

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

January 18, 2013

Ms. Cheryl Verderber, Administrator
Lamoille Community Connections Johnson Group Home
PO Box 406
Johnson, VT 05656

Provider #: 0518

Dear Ms. Verderber:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **December 11, 2012**. 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: 0518	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2012
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NAME OF PROVIDER OR SUPPLIER LAMOILLE COMMUNITY CONNECTIONS JOHN	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 406 JOHNSON, VT 05656
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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
T 001	INITIAL COMMENTS An unannounced onsite re-licensing survey and a complaint survey were conducted on 12/11/12 by the Division of Licensing and Protection. The following are Therapeutic Community Residence regulatory findings.	T 001		
T 070	VI.1.C.1. Common Model Program Standards Structural Components Staff The residence shall have written policies and procedures for the recruitment, selection and termination of staff members. This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to assure that 1 of 5 staff reviewed who provide direct service were hired according to their policies and procedures for recruitment and selection of staff members. Findings include: 1. Per record review on 10/18/11, 1 of 5 staff reviewed had noted a positive background check for driving under the influence. Per interview with the Human Resources (HR) representative at 4:00 PM on 12/11/12, s/he stated that staff routinely transport residents to various appointments/activities. S/he also stated that per the policy and procedures, HR is supposed to follow up and see what are the factors in order to hire. S/he that confirmed that there is no documentation of when or what were the circumstances for hiring this staff person.	T 070		
T 088	VI.2.B.2.c. Common Model Program Standards Treatment Components	T 088		

*See Attached update From Agency

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM	TITLE Cheyl Verdubee, DPN - Manager	(X6) DATE
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PMC

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T 088	<p>Continued From page 1</p> <p>Process--Identification of Problems and Areas of Successful Life Function The identified problems and achievements shall be used as a basis for the development of a treatment plan and goals for each resident.</p> <p>This STANDARD is not met as evidenced by: Based on record review and confirmed by interview, the Therapeutic Community Residence failed to develop a treatment plan for 1 of 2 residents in the sample (Resident #1). Findings include:</p> <p>Per record review on 12/11/12, Resident #1 was admitted on 04/09/12 to the facility with an identified problem of potential for aggressive behavior and anger issues. The treatment plan's intervention included 15 minute walks, having own space, long shower, listening to concerns. Per review of staff notes and incident reports, Resident #1 had continued escalation of behaviors which lead to two physical altercations in July 2012 towards another resident and threatening behavior on 10/03/12. There was no evidence that the treatment plan was changed to address the current identified problem of violent/threatening behavior or that any additional interventions were used. The resident was then evicted on 12/06/12. Per interview on 12/11/12 at 3:15 P.M. the Administrator confirmed that the treatment plan did not address the current identified problem.</p>	T 088	<p>Training done on tx plans was done with case managers on 1/3/13. Effective 1/3/13 case managers will keep all treatment plans up-to-date to address identified problems + document interventions. The Manager will review tx plans every two weeks or as needed to make sure tx plans are up to date.</p> <p>See attached training I did with all case managers in house</p> <p>TO88 POC accepted 1/17/13 Semmons RN/PMC</p>	
T 095	<p>VI.2.B.4.d. Common Model Program Standards</p> <p>Treatment Components Process--Progress Notes Summary progress reports are encouraged regularly and made a part of the resident record.</p>	T 095	<p>Case Manager will put a copy of the monthly progress note in house →</p>	

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T 095	Continued From page 2 This STANDARD is not met as evidenced by: Based on record reviews and interview, the summary report for 2 of 3 residents in the sample (Resident #1 & Resident #2) were not in the chart. Findings include: 1. Per record review on 12/11/12, monthly progress notes were not found after 04/23/12 for Resident #1 who was admitted on 04/09/12. Resident #2 monthly progress notes were not found from November 2011 day of admission. Per interview at 2:30 PM, the residential case manager stated that "the notes go to CRT (community rehabilitation treatment) in the Agency but they have not come back". The Administrator at 3:15 P.M. confirmed that the expectation is to have to have the monthly reports in the charts and that neither resident's monthly summary reports were in the records.	T 095	Chart, send original to the Agency so that other Team members can write on them, then Records will send a copy back to the Group time each month/per charts person. T095 POC accepted 1/17/13 SEMMONS RN/PMC	
T 106	VI.2.B.8.c. Common Model Program Standards Treatment Components Process--Discharge and Aftercare A summary of the resident's stay at the facility shall be added to the resident record within one week of his/her leaving. This shall include reason for leaving, areas in which progress, no progress or regression was observed, and medication at the time of leaving. This STANDARD is not met as evidenced by: Based on record review and interview, there was no summary note after Resident #1's discharge. Findings include: 1. Per review on 12/11/12 Resident #1 was	T 106	Manager did a training on Licensing Discharge Planning (see attached) #1's casemanager wrote up a Discharge Plan attached medication sheet and put in #1's chart. Discharge Plan written to license guidelines	

T106 POC accepted 1/17/13
SEMMONS RN/PMC

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T 106	Continued From page 3 discharged on 12/06/12. There was no discharge note, or monthly note to the disposition of the resident. There was a reference in a progress note that the resident was soon to be living elsewhere. There was no summary of the progress or lack of progress nor medications at the time of leaving. The resident case manager confirmed during interview at 12:45 P.M. that there was no discharge summary and that 'the CRT case manager would most likely write it up'. The Administrator during interview at 3:45 PM stated that staff were new and not aware of the requirement and confirmed a discharge summary was not written.	T 106		