

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

June 29, 2016

Mr. Raymond Andrews, Administrator  
Autumn House  
141 South Branch Street  
Bennington, VT 05201-2677

Dear Mr. Andrews:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 24, 2016. 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>141 SOUTH BRANCH STREET BENNINGTON, VT 05201</b>
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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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R100 Initial Comments:

R100

An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 5/24/16. There were regulatory violations.

R188 V. RESIDENT CARE AND HOME SERVICES  
SS=C

R188

5.12.b.(2)

A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the facility failed to provide evidence of instructions in case of resident's death for 3 of 3 residents in the survey sample, Resident #1, 2 and 3. Findings include:

Review of the medical record for Resident #1 failed to produce the evidence that instructions were included in the record for what to do in the case of death. Per interview with the house manager, s/he stated that they didn't think that

*See attached plan 6/15/16*

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>DS Director, UCS</i>	(X6) DATE <i>6/15/16</i>
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*R188 - R314 POC's accepted 6/21/16 [Signature]*

Division of Licensing and Protection

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R188 Continued From page 1 R188

information was available for any of the residents. Review of the medical records for Resident #2 and 3 also failed to produce evidence of instructions in case of death. The house manager confirmed at 2:36 PM that none of the reviewed records had the required information.

R302 IX. PHYSICAL PLANT R302  
SS=C

9.11 Disaster and Emergency Preparedness

9.11.c Each home 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 fire drills were conducted on a quarterly basis and did not rotate the times of day. Findings include:

1.) Review of the fire drill records showed that the facility conducted routine fire drills per facility policies, but were not able to provide evidence that a fire drill was conducted between 11/24/15 and 3/31/16. The log showed that the fire drills were conducted on 5/7/15 at 11:00 AM, 7/29/15

*See attached plan* 6/15/16

Division of Licensing and Protection

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R302 Continued From page 2 R302

at 3:01 PM, 11/24/15 at 1:00 PM and 3/31/16 at 2:00 PM. The house manager placed a call to the corporate office and the maintenance department in an attempt to locate evidence that a drill had been conducted during this time period. The house manager confirmed at 12:18 PM that s/he could not provide evidence that the fire drill had been conducted quarterly per regulation.

2.) The times of the fire drills for the past year were held between 11:00 AM and 3:01 PM and did not include drills during the evening or night time hours. The house manager stated that there were drills conducted on the evening shift, but confirmed at 12:18 PM that evening hours were not drilled. S/he further stated that they had a fire drill on the night shift, but s/he was unable to provide the evidence that the drill had occurred.

*See attached Plan*

*6/15/16*

R314 XI. RESIDENT FUNDS AND PROPERTY R314  
SS=C

11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the facility failed to provide quarterly statements to 3 of 3 residents in the survey sample, Resident #1, 2 and 3. Findings include:

Per interview with the house manager, s/he showed me the monthly statements that are provided to the facility for Residents #1, 2 and 3.

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R314 Continued From page 3

R314

S/he stated that the monies are put into a collective account and that the money is separated into individual accounts. S/he further stated that money in their individual account is then used for the rent or any outstanding monies they owe and they have a cap of funds that can be kept in the account. At 2:10 PM, the house manager confirmed that s/he has not provided the residents with a copy of their financial statements.

*See Attached Plan 6/15/16*

UCS – Autumn House - Licensing Plan of Correction

6/15/16

Prefix tag R188 RESIDENT CARE AND HOME SERVICES

5.12.b (2)

**R188:** The Group Home Manager will confer with the residents' guardians to establish a plan on what to do in case of death. A public guardian, who is assigned to two of the residents, has been in the process of making plans with the residents and talking about their wishes. The other two residents' guardians will be pursued to obtain a definite plan. In the future when someone is admitted to the group home, that information will be sought by the group home manager within the first month of living at Autumn House. There will be a record that will be put in place by the group home manager of what to do in case of death for all residents.

**Completion Date:** 9-1-16

Prefix tag R302 PHYSICAL PLANT

**9.11.c: 1.)** In the summary of deficiencies it states there were no fire drills conducted between 7/29/15 and 3/31/16. During the time of the Licensing review the manager was unable to find the record of any drills conducted during this time. The Facilities Department at UCS has since found the missing drill which was completed on November 24, 2015 at 1pm. A copy of the drill report is attached. The Group Home Manager has developed a schedule and has assigned the drills to be done to ensure no drills are missed. The Group Home Manager will also ensure copies of all drills are made to keep on site prior to sending them to the Facilities Dept. Periodic Review of the requirements will be reviewed with staff.

**Completion Date:** This deficiency was corrected 6-15-16

**2.)** Currently the Safety Officers of the Group Home do drills on the three different shifts. It was brought to our attention by the reviewer drills should rotate between morning, afternoon, evening and nights. The Group Home Manager will ensure there are a variety of drills performed during these timeframes.

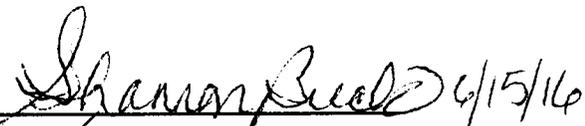
**Completion Date:** This deficiency was corrected 6-15-16

Prefix tag R314 RESIDENT FUNDS AND PROPERTY

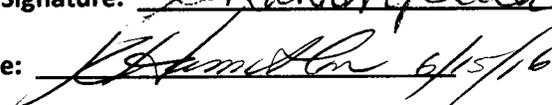
**11.2** Monthly account statements were previously kept by the Group Home Manager in a file for each resident. Now the Group Home Manager will also keep a record that indicates that he offered the statements to the resident, explained the statements, and note if the resident requested a copy. The Group Home Manager will continue this practice to ensure the residents are informed of their financial situation.

**Completion Date:** This deficiency was corrected 6-15-16

**Plan Completed By:** Shannon Buck, Program Coordinator

**Signature:**  6/15/16

**DS Director:** Kathleen Hamilton

**Signature:**  6/15/16

### UCS HEALTH & SAFETY EMERGENCY INCIDENT/DRILL REPORT

Circle One: INCIDENT DRILL

TYPE:  Amber Alert  Bomb Threat  Fire  Gas Leak  Medical Emergency  
 Natural Disasters/Severe Weather  Power Outage  Workplace Threats and Violence

UCS LOCATION (FACILITY): Autumn House

DATE OF INCIDENT/DRILL: 2-19-16 TIME: 12:30 A.M./P.M. Shift 1 2 3

- 1) Did staff respond immediately? Yes No N/A
- 2) Were the written procedures followed? Yes No N/A
- 3) Did clients respond immediately? Yes No N/A
  - a) Was prompting necessary? Yes No N/A
- 4) Was application of suppression techniques required? Yes No N/A
- 5) What time were the public authorities notified? NA a.m. p.m.
  - a) And by whom? NA
- 6) What was the response time of the authorities? NA
- 7) Was the incident reported to all appropriate internal authorities (Executive Director/Facility/Program Manager)? Yes No N/A
  - a) If yes, who made the report? NA
  - b) and at what time? NA
- 8) Was it necessary to utilize an alternate location/temporary shelter for evacuees? Yes No N/A
  - a) Was it necessary to transport evacuees to a designated temporary shelter? Yes No N/A
- 9) Duration of the incident/drill 1 minute

Summary of Events: 2 Residents responded immediately to drill, 2 had to be verbally prompted, & escorted to the exit. All residents reminded to respond immediately if they ever hear the alarm.

[Signature] 2/19/16 [Signature] 2/19/16 [Signature] 2/26/16  
 Safety Officer Date Program Manager/ Division Director Date Health and Safety Comm. Rep. Date  
 (Jennifer Parizo/Shawn Thibodeau)

Health and Safety Committee Review/Follow Up: \_\_\_\_\_

ENTERED

THIS DRILL WAS SUPPOSED TO BE DONE IN JAN - [Signature]