

Division of Licensing and Protection
103 South Main Street
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

December 8, 2014

Ms. Jessica Lahens, Administrator
22 Upper Welden
22 Upper Welden
Saint Albans, VT 05478-1836

Dear Ms. Lahens,

Enclosed is a copy of your acceptable plans of correction for the survey conducted on 11/05/14. 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: 0528	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/05/2014
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NAME OF PROVIDER OR SUPPLIER 22 UPPER WELDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 22 UPPER WELDEN SAINT ALBANS, VT 05478
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T 001	Initial Comments An unannounced onsite re-licensing survey and complaint investigation were conducted on 11/05/14 by the Division of Licensing and Protection. The following are Therapeutic Community Residence (TCR) findings.	T 001		
T 032 SS=D	V.5.7.b Resident Care and Services 5.7 Treatment Plan 5.7.b The residence shall ensure that the treatment plan reflects steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. The treatment plan shall be completed within fourteen (14) days of admission. This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR did not ensure that a treatment plan was completed within fourteen days of admission for 1 for 4 residents in the sample. (Resident #1) Findings include: Resident #1 was admitted to the TCR on 08/04/14. Per record review on 11/05/14 there is no complete treatment plan since admission. The resident was living in the community and receiving support through a counseling service. The community rehab treatment program plan dated 2013 was noted, however the Operations Manager stated that "a new treatment plan" should've been developed". S/he confirmed at 11:51 AM that a treatment plan was not completed within fourteen days.	T 032	Treatment plans for residents are completed by their case managers. Residential staff are committed to helping implement these plans and supporting them with their goals. At this time, the over-due treatment plan was updated 11/11/14 to reflect their changing life circumstances and goals. We have added the completion of a new treatment plan to the Admissions Checklist. The Housing Manager will ensure completion as part of the intake process into the TCR. T032 POC accepted 12/4/14 SEMMONS RJ/PML	11/11/14

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

Jessica Jenkins, Service Coordinator for TCR

TITLE

11/26/14

(X6) DATE

STATE FORM 8899 XBSF11 If continuation sheet 1 of 8

T032, T052, T059, T113, T127, T133, T999 POC's accepted 12/4/14 SEMMONS RJ/PML

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0528	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ DEC 9, 2014 B. WING _____	(X3) DATE SURVEY COMPLETED C 11/05/2014
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T 052	Continued From page 1	T 052		
T 052	<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services SS=C</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 <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the TCR failed to have documented at least twelve (12)</p>	T 052	<p>We value staff opportunities for professional growth. We offer 10 formal, one hour, in-house trainings a year, an on-line university (My Learning Point) and attendance at local conferences. Because My Learning Point courses are taken at the pace of the test-taker, it is not possible to track the hours spent on the courses. NCSS will assign and require the 12 hour minimum of training hours effective immediately. This will be evidenced by one hour credit per CEU assigned to each on-line course as well as attendance at monthly trainings.</p>	11/25/14

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T 052	Continued From page 2 hours of training each year for each staff person providing direct care to residents for 4 of 5 staff. Based on staff interview and facility staff file review, the facility failed to demonstrate that 4 of 5 staff members reviewed had received at least (12) hours of annual training specific to resident rights, fire and safety and emergency evacuation, resident emergency response, mandatory reporting, respectful and effective communication with residents, infection control measures, and general supervision of residents. The facility's Operations Manager stated some of the staff are 'subs' [per diem staff working part time or filling in]. S/he confirmed on 11/05/14 at 2:46 PM, that 4 of the 5 staff members did not have evidence of receiving 12 hours of annual training.	T 052		
T 059 SS=C	V.5.10.a Resident Care and Services 5.10 Records/Reports 5.10.a The licensee shall be responsible for maintaining, filing and submitting all records required by the licensing agency. Such records shall be kept current and available on site at the licensed facility for review at any time by authorized representatives of the licensing agency. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the TCR failed to maintain and have on site the required records of the results of the criminal record and abuse registry checks for all staff. This has the potential to effect all residents. Findings include:	T 059	Criminal Record and Abuse Registry checks and other personnel information is managed and kept confidential by the Agency HR department. HR made these records available on site when requested during the inspection. Because we are a paperless agency, an electronic folder will be kept on the TCR share drive so it can be directly accessed. The work order for this has been submitted.	11/25/14

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T 059	Continued From page 3 1. On 10/13/14 at 9:30 AM, the nurse surveyor requested information regarding background checks. The staff person stated that background checks are not on site and handled off-site by the Northwestern Counseling Services' Human Resource Department. When the Manager arrived at 10:22 AM, again the request was made for background checks under the Regulation 5.10.b(4); The results of the criminal record and abuse registry checks for all staff. The Manager stated that the background checks "are not here and I don't have access to them". The Operations Manager, who was also present, further stated the TCR will have to work out some way to have the required background checks maintained and available on site. S/he confirmed that the required records of the results of the criminal record and abuse registry checks for all staff were not available and maintained onsite. The results of the requested background checks were faxed later in the day.	T 059		
T 113 SS=C	VII.7.1.a.1 Nutrition and Food Services 7.1 Food Services 7.1.a Menus and Nutritional Standards 7.1.a.1 Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that menus were planned and posted at least one week in advance. This potentially affects all residents of the home.	T 113	Three daily meals are available to residents. Meal planning is completed weekly during house meeting for the following week. Residents identify what they would like to eat for the noon meal. Starting 11/6/14, menus will be prepared two weeks in advance so that at any point during the week, one can look ahead at a week's worth of meals. Breakfast and dinner items are →	11/6/14

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T 113	Continued From page 4 Findings include: Per observations during the initial tour of the home on 11/5/14 at 9:30 AM, the menu posted for residents' information included only one entree meal each day, for the noon meal, with no breakfast or supper listed. Per interview with the staff present for the tour, residents have a variety of foods available for breakfast everyday and make their own meals. For supper, they take turns making meals with staff supervision, or if they prefer, they may make their own supper from foods available in the refrigerator and pantry. Per interviews with 3 (anonymous) residents of the home during the survey, each said there isn't a lot for supper, and they 'usually eat a lot of eggs and toast'. Per interview on the afternoon of 11/5/14, the home's Manager said that they have their main meal at noon and supper is a lighter meal. Soups are available in the pantry and deli-meats are supposed to be available for making sandwiches if desired. The only deli-meat in the kitchen refrigerator was a small package with approximately 1/2 pound of sliced ham, not an adequate amount if all of the home's 5 residents wanted to make a sandwich for supper on the day of survey. Staff interviewed said that some staff do not always remember to remove food from the freezer in the basement for cooking/ use the following day. The requirement to have 3 meals daily for the weekly menus and to post by the first of each week was confirmed with the Manager at 3:30 PM.	T 113	always available for residents to prepare independently or with staff support. Weekly menus now list the meal options available for breakfast and dinner. The individual that reported they "eat a lot of eggs and toast" chooses to do so each night because that is their preference. Others may have agreed with this statement for various reasons. While the statement "deli meats are supposed to be available," is not found in the regulations, we feel this was a good suggestion and will provide them more often. Also, of note, the TCR receives monthly food in bulk and also spends \$350/week on groceries. The day of the inspection was the day before the grocery run, so the variety of food may have reflected this. We have made more food available each day. 11/5/14 Cont
T 127 SS=E	VII.7.2.b Nutrition and Food Services 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be	T 127	

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T 127	<p>Continued From page 5</p> <p>labeled, dated and held at proper temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that staff adhered to accepted standards of Food Safety Principles regarding the proper storage and dating/labeling of leftover and/or perishable food items. This has the potential to affect all residents of the home. Findings include:</p> <p>Per observations on 11/5/14 at 9:36 AM, the kitchen refrigerator contained unlabeled and/or undated perishable food items including the following: a bowl of raw salad vegetables, including wilted and browned lettuce greens; unlabeled and dated cooked green beans; a red sauce had no label and no date; and some type of cooked casserole was unlabeled and undated. During interview at 3:30 PM, the Manager of the home confirmed that staff should label and date perishable foods when received or cooked, and that most leftovers are kept for 3 days and then disposed of.</p>	T 127	<p>We feel it is important to provide high quality food. Staff typically label and date all food items in the refrigerator. Residents also cook and store food in the refrigerator that they have purchased or prepared independently. A reminder to all staff and residents was given, a sign is also posted as a reminder and the overnight staff person double checks this each night as part of their shift duty checklist.</p>	11/11/14
T 133 SS=E	<p>VII.7.3.a Nutrition and Food Services</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.</p>	T 133	<p>The open bread was disposed of on 11/6/14 and the area was dusted and swept. Ensuring this area is kept clean has also been added to the third shift duty checklist each night. We feel it is important to keep food stored properly.</p>	11/6/14

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T 133	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the home failed to assure that all foods were stored in a manner to protect from dust and other contamination. This has the potential to affect all residents. Findings include:</p> <p>Per observations at 9:45 AM on 11/5/14, dry foods stored on a wire rack across from the basement freezer were noted to be dusty and have food crumbs on some items. A bag containing sandwich buns was wide open, exposed to possible contamination from dust and rodents. Another storage shelving unit containing dry foods was noted to have visible dust on the cans and boxes. The observations were confirmed with staff present for the tour and later during interview with the Manager at 3:30 PM.</p> <p>T999 Final Comments SS=C</p> <p>This REQUIREMENT is not met as evidenced by: 4.13 Survey/Investigation</p> <p>(f) The residence shall make current written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The residence shall post a notice of the availability of all other written reports in a prominent place. If a copy is requested and the residence does not have a copy machine, the residence shall inform the resident or member of the public they may request a copy from the</p>	T 133	<p>(see previous page)</p> <p>We agree that it is important to provide residents with information that affects their treatment. We display Client Rights and Responsibilities, resource contact information, grievance information. We had posted the most recent Fire Inspection and Building Inspection. Now that we are clear that this refers to the Licensing Inspection, we will post that as well.</p>	
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T999	<p>Continued From page 7</p> <p>licensing agency and shall provide the address and telephone number of the licensing Agency.</p> <p>Based on interview and record review the TCR failed to have the current report readily available. Findings include:</p> <p>During the initial tour on 11/05/14 at 9:26 AM, no posting of the current report or notice of the availability of other reports were observed. Per interview at 10:57 AM the Manager confirmed that the results of the inspection was not readily available and accessible to the residents.</p>	T999	<p>Cont.</p> <p>The previous Licensing Inspection 11/25/14 was in 2011, under different leadership and that report was not posted. We will display this most recent report by 11/26/14.</p>	
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