

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

September 2, 2014

Ms. Shannon Perry, Administrator  
LCMH Johnson Group Home  
Po Box 406  
Johnson, VT 05656-0406

Dear Ms. Perry:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 6, 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:jl



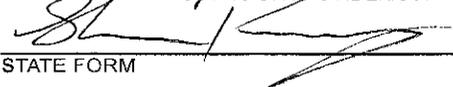
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LCMH JOHNSON GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 406 JOHNSON, VT 05656</b>
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T 001	Initial Comments  An unannounced onsite re-licensing survey and self report investigation was conducted on 08/06/14 by the Division of Licensing and Protection. The following are Therapeutic Community Residence (TCR) regulatory findings.	T 001	<b>T052: Documentation of (12 hours of training) and cover 7 key topics</b>	
T 052 SS=C	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	<b>Action:</b> We are expanding our training calendar so that the trainer will sign each staffs calendar for each training they complete and document the amount of time spent in that training. This document will be kept in each employees file. We will also be giving out completion slips to each employee, at each training. A copy of these will be attached to the training calendar in each person's file.  <b>Measure:</b> The manager will review trainings completed during supervision time with each employee to monitor progress.  <b>Monitoring:</b> At each 6 month employee performance evaluation, the employee will be required to have completed at least 6 hours of training.  <b>Date Completed:</b> New forms completed by 9/1/14. Past trainings completed by: October 6 <sup>th</sup> , 2014 New Trainings completed by 7/1/15 and on going.	Forms: 9/1/14 Training 7/1/15 past trainings: Oct 6, 2014

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



TITLE

Johnson Group Home Manager

(X6) DATE

8/26/14

T052, T054, T060, T105 Plans of Correction accepted 08/20/14 SEMMONS RN/PMC

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T 052	<p>Continued From page 1</p> <p>(7) General supervision and care of residents</p> <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) hours of training each year for each staff person providing direct care to residents for 5 of 5 staff.</p> <p>Based on staff interview and facility staff file review the facility failed to demonstrate that 5 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 Manager stated that orientation and trainings are done through human resources, but was unable to verify that the required components or times were completed. S/he confirmed on 08/06/14 at 5:10 PM AM that the information was not available.</p> <p>This is a repeat deficiency</p>	T 052		
T 054 SS=C	<p>V.5.9.d Resident Care and Services</p> <p>5.9 Staff Services</p> <p>5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within</p>	T 054		

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T 054	<p>Continued From page 2</p> <p>or outside of the State of Vermont. This provision shall apply to the manager of the residence as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and staff file review, the facility failed to provide the required documentation that 3 of 5 selected facility employees were checked through the [APS] adult background registry, the Child Abuse Registry or a record of convictions. This has the potential to affect all residents. Findings include:</p> <p>Per review of personnel files on 08/06/14, one staff person who was hired in July 2014 did not have the required APS and Child abuse background checks completed. The Manager stated that this person had worked previously within the Agency years ago and assumed it was done then. Two other employees, one hired in November 2013 and February 2013, did not have the VCIC (Vermont Criminal) background checks to check for a record of criminal convictions. S/he confirmed that there is no current APS and Child Abuse and VCIC background check for these three employees.</p> <p>This is a repeat deficiency</p>	T 054	<p><b>T054: Background checks: APS, DCF, Criminal</b></p> <p><b>Action:</b> We are creating a check list for each employees file to ensure that all background checks are completed and copies attached prior to an employee starting work at the Johnson Group Home.</p> <p><b>Measure:</b> Manager will not let an employee shadow a shift until form is completed and all copies are in the home from HR.</p> <p><b>Monitoring:</b> Manager will Audit employee file before allowing them to start work on day one. This includes an employee that is changing positions.</p> <p><b>Date of Completion:</b> 9/1/14</p>	9/1/14
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T 060 SS=E	<p>V.5.10.b.1.2.i.ii.iii.iv.v.vi.vii.viii.i Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b The following records shall be maintained and kept on file:</p> <p>(1) A resident register including all admissions to and discharges out of the residence.</p> <p>(2) A record for each resident which includes:</p> <p>    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;</p> <p>    ii. The health care provider's name, address and telephone number;</p> <p>    iii. Instructions in case of resident's death;</p> <p>    iv. The resident's intake assessment summary, identification of problems and areas of successful 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>	T 060	<p><b>T060: Records</b></p> <p><b>Action:</b> We are creating a chart audit form and will be doing chart audits monthly during case review.</p> <p><b>Measure:</b> Notice of documents due will be given at monthly case review and will be due 1 week after review.</p> <p><b>Monitoring:</b> Manager will follow-up on documents due with each case manager.</p> <p><b>Date of completion:</b> 9/19/14</p>	9/19/14
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T 060	<p>Continued From page 4</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 for 3 of 3 residents' records, the records failed to have some of the required information, and failed to assure records were current and/or available on site. This has the potential to effect all residents in the TCR. (Residents #1,#2 &amp; #3) Findings include;</p> <p>1. Per review of the resident's records on 08/06/14 the following information was not found:</p> <p>a) Resident #2's 'Face Sheet', which contains the emergency numbers, next of kin and instructions in case of death, was not found in in the hard paper chart nor EMR [electronic medial record];</p> <p>b) Resident #2's intake summary and identification of problems was not found in either record;</p> <p>c) monthly summary/review conclusions and progress notes were not found in the hard paper chart nor EMR [electronic medial record] for</p>	T 060		
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T 060	Continued From page 5  Resident #1 from September 2013 to present, Resident #2 from September 10, 2013 to present, and for Resident #3 March 2014 to present; d) No signed advance directive was found for Resident #3.  Per interview the on 08/06/14 at 3:40 P.M. the Manager stated the Intake information which comprises of the Face Sheets, telephone numbers, and general information is taken by the CRT[community rehab treatment] person and "should be sent to us". S/he further stated that the monthly summary progress notes are completed by the Case Manager and then to medical records who then sends them to the the TCR, but "we have been having a hard time obtaining them from the medical record, and I have asked". The manager confirmed that the summary notes are long over-due. S/he confirmed at that time that the residents' records did not contain the required elements and were not current and available on site.  This is a repeat deficiency	T 060		
T 105 SS=C	VI.6.21 Residents' Rights  VI. Residents' Rights  6.21 The obligations of the residence to its residents shall be written in clear language, large print, given to residents on admission, and posted in an accessible, prominent and public place on each floor of the residence. Such notice shall also state the residence's grievance procedure and directions for contacting the designated Vermont protection and advocacy organization.	T 105		

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T 105	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the TCR failed to post, in clear large print language, the required grievance procedure for the TCR and failed to provide directions for contacting the Vermont protection and advocacy organization. This has the potential to effect all residents. Findings include:</p> <p>During the tour of the TCR building, the TCR failed to post the grievance procedure in clear, large print language and failed to provide directions for contacting the designated Vermont protection and advocacy organization. The Grievance procedure that was posted was the policy and procedure from Lamoille County Mental Health Services (LCMH) which contained multiple steps for review process, appeals to DMH (Department of Mental Health) and LCMH and Fair hearings and no alternative advocacy telephone number. On 08/06/14 at 2:32 P.M. the Manager confirmed "the process is a bit wordy, not really clear, and it doesn't have the telephone numbers for the advocacy organization".</p>	T 105	<p><b>T105 Residents Rights (Grievance Policy)</b></p> <p><u>Action:</u> We are rewriting our Grievance policy so that it's easier to understand and will post it in both regular and large print.</p> <p><u>Measure:</u> Staff will ensure that copies of the Grievance forms are available at all times.</p> <p><u>Monitoring:</u> Staff will check weekly to ensure multiple copies are always available.</p> <p><u>Completion Date:</u> 9/19/14</p>	9/19/14