



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. Darlene Lockwood, Manager
Union Street Group Home
215 Union Street
Bennington, VT 05201-2466

Dear Ms. Lockwood:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 27, 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: 09/06/2019
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2019
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NAME OF PROVIDER OR SUPPLIER UNION STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 UNION 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
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T 001 Initial Comments

T 001

An unannounced on site re-licensure survey was conducted by the Division of Licensing and Protection on 8/27/19. There were regulatory findings.

Please see attached Plans of Correction

T 187 IX.9.11.c Physical Plant
SS=B

T 187

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 facility failed to insure that facility fire drills were conducted in accordance with the State of Vermont Licensing and Operating Regulations for Therapeutic Community Residences. Findings include:

The facility had fire drills with evacuations quarterly, but failed to have a drill that incorporated rotation of times of day that included the evening. The drills were held as follows:
8/30/18 at 2:22 PM, 12/13/18 at 1:30 PM, 2/28/19 at 10:50 AM, 3/14/19 at 11:00 AM, 4/10/19 at 1:35

Division of Licensing and Protection

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

TITLE

(X6) DATE

DeeLene Jockwood - Group Home Manager

9/18/19

STATE FORM

6899

W6XE11

If continuation sheet 1 of 3

T187 - T194 POCs accepted 9/18/19 BBattell/AMC

Division of Licensing and Protection

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T 187	Continued From page 1 PM, 7/2/19 (this was not a drill, but was due to power outage without generator kicking in) at 1:15 PM and 8/21/19 at 11:02 PM. It was confirmed with the Level II supervisor on 8/27/19 at 10:50 AM that there were no evening fire drills conducted.	T 187		
T 194 SS=C	<p>XI.11.1 Resident Funds and Property</p> <p>11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), a representative payee who requests otherwise, or where the resident is in a secure residential recovery facility. The residence may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to insure that 3 of 3 residents in the applicable sample, Residents #1, 2 and 3, had evidence of a written request for the facility to manage their finances. Findings include:</p> <p>During an interview with the director of the facility program, s/he stated that Resident #1, 2 and 3 have money that is held by the facility staff. The residents are given money upon their request and there are records kept to indicate the transactions of depositing money and giving requested money to the resident. However, there is no evidence in the medical records for Resident #1, 2 and 3 of a written request of the resident stating the</p>	T 194		

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T 194	Continued From page 2 assistance requested, the terms of same, the funds or property and persons involved. Confirmation was made by the facility director on 8/27/19 at 2:15 PM that the facility does not have a written agreement with the residents to assist with the funds.	T 194		

Plan of Correction for United Counseling Service, Union Street Group Home (TCR) on 8/27/19

IX.9.11.c Physical Plant

9.11 Disaster and Emergency Preparedness

9.11.c: The Group Home Manager, Darlene Lockwood is responsible for creating a drill schedule that rotates times of day to be done to remain in compliance with Licensing Regulations. One of the time rotations was not executed which was the evening drill. Moving forward the Group Home Manager will ensure all time rotations are incorporated on the drill schedule and the Level II will also ensure as a double-checking system that all required drill times are followed through on. This system has been put into effect since the Licensing Review on 8/27/19.

XI.11.1 Resident Funds and Property

11.1: The residents have the option of having their funds held in a safe on site and records are kept regarding their money. A form was created so that if a resident would like their monies held in the safe and request assistance with documenting the transactions. Since the day of the review, 8/27/19, the form was implemented, and the Residents have signed the form. There is also a space on the form if a resident wishes to decline such support with their finances. All new admitted residents will be asked if they would like the said support upon moving into the facility.

Plan of correction was written by Shannon Buck, Program Coordinator and submitted on 9/17/19