

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

July 6, 2016

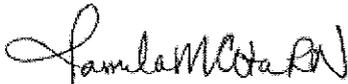
Ms. Shannon Perry, Manager
LCMH Johnson Group Home
PO Box 406
Johnson, VT 05656-0406

Dear Ms. Perry:

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

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 06/06/2016
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NAME OF PROVIDER OR SUPPLIER
LCMH JOHNSON GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
PO BOX 406
JOHNSON, VT 05656

(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 self-report investigation was conducted on 06/06/16 by the Division of Licensing and Protection. As the result, the following are Therapeutic Community Residence regulatory findings.	T 001		
T 022 SS=A	V.5.4.c Resident Care and Services 5.4 Discharge Requirements 5.4.c A summary of the resident's stay at the facility shall be added to the resident record within two weeks of his or her leaving. The summary shall include the reason for leaving, areas in which progress, no progress, or regression was observed, and the medication the resident was prescribed at the time of leaving. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, there was no discharge summary for one applicable discharged resident in the sample. (Resident #3) Finding include 1. Per record review, Resident #3 was admitted on 03/01/14 and was discharged on 12/22/15. There was no information regarding the progression or non-progression of care and treatment nor the list of medications at the time of leaving. The House Manger at 1:36 PM stated that when the resident left the TCR, the resident went into a another living situation and there was a new case manager "so the summary probably didn't get done". The House Manager confirmed	T 022	T022: Discharge summary has been added to the discharge check list. House manager will now complete a house discharge summary to go with the case managers discharge plan.	6/30/16

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

TITLE

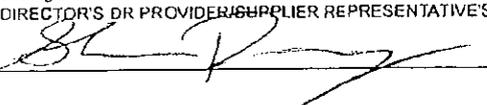
(X6) DATE

STATE FORM

6899

52KX11

If continuation sheet 1 of 4



Johnson Group Home Manager 6/20/16

T022 - T001 POCs accepted 6/30/16 SBM/MSR/PM

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER LCMH JOHNSON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 406 JOHNSON, VT 05656		
(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 061	Continued From page 2 by: Based on record review and interview, regular summary reports, current treatment plans and/or copies progress notes from outside sources were not written timely for 3 of 3 residents in the sample. (Residents #1, #2 and #3) Findings include: 1. Resident #2 was admitted on 01/12/16. There is no current identification of problems, current functional situation nor revised treatment plan, other than the Community Rehabilitation Treatment (CRT) and Individual Plan of Care (IPC) from an area Mental Health Agency. The CRT and IPC are dated 08/25/15, five months prior to moving into this home. The House Manger during interview at 2:02 PM confirmed that the admission paper work to include current status of function and treatment plan for short term goals were not done. 2. Resident #3's record review demonstrates the lack of a treatment plan, two months of summary progress notes and a discharge summary. The resident was admitted 03/01/14 and discharged 12/22/15. During interview the House Manager stated "I think it (IPC and/or CRT) was updated about three months after [resident] moved in". In addition, monthly progress notes for November and December 2015 and the discharge summary were not found. The House Manager stated the case manager usually writes the progress notes and discharge summary but "at that time there was a new case manager so that information was not written". S/he confirmed the lack of a treatment plan, two months of summary progress notes and a discharge summary. ALSO SEE T-0022 3. Resident #1's initial nursing assessment,	T 061			

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NAME OF PROVIDER OR SUPPLIER LCMH JOHNSON GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 406 JOHNSON, VT 05656		
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T 061	Continued From page 3 which notes current status in setting the treatment plan, was not completed in a timely manner. The resident was admitted on 08/22/14 and the assessment was completed four months later, on 12/21/15. The House Manger confirmed the initial assessment was not written timely.	T 061		