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

March 15, 2016

Ms. Brinda Gosselin, Manager
Home Intervention
13 Kynoch Avenue
Barre, VT 05641

Dear Ms. Gosselin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 10, 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

PRINTED: 02/22/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0507		02/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME INTERVENTION	13 KYNOCH AVENUE BARRE, VT 05641

(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 onsite re-licensing survey was conducted on 02/10/16 by the Division of Licensing and Protection. The following are Therapeutic Community Residence regulatory findings.	T 001		
T 052 SS=B	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 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: (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	T 052	The employee identified by the Surveyor with no training, and another similar employee (Peer Staff) were given training on 3/2/16. They will continue training as arranged by the Director until all seven trainings are complete. Anticipated completion 3/22/16. POC T-052 accepted 3/15/16 [signature] RN	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Brenda Gosselin RN-BC Program Director 3/4/16

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T 052	Continued From page 1 (7) General supervision and care of residents This REQUIREMENT is not met as evidenced by: Based on record reviews and interview the TCR failed to have documented at least twelve (12) hours of training each year for each staff person providing direct care to residents for 3 of 5 staff reviewed. This has the potential to effect all employees & residents. Findings include: 1. Per review of the training records for 5 direct care staff employed, 3 of the 5 staff had not completed at least twelve hours of the seven State required TCR trainings. One support person was observed providing direct support care to a resident. This support person was identified as an employee and providing direct care, however, the Administrator acknowledged that no training was provided to this employee. Two employees with hire dates of August and November 2015, did not have documentation of all the required trainings prior to providing direct care of the residents. During interview on 02/10/16 1:50 PM the Administrator stated that "some of the trainings were done when they worked in another part of the Agency". The Administrator confirmed the lack of required 12 hours/ year trainings for these three staff.	T 052	The Program Director or Associate Director will conduct or arrange for all necessary training before a new employee provides direct care to the residents. New employees are scheduled for a 2wk training & orientation, and all seven trainings will be done during that 2 week period. On going trainings will continue to be done during staff meeting times, logged, & reviewed by Director or Ass. Director to ensure all annual training is completed. Proc. occ. prev. 3/15/16 SS Director	
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	T 060		

Division of Licensing and Protection

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T 060	Continued From page 2 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 life function; v. Data from other agencies; 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; vii. A signed admission agreement; 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); ix. A copy of the resident ' s advance	T 060	The person to contact in case of medical emergency or death was added to the Home Intervention (HI) Intake form on 2/11/16. This information will be gathered on each client admitted to the program. Per the current admission agreement, each client is asked if they have an advance directive, and if so it will be added to the HI record. If not, the client is offered written information how to contact Disability Rights Vermont or Vermont Ethics Network for more information or for help completing one if desired. This practice will continue.	

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T 060	Continued.From page 3 directives, if any were completed, and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the TCR failed to assure resident records include all required information for 3 of 3 residents. (Resident #1, #2 & #3) Findings include: 1. Per review of the resident's records during the survey on 02/10/16 the following information was not found: a) Resident#1's chart did not have instructions in case of the resident's death, or a copy of the Advance Directive. The treatment plan states "will provide community support services daily such as monitor client's behavior, assist with medications or... develop coping skills, among other steps noted. However, the treatment plan did not contain clear and concise statements of the reflective steps to be taken to solve identified problems of anxiety, family stressors and living situation. In addition, Progress notes, treatment plan and/or review conclusions from the therapist were not available to the nurse surveyor. b) Resident #3's chart did not have instructions in case of the resident's death, or a copy of the Advance Directive. There were also no supervisory and review conclusions from the therapist.	T 060	ON feb 11, 2016 the Program began consistent formulation of a Behavioral Support Plan to outline clear + consise statements of the reflective steps to be taken to solve identified problems of anxiety, family stressors, and living situations for each client admitted to the program. Existing crisis plans or Wellness Recovery action Plan (WRAP) are also being obtained to assist with the HI Behavioral Support Plan formulation. The HI staff will continue to consult with the client's out-patient team verbally, or view notes written	

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T 060	Continued From page 4 c) Resident's #2 was admitted on 02/01/16. The chart did not have instructions in case of the resident's death, or a copy of the Advance Directive. The resident was identified as having thoughts of self-harming (acute and chronic). Although a reported plan was in place through a therapist, this was not available to the nurse surveyor. The TCR treatment plan was not due until 02/14/16. During interview at 2:15 PM the Administrator (ADM) said that a template is used for the Treatment Plans, and it has listed the same pre-determined Steps 1 through 8. The Steps 1-8 are then kept or deleted as needed. However, the ADM acknowledged that the treatment plans were not individualized with clear and concise steps. The ADM further stated that the residents were seeing a therapist, who would also contribute to the treatment plan. However, the ADM was unable to show evidence, as demonstrated by lack of documentation, as part of the record review. The Administrator confirmed at this time, not all the required information was found in the resident's charts during record review.	T 060	by those Team members to assist in identifying current stressors, focus of attention, signs/symptoms of illness, and possible interventions / recommendations. Supervisory and review conclusions will routinely be done by the Program Psychiatrist or Psychiatric Provider, Director, associate Director, or other RN staff. This will be ongoing. POC T-060 accepted 3/15/16 Sharon J. Emmons RN	

Mailing Address:
P.O. Box 647
Montpelier, VT 05601-0647

WASHINGTON COUNTY
MENTAL HEALTH

Telephone (802) 229-1399
FAX (802) 223-8623

Main Office Location:
885 South Main Street
South Barre, VT 05670

March 4, 2016

Ms. Pamela Cota, RN
Licensing Chief
Division of Licensing and Protection
103 South Main St
Waterbury, VT 05671-2306

Dear Ms. Cota,

I have received your letter outlining the deficiencies at my facility discovered during a re-licensing survey that was conducted on February 10, 2016.

Enclosed please find my Plan of Correction (POC).

Thank you for your team's support during the survey. I look forward to correcting the deficiencies and continuing to provide the best possible care to the clients who use the Home Intervention Program.

Respectfully,

Brinda Gosselin, RN/BC
Program Director
Home Intervention Program

Telephone 229-0591

Washington County Mental Health Services, Inc.

Mailing Address:
P.O. BOX 647
MONTPELIER, VERMONT 05601-0647

Main Office Location: Fisher Road
Central Vermont Hospital Complex
Berlin, Vermont

HOME INTERVENTION PROGRAM
479-1339

Sending to fax # 802-241-0343 Pamela Cota RN

From Brinda Gosselin RN-BC

Sending to Licensing & Protection

Home Intervention fax 479-4090

Date/Time 3/4/16

Number of pages 6

Comments or Messages: POC regarding the re-licensing survey conducted 2/10/16.

The documents accompanying this FAX transmission contain confidential information intended only for the use of the individual to whom it is addressed. The information is confidential and privileged. Further disclosure is prohibited. If you have received this fax in error, please notify the sender and return the material to us via mail. Please keep any information you may have viewed confidential.