1.a Physical Plant</p> <p>9.1 Environment</p> <p>9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced</p>	T 146		

Division of Licensing and Protection

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T 146	Continued From page 2 by: Based on Observation and staff interview the home failed to ensure safe environment. Findings include: Per observation during the environmental tour commencing at 10:40 AM, a Resident #1 rooms stored oxygen equipment. The hallway of the room, entry to the room, and the interior of the room did not have proper signage posted. Per NFPA 101 Life Safety & NFPA 99 Health Care Facility Code, it is recommended signage is needed when oxygen is in use. In addition, per Lippincott Manual 8th addition Administering Oxygen by Nasal Cannula Procedure Guideline 10-14; page 244: "Performance phase 1. Post NO SMOKING signs on the patient's door and in view of the patient and visitors" . Per interview on 10/30/23 at 10:40 AM the DSP confirmed the resident utilizes the oxygen at night and as needed. Per follow-up interview with the Manager at 11:27 AM, the manager confirmed proper signage to indicate oxygen in use signage is not posted within the home.	T 146	9.1.a A sign stating: "NOTICE = OXYGEN IN USE" has been placed on the door of the room where there is oxygen set up for the client. A policy and procedure for the use of Oxygen at South Street Group home will be included in the manual and is attached- sent along with this document. Staff were trained by RN on 8/22/23 re: oxygen use with the safety information (attached) as well as client specific training. Any new staff will be trained as well. 9.1.a accepted by Carol Scott LTCM-12-11-23	11/09/23 12/11/23