

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

April 22, 2014

Ms. Sheryl Bellman, Administrator  
Assist Program  
851 Pine Street  
Burlington, VT 05401

Provider #0511

Dear Ms. Bellman:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site complaint investigation conducted on **February 19, 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:ne

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0511	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/19/2014	
NAME OF PROVIDER OR SUPPLIER  ASSIST PROGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 851 PINE STREET BURLINGTON, VT 05401		
(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 on-site complaint investigation was conducted by the Division of Licensing and Protection on February 19, 2014. The complaint investigation included reviewing admission criteria and the provision of a safe environment for the residents. Regulatory violations were cited.	T 001	Please see attached Plans of Correction.	
T 010 SS=C	V.5.2.e Resident Care and Services  5.2 Admission Agreements  5.2.e The residence must provide each resident with written information regarding how to contact the designated Vermont protection and advocacy organization, the patient representative, as applicable, and the Disability Law Project or the Mental Health Law Project, as applicable. The residence shall inform residents that these organizations are available also to assist with formulating an advance directive, if the resident wishes to do so.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the residence failed to provide 3 of 3 residents reviewed with written information regarding how to contact the designated Vermont protection and advocacy organization, the patient representative, as applicable, and the Disability Law Project or Mental Health Law Project, as applicable. The residence failed to inform 3 of 3 residents reviewed that these organizations are available to	T 010		

Division of Licensing and Protection

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

TITLE

(X6) DATE

*[Signature]*

Director of Care Services

4/16/14

*[Handwritten initials]*

Division of Licensing and Protection

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T 010	Continued From page 1  assist with formulating an advance directive, if the resident wishes to do so. Potentially all residents are affected. Findings include:  Per record review on February 19, 2014 it was discovered that the intake admission packet provided to the resident did not contain the necessary regulatory mandated information for resident records # 1, #2, and # 3. The Program Director confirmed on February 19, 2013 at 2:00 PM that the information was not in the records.	T 010		
T 060 SS=C	V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services  5.10 Records/Reports  5.10.b The following records shall be maintained and kept on file:  (1) A resident register including all admissions to and discharges out of the residence.  (2) A record for each resident which includes:  i. The resident's name, emergency notification numbers, the name, address and telephone number of any legal representative or, if there is none, the next of kin;  ii. The health care provider 's name, address and telephone number;  iii. Instructions in case of resident's death;  iv. The resident 's intake assessment summary, identification of problems and areas of successful	T 060		

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T 060	<p>Continued From page 2</p> <p>life function;</p> <p>v. Data from other agencies;</p> <p>vi. Treatment plans and goal, regular progress notes; supervisory and review conclusions, aftercare plan and discharge summary, appropriate medical information, and a resident information release form;</p> <p>vii. A signed admission agreement;</p> <p>viii. A recent photograph of the resident (but a resident may decline to have his or her picture taken. any such refusal shall be documented in the resident ' s record);</p> <p>ix. A copy of the resident ' s advance directives, if any were completed, and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the resident records failed to have some of the required information for 3 of 3 clients in the sample. This has the potential to effect all clients in the TCR. (Clients #1 - #3) Findings include;</p> <p>1. Per review of the client's records during the two days of survey the following information was not found:</p>	T 060		
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T 060	<p>Continued From page 3</p> <p>a) All clients (#1-#3) failed to have photos in the chart and no documentation of any such refusals.</p> <p>b) No Advance Directives and/or or whether Advance Directive information was given for Residents #1 - #3;</p> <p>d) No Instructions in case of Client's death for Clients #1 - #3;</p> <p>d) No supervisory and review conclusions per any meetings between staff and the clients were documented for Residents #1- #3;</p> <p>e) No Treatment Plans for Clients #1 - #3 were found that contained clear and concise goals with realistic time schedules for their fulfillment or reassessment. The treatment plans did not identify each client's strengths or problems but were generalized and vague;</p> <p>f) No signed admission agreements nor client release forms were found.</p> <p>Per interview on 02/19/14 at 2:45 AM the Director was unable to obtain all the required information for the clients' records. S/he confirmed at that time that the above information was not in the charts.</p>	T 060		
T 086 SS=C	<p>VI. 6.2 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>6.2 Each residence shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission. Receipt of the rights by the resident shall be indicated by a signature and date by the resident on a line for that purpose on the admission agreement.</p> <p>This REQUIREMENT is not met as evidenced</p>	T 086		

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T 086	<p>Continued From page 4</p> <p>by: Based on record review and on staff interview the residence failed, for residents #1, # 2, and # 3, to establish and adhere to a written policy consistent with regulatory language regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission, and to ensure that the information is acknowledged as received by the resident through a signature and date. This potentially affects all residents. Findings include:</p> <p>Per record review on February 19, 2014 it was discovered that the necessary rights and responsibilities of residents was not signed and dated as having been received by the resident. Per interview with the Program Director February 19, 2014 at 2:20 PM it was confirmed that the newly admitted residents do not receive the regulatory language specific to rights and responsibilities and are not asked to sign for intake information they receive.</p>	T 086		

**HowardCenter ASSIST**  
**Plan of Correction for the Department of Disabilities,**  
**Aging, and Independent Living**

**Deficiency: T010 V.5.2.e Resident Care and Services**

The vast majority of people admitted to this program are active HowardCenter clients who have been given information on how to contact the designated Vermont protection and advocacy organization as well as Disability Law Project upon admission to HowardCenter. Since there is a small minority of clients served by ASSIST who are not affiliated with HowardCenter, we will amend our admission protocol. We are in the process of training our staff by piloting an admission packet and will have full implementation by May 1, 2014.

Specifically, we shall amend our admission protocol to include information regarding how to contact the Disability Law Project and the designated Vermont protection and advocacy organization. Upon admission, clients will receive an informational packet containing the above information. Each admitted client will be asked to initial a checklist indicating that they have received this information. Upon discharge from the program, the checklist will be kept with the client's supplemental documents in the Health Information office. The program coordinator will monitor for compliance by reviewing each completed admission packet once per week. The program coordinator will also ensure compliance by providing continuing education and training to staff to maintain adequate records.

Timeline: May 1, 2014

T010 POC accepted 4/17/14 SEMMAN RN/PNC

**Deficiency: T060 V.5.10.b Resident Care and Services**

A resident register that includes all admissions and discharges became available on March 19, 2014 via data pulled from electronic health records within HowardCenter reports. Reports on admissions and discharges at ASSIST will be available but will require staff to be trained to utilize the report upon request. All ASSIST staff members will be trained to utilize the specified report by May 1<sup>st</sup>, 2014. Instructions for running the reports will also be available within the ASSIST training manual.

Copies of Vermont Driver's Licenses and Identification cards have been photocopied upon admission starting in March 2014. If a client does not have a license or identification card, a camera is provided to take their photo. If the client refuses to have their photo taken, this will be documented on the admission checklist. Within the next several months, a web cam will be available to take photos that can be kept in the client's electronic health record. Starting in May 2014, the photocopies of identification cards or driver's licenses will be kept on the premises following discharge, as clients frequently return to the ASSIST program.

Starting May 1, 2014, advance directives are discussed with every admission and, if they wish to have more information, they are directed to speak with legal aid to request more information.

The ASSIST program will be requesting a waiver for instructions in case of a client's death. The waiver request will be submitted by April 18, 2014.

Supervisory and review conclusions between staff and clients after meetings will be documented more clearly within the electronic record in addition to the mandatory SOAP note completed within a residential shift note.

For treatment planning, treatment goals shall be identified upon admission and can be found in the intake document of all admissions. In addition, after the client has remained at ASSIST for 2 days (or 48 hours), a treatment plan that includes problem area, goal, measurable objective, and intervention will be completed and found within a residential shift note.

Signed admission agreements and releases of information will be kept within supplemental paper binders and then transferred to the health information (HI) department upon discharge.

The program coordinator will be monitoring for compliance by reviewing records and ensuring that staff are adequately trained to complete all necessary paperwork as requested by the regulations.

Timeline: May 1, 2014 for all corrections above

T060 POC accepted 4/17/14 SEMMONS RN/PMC

**Deficiency: T086 VI.6.2 Residents' Rights**

Rights and responsibilities will continue to be discussed with clients upon admission. Starting May 1, 2014, the client will initial, date, and sign a checklist indicating that they received the documents. Upon discharge from ASSIST, the admission checklist will be sent with their supplemental paper chart data to the Health Information (HI) department.

The program coordinator will be monitoring for compliance by reviewing records and ensuring that staff are adequately trained to complete all necessary paperwork as requested by the regulations.

Timeline: May 1, 2014

T086 POC accepted 4/17/14  
SEMMONS RN/PMC