

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

May 7, 2014

Mr. Raymond Andrews, Administrator  
Autumn House  
141 South Branch Street  
Bennington, VT 05201

Dear Mr. Andrews:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 9, 2014**. 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,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Division of Licensing and Protection

MAY 2 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____  Licensing and Protection	(X3) DATE SURVEY COMPLETED  C 04/09/2014
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NAME OF PROVIDER OR SUPPLIER  AUTUMN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 141 SOUTH BRANCH STREET BENNINGTON, VT 05201
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R100	Initial Comments:  An unannounced on-site complaint investigation was completed in conjunction with a State Licensing survey on 4/9/14 by the Division of Licensing and Protection. There were regulatory findings surrounding the survey.	R100		
R179 SS=B	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home 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"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home</p>	R179	<p><i>See Attached Plan of Correction</i></p> <p><i>POC accepted</i> <i>B. Bortell J.F. Keen RN MSN OBA</i></p>	<p><i>4/30/14</i></p> <p><i>5/1/14</i></p>

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

TITLE

(X6) DATE

*[Signature]*

*DS Director*

*5/1/14*

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>failed to insure that direct care staff completed the seven mandatory in-service training in regulation each year. Findings include:</p> <p>1.) On 4/9/14 a review of in-service training records presented that 3 of 4 selected direct care staff did not have in-service training annually for Resident Rights; Abuse/Neglect and Exploitation; Respectful Effective Communication; Infection Control or General Care &amp; Supervision. Confirmation from the House Manager was made at 1:25PM, that there was no documented evidence to support that the in-service training was provided.</p> <p>2.) Review of in-service training records presented that 2 of the 4 selected direct care staff did not have in-service training for Fire Safety. Confirmation from the House Manager was made at 1:25PM, that there was no documented evidence to support that the in-service training was provided.</p>	R179	<p><i>See attached plan of correction</i></p>	<p><i>4/30/14</i></p>
R187 SS=A	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b. (1)</p> <p>A resident register including all discharges, transfers out of the home and admissions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to maintain a resident register. Findings include:</p> <p>Per record review on 4/9/14, there was no record to indicate admission, discharge or transfer of</p>	R187	<p><i>See attached Plan of correction</i></p>	<p><i>4/23/14</i></p>

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R187	Continued From page 2  residents in and out of the home. Per interview with the manager, h/she stated, "they don't have one". During an interview in the afternoon it was confirmed by the Group Home Coordinator confirmed that there is not a record kept.	R187		
R233 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.a (2) The meals served each day must provide 100% of the Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and comply with the Dietary Guidelines for Americans.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to insure that meals served each day provided 100% of the recommended Dietary Allowances and comply with dietary guidelines. Findings include:</p> <ol style="list-style-type: none"> <li>1.) Review of the menu, labeled as week one and for the dates of 4/6-4/12/14, with the manager at 12:50PM and confirmation from him/her that there were 4 out of 7 days with less than the daily requirements for meat equivalent portions of 4-5 oz. per day.</li> <li>2. Review of the same menu as listed above in finding #1, presented that for the entire week, there was not the equivalent portions required for the bread/cereal/rice/pasta food group and this was confirmed by the manager.</li> <li>3.) Review of the same menu as listed above in</li> </ol>	R233	<p><i>See attached Plan of Correction.</i></p> <p><i>menus in compliance 5/2/14</i></p> <p><i>Deficiency reviewed with any recommendations 7/1/14</i></p>	

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R233	Continued From page 3  finding #1, presented that all food groups remaining did not meet the daily dietary requirements. Per interview with the manager, h/she stated that the attending physician does not want the residents to gain weight and calories are monitored and listed. Manager confirmed that there was only 1 resident on a 1600 calorie diet restriction, but the menu is based on 1600 calories.	R233																				
R240 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1 Food Services</p> <p>7.1.b Meal Patterns</p> <p>The following guide provides the basis for meal planning and will provide nearly 100% of the RDA for most residents. In cases of a resident's advanced age and very light activity, homes may consider each resident's needs with respect to portion size and frequency of eating but shall not compromise overall nutrient intake. In addition to the suggested food servings, particular emphasis must be given to fluid intake for residents.</p> <table border="0"> <tr> <td style="text-align: center;">Suggested Daily Food Group</td> <td style="text-align: center;">Daily Servings</td> <td style="text-align: center;">What Counts as a Serving</td> </tr> <tr> <td>Bread, Cereal, tortilla</td> <td>6-11</td> <td>1 slice bread,</td> </tr> <tr> <td>Rice, Pasta</td> <td></td> <td>½ bagel, English Muffin</td> </tr> <tr> <td></td> <td></td> <td>½ hamburger/ hot dog roll, pita</td> </tr> <tr> <td></td> <td></td> <td>½ cup cooked cereal, rice, pasta</td> </tr> <tr> <td></td> <td></td> <td>1 oz ready-to-eat cereal 3-4 small or 2 large crackers</td> </tr> </table>	Suggested Daily Food Group	Daily Servings	What Counts as a Serving	Bread, Cereal, tortilla	6-11	1 slice bread,	Rice, Pasta		½ bagel, English Muffin			½ hamburger/ hot dog roll, pita			½ cup cooked cereal, rice, pasta			1 oz ready-to-eat cereal 3-4 small or 2 large crackers	R240	<p><i>See attached Plan of Correction</i></p> <p><i>Menus in compliance 5/2/14</i></p> <p><i>RO review + rec. implemented 7/1/14</i></p>	
Suggested Daily Food Group	Daily Servings	What Counts as a Serving																				
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R240	<p>Continued From page 4</p> <p>Fruit 2-4 ¼ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit</p> <p>Vegetables 3-5 ½ cup cooked or chopped  raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice</p> <p>Milk, Yogurt, 3 or more 1 cup milk, yogurt Cheese 1 ½ oz natural cheese</p> <p>Meat, Poultry, 2 (total of 2-3 oz cooked lean Legumes, Eggs 4-5 oz/day) meat, poultry or fish Nuts ½ cup cooked legumes 1 egg 2 tablespoons peanut butter 1/3 cup nuts</p> <p>Fluids 8 cups Water, juice, herbal tea, (8 fluid oz each) non-caffeinated Coffee, tea</p> <p>At least one serving of citrus fruit or other fruit or vegetable rich in vitamin C shall be served each day. At least one serving of fruit or vegetable rich in vitamin A shall be served at least every other day.</p>	R240		

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R240	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the posted menu and interview with staff, the home failed to insure that menus provided 100% of the recommended daily allowance of all foods, to include at least one serving of fruit or vegetable rich in Vitamin C every day and Vitamin A every other day. Findings include:</p> <p>Review of the current menu labeled, Week One for the week of 4/6 - 4/12/14, it did not reflect daily servings of 3-5 vegetables on each day, nor at least one serving of citrus fruit or other fruits and vegetables rich in Vitamin C such as oranges, grapefruit, green or red peppers, kiwi, cantaloupe, berries or green leafy vegetables. Further there was not the recommended servings every other day of fruits or vegetables rich in Vitamin A, such as apricots, cabbage, cantaloupe, sweet potato or watermelon. Interview with the manager at 12:50PM confirmed that the menus did not reflect the recommended daily allowances for Vitamin A and Vitamin C.</p>	R240		
R999 SS=C	<p>MISCELLANEOUS</p> <p>Based on observation and staff interview the facility failed to make written reports resulting from inspections available to residents and to the public as required under regulation 4.14.f. Findings include:</p> <p>During tour of home upon arrival for survey on 4/9/14, there was no evidence that the home is posting the last survey results, which occurred on July 9, 2012. During an afternoon interview with the home's manager and the group home coordinator, it was confirmed that the results were</p>	R999	<p><i>See Plan of Correction</i></p>	<p><i>4/23/14</i></p>

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R999	Continued From page 6  not posted and they are kept at the corporate facility.	R999		

## Autumn House Plan of Correction 5/1/14

### R179 Staff Services

- All of the training had been provided but documentation was missing from the binder. Because there is some new staff, all required trainings were completed with all staff. All staff signed off on the required trainings and the documentation. Going forward, all training documentation, to include staff sign-offs, will be kept locked in the manager's desk. The Group Home Coordinator will monitor for compliance on a quarterly basis. **Completion Date:** 4/30/14

### R187 Resident Care and Home Services

- A record of admissions, transfers, and discharges for the past 5 years is now on file at Autumn House. The Group Home Coordinator will monitor on a quarterly basis. **Completion Date:** 4/23/14

### R233 VII Nutrition & Food Services

- Immediate review with staff occurred on 4/9/14 regarding the requirement to follow diets as prescribed. The RN reviewed with staff that a prescribed diet is individual specific and any restrictions (i.e. - caloric, fat or sodium content) are also individual specific. Menus, including snack choices, are required to reflect the individual prescribed diets, which may result in the need for more than one detailed menu. Residents will receive their prescribed diet.
- Tools were developed and provided to staff on 4/24/14. These are to be used in menu planning as a way to account for 100% of the recommended dietary allowances during the planning phase.
- All menus were initially reviewed by staff of the home on 4/28/14 in order to provide an opportunity to add residents' preferred food choices.
- All menus will be reviewed by the RN for compliance with prescribed diets and to provide for 100% of the recommended dietary allowances and comply with dietary guidelines. **Completion Date:** 5/2/14
- Contracting with a Registered Dietician for the purpose of menu review (prescribed diet and regulatory compliance) will occur by 5/30/14. Completion of menu review with any further recommended changes required will occur. **Completion Date:** 7/1/14.
- All menus will continue to be posted as required, and meet all dietary guidelines, utilizing RD and RN oversight.

### R240 VII Nutrition & Food Services

- Tools were developed and provided to staff on 4/24/14. These are to be used in menu planning as a way to account for 100% of the recommended dietary allowances, to include one daily serving of Vitamin C rich food and an every other day serving of a food rich in Vitamin A.
- All menus were initially reviewed by staff of the home on 4/28/14 in order to provide an opportunity to add residents' preferred food choices.
- All menus will be reviewed by the RN for compliance with prescribed diets and to provide for 100% of the recommended dietary allowances, including Vitamins C and A rich foods, and comply with dietary guidelines. **Completion Date:** 5/2/14

- Contracting with a Registered Dietician for the purpose of menu review (prescribed diet and regulatory compliance) will occur by 5/30/14. Completion of menu review with any further recommended changes required will occur. Additional review by the dietician will occur as there are seasonal menu changes or changes in diet prescriptions. **Completion Date:** 7/1/14
- All menus will continue to be posted as required, and meet all dietary guidelines, utilizing RD and RN oversight.

**R999 Miscellaneous**

- Survey results are now posted for review by residents and guests of the home. All future survey results, along with our Plan of Correction will be posted in the home in an accessible area. The Group Home Coordinator will monitor for compliance. **Completion Date:** 4/23/14.

*K Hamilton, OS Director 5/1/14*