VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

October 24, 2014

Ms. Celine Blondel, Administrator
Next Door
847 Pine Street
Burlington, VT 05401-4924

Dear Ms. Blondel:

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

PRINTED: 09/18/2014
FORM APPROVED

Division of Licensing and Protection

RECEIVED Division of OCT 21 14 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
	0530		C 09/10/2014

NAME OF PROVIDER OR SUPPLIER: NEXT DOOR

STREET ADDRESS, CITY, STATE, ZIP CODE: 847 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 onsite complaint investigation and investigation of self reported incidents were conducted on 09/09/14 - 09/10/14 by the Division of Licensing and Protection. The following are regulatory deficiencies for Therapeutic Community Residences.	T 001	See attached Sheet	
T 027 SS=D	V.5.6.b Resident Care and Services 5.6 Health Care Provider Services 5.6.b Except for medical care that has been specifically ordered by a court, a resident has the right to refuse all medical care for religious reasons or other reasons of conviction. In such cases, the residence must assess its ability to properly care for the resident and document the refusal and the reasons for it in the resident's record. This REQUIREMENT is not met as evidenced by: Based on record review and interviews the TCR failed to document the reasons for refusal of medical care or assess the ability to care, for 1 of 7 residents reviewed. (Resident #7) Findings include: 1. Based on record review and interview Resident #7 refused medical care, however, there is no documentation for the refusal of care or if the TCR assessed its ability to care for the resident. The summary notes stated that the ability to make and consume any food became harder for the resident and was observed	T 027		

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

POC - T.027, T-030, T.032, T-059, T.060, T-080, T096, T 113, T-114 & T-121 accepted on 10/23/14 Susan J. Emmons, RN

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T 027	Continued From page 1 becoming noticeable thinner and paler. The resident developed a cough and was spitting mucus/phlegm. It also states 'we believed because [his/her] rhythmic movements were so bad [s/ he] was actually rubbing [his/her] hair out". The staff shift note stated that the resident refused to see any doctor but there was no reason for the refusal noted nor if an assessment was conducted to see how to properly care for the resident. The Resident Support Person [RSP] on 09/10/14 at 3:00 PM stated that "it would be good to get that information that can help the resident ... that would be great". The Acting Supervisor confirmed on 09/10/14 at 4:45 PM there was no documentation for the refusal of medical care or the assessment on how to care for the resident.	T 027		
T 030 SS=D	V.5.6.e Resident Care and Services 5.6 Health Care Provider Services 5.6.e Physical examinations must be provided for all residents whose residency exceeds 45 days unless the resident has available the report of a physical examination completed within 90 days prior to admission. Arrangements shall be made to treat and follow up medical problems identified in the physical examination. This REQUIREMENT is not met as evidenced by: Based on record review and interviews a physical examination was not provided for one of seven residents whose residency exceeded 45 days	T 030		

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T 030	Continued From page 2 and/or the report of a physical examination completed within 90 days prior to admission. (Resident #8) Findings include: 1. Resident #8 was admitted on February 3, 2014 and currently living at the TCR. The intake diagnosis notes physical as well as mental concerns such as hyperprolactinemia with secondary amenorrhea and a history of persistent somatic delusions. There is no primary care physician (PCP) physical examination 90 days prior to or 45 days after admission, to address treatment or follow up for the medical problems. Although seen by a psychiatrist the following month after admission, that visit was for medication review and no physical examination was found. Per a nursing note of 02/06/14 states the resident "was last seen in 2013 by her PCP", however, that report or when it was conducted was not found in the charts. There is no documentation of a physical exam in the hard copy or EHR (Electronic Health Record) that was available to the surveyor. The Acting Supervisor confirmed on 09/10/14 at 4:45 PM a physical examination was not provided nor found for this resident. Also see T-0060	T 030		
T 032 SS=E	V.5.7.b Resident Care and Services 5.7 Treatment Plan 5.7.b The residence shall ensure that the treatment plan reflects steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. The treatment plan shall be completed within fourteen (14) days of admission.	T 032		

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T 032	Continued From page 3	T 032		

This REQUIREMENT is not met as evidenced by:
The TCR failed to ensure that the treatment plan reflects steps to be taken to solve identified problems for 4 out 8 residents reviewed. (Resident #1, #2, #4, #5) Findings include:

1. Per record review on 09/09/14 Resident # 1 has a diagnosis of schizophrenia, paranoid type and polysubstance dependence and a history of behaviors, but the treatment plan did not have clear and concise steps to address those issues. The treatment plan dated 06/11/14 states only that the resident will need to continue to take all of the medications, to continue to keep up hygiene, will need to attend all appointments, will quit smoking cigarettes and marijuana and to encourage the resident to find transportation to attend meetings. The steps or action were to have staff remind, prompt or encourage the resident. Although, the resident continues to smoke both cigarettes and marijuana and pattern of assaults and threatening behavior as evident by the Rapid Intervention Community Court response dated 09/04/14 related to simple assault, there were no clear and concise reflective steps to solve the identified problems. Per interview the Resident Support Person (RSP) on 09/09/14 at 11:30 AM stated that the treatment plan was the resident's goals. The RSP acknowledged that although staff had generalized training but it would be helpful to have specific guidelines when dealing with behaviors.

2. Upon admission, the discharge summary dated 01/02/14 from a previous home notes that Resident #2 was unable to to achieve the short

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	and long term goals due to mania, becomes volatile with extreme fluctuation in mood and inability to follow program guidelines and rules, when angry yells, slams doors and breaks/throws objects, when in manic state very chaotic, hypersexual, loud, handles objects roughly, loses personal belongings and puts [him/her] in potentially dangerous situations. Also many behavior challenges with yelling, throwing objects and disorderly conduct and starting fires (at a previous house). The treatment plan dated 07/10/14 notes the strengths, community and family support and special precaution related to starting fires, which notes that "staff should occasionally remind the resident that it is not o.k. to start fires indoors." There are no reflective steps that help direct staff when the resident yells/scream, throws objects, or when in a manic state. Per interview on 09/09/14 at 11:30 AM the RSP stated that the treatment plan was the resident's goals. The RSP acknowledged that although staff had generalized training but it would be helpful to have specific guidelines when dealing with behaviors.			
	3. Resident #4 has a 40 year history of psychosis with mood liability and agitation. The treatment plan noted that s/he becomes assaults when s/he decompensates. It does not address the steps needed to protect other residents but general information regarding taking medications and activities of daily living. An incident report dated December 2013 notes that Resident #4 "intentionally hit another resident in the back of the head with a coffee mug...with considerable force." Per interview on 09/10/14 at 4:45 PM the Acting Supervisor stated that the resident has a long history of bad behaviors and confirmed that the treatment plan, "which is vague and general does not contain or address the behaviors which			

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T 032	Continued From page 5 [can] impact others." 4. Per record review on 09/09/14 Resident #5 was identified on intake as having violent outbursts when in the manic state however, there are no individualized or direct steps/interventions to assist staff during manic episodes. Per a incident report Resident #5 while in a manic state attacked and injured another resident. The report stated that Resident #5 was very agitated in the morning... was yelling and aggressive and pushed the other resident over the chair. The staff asked the resident to please step away, calm down and go to [his/her] room. However, Resident #5 again attacked the other resident and caused injury. Per interview on 09/09/14 at 11:30 AM RSP acknowledged that The RSP acknowledged that although staff had generalized training but it would be helpful to have specific guidelines when dealing with behaviors and the treatment plan for Resident #5 did not address this behavior. Per interview on 09/10/14 at 4:45 PM the Acting Supervisor confirmed the above and that the treatment plans, which are vague and general, do not contain or address the behaviors which [can] impact others. Also see T-0080	T 032		
T 059 SS=C	V.5.10.a Resident Care and Services 5.10 Records/Reports 5.10.a The licensee shall be responsible for maintaining, filing and submitting all records required by the licensing agency. Such records shall be kept current and available on site at the	T 059		

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T 059	Continued From page 6 licensed facility for review at any time by authorized representatives of the licensing agency. This REQUIREMENT is not met as evidenced by: Based on interview the TCR failed to have all required records on-site at the TCR. Findings include: 1. During the initial introduction on 09/09/14 at 9:15 AM, TCR staff stated that client charts are a combination of electronic medical record (EMR) and paper records. During the course of the investigation, closed and/or discharged records, specifically shift notes, were needed for the period of 2011 -2012. They were not found in the hard copy nor the EMR, and were not found after several attempts by the nurse surveyor and staff. Per telephone contact on 09/10/14 at 4:26 PM with an off site medical records office stated "I think IT [information technology] has to get that for you if the icon is not on your computer but that has to be tomorrow since they already left for the day". Per interview on 09/10/14 at 4:45 PM the Acting Supervisor confirmed that discharged/closed resident records were not available for review. Also T-0060	T 059		
T 060 SS=E	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	T 060		

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T 060	Continued From page 7 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 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	T 060		

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T 060	Continued From page 8 in the resident ' s record); 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview the TCR failed to have some of the required information in the records/reports, (Residents #6, #7, #8). Findings include 1. During two days of the investigation on 09/09/14 - 09/10/14 the following information was not found: a) The nurse surveyor during the initial tour on 09/09/14 requested a resident register, however, staff were not aware of where the register was located. Per interview at 10:09 AM the Administrative Program Assistant for Support Programs stated that they would be able to create an excel spread sheet but that it will have to be created by IT [information technology] and confirmed that currently there is no Register [a list of residents admitted and discharged] available at the TCR. b) Missing medical information for Resident #8, IE; physical examination not conducted. Per a nursing note of 02/06/13 states the resident "was last seen in 2013 by her PCP", however, that report or when it was conducted was not found in the charts. There is no documentation of a physical exam in the hard copy or EHR that was available to the surveyor. Although seen by a	T 060		

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T 060	Continued From page 9 psychiatrist the following month after admission, that visit was for medication review only and no physical examination was found. The Acting Supervisor confirmed on 09/10/14 at 4:45 PM a physical examination was not found for this resident. c) Missing shift report notes from 2011 -2012 for Residents #6 & #7. Per telephone interview on 09/10/14 at 4:26 PM the medical records person stated "I think IT has to get that for you if the icon is not on your computer but that has to be tomorrow since they already left for the day." Per interview on 09/10/14 at 4:45 PM the Acting Supervisor confirmed the above records/reports were not maintained or on file. Also see T-0030, T-0059	T 060		
T 080 SS=D	V.5.16.c Resident Care and Services 5.16 Reporting of Abuse, Neglect and Exploitation 5.16.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring medical intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident ' s record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors. This REQUIREMENT is not met as evidenced by: Based on record review and on staff interview, the facility failed to develop a plan to deal with	T 080		

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T 080	Continued From page 10 behaviors after a pattern of resident-to-resident incidents, for 2 of 8 (Residents#1 and #2). Findings include: 1. Per record review on 09/09/14, Resident #1 has a diagnosis of schizophrenia, paranoid type and polysubstance dependence and a history of behavior. There was a pattern of abusive behavior, in which no plan was developed to deal with the behaviors. The treatment plan dated 06/11/14 states only that the resident will need to continue to take all of the medications, to continue to keep up hygiene, will need to attend all appointments, will quit smoking cigarettes and marijuana and to encourage the resident to find transportation to attend meetings. Per incident reports, staff log notes and shift report notes Resident #1 was in verbal altercations on 06/02/12 and 06/14/14, throwing waffles at another resident on 06/04/14, on 07/06/14 threw water into another resident's face and 08/10/14 went into another resident's room and threw/knocked-over items, and an assault as evident by the Rapid Intervention Community Court response dated 09/04/14. Per interview the Resident Support Person (RSP) on 09/09/14 at 11:30 AM acknowledged that although staff had generalized training, there was no specific guidelines when dealing with behaviors. 2. Resident #2 has a history of becoming volatile with extreme fluctuation in mood, yells, slams doors and breaks/throws objects. The treatment plan dated 07/10/14 notes staff are to support the resident for taking medications personal hygiene and other activities of daily living. There are no reflective steps that help direct staff when the resident yells/scream, throws objects, or when in a manic state. Per review of the incident reports, shift notes and staff	T 080		

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T 080	Continued From page 11 log notes from Jun 2014 - Present, the resident was noted on 06/04/14," threat by client who was yelling and throwing objects kicking walls and furniture threw a heavy mug at staff". On 07/03/14 the resident was "yelling at staff in close range of their faces at multiple times" and on 07/22/14 got into an argument with another resident and was screaming at one another. Per interview on 09/09/14 at 11:30 AM the RSP acknowledged that although staff had generalized training it would be helpful to have specific guidelines when dealing with behaviors. Per interview on 09/10/14 at 4:45 PM the Acting Supervisor confirmed that treatment plans were not developed to deal with the pattern of abusive behaviors.	T 080		
T 096 SS=G	VI. 6.12 Residents' Rights VI. Residents' Rights 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from seclusion or restraints. All residents have the right to be free from corporal punishment. All residents have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Psychoactive drugs shall not be administered involuntarily. This REQUIREMENT is not met as evidenced by: Based on record review and interviews 1 of 8 resident reviewed was not free from mental, verbal or physical abuse. (Resident #3)	T 096		

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T 096	Continued From page 12 Findings include: 1. Resident #3 was not free from physical or mental abuse when a resident attacked this resident unprovoked. On 11/04/13 staff noted that a resident was acting very agitated in the morning and then walked up to Resident #3 whom was using the phone and pushed the resident down back over the chair in the living room. A staff person came out of the office and asked the aggressive resident to please step away and to calm down and go to his room, spoke to Resident #3 then went downstairs to notify the supervisor and heard a loud thump. The aggressive resident had pushed down Resident #3. Although the panic button was pushed and the aggressive resident was arrested for domestic violence and removed, Resident #3 sustained a fracture to the arm. Per interview the RSP 09/09/14 at 3:30 PM stated "that was a really tough situation, the staff person who reported it is no longer available but didn't make sure [the aggressor] went back to [his/her] room before leaving [Resident#3] alone and that [Resident #3] wasn't safe because the aggressor was allowed to come back and live at Assist, [crisis bed] which was next door. We tired to speak to the administration [of Howard Center] but were told that the Assist had to take". The aggressor was noted to be pounding on the TCR's after release. The RSP confirmed that Resident #3 was not free from mental, verbal or physical abuse.	T 096		
T 113 SS=C	VII.7.1.a.1 Nutrition and Food Services 7.1 Food Services 7.1.a Menus and Nutritional Standards	T 113		

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T 113	Continued From page 13 7.1.a.1 Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence failed to plan and write menus for resident's meals. This has the potential to effect all residents. Findings include: Per observation on 09/09/14 at 10:30 AM, a menu was observed in the large kitchen/dining area that was not complete. The menu did not have the evening meals for Friday, Saturday and Sunday and no food items listed for breakfast and lunch. Per interview at 1:45 PM, two staff stated that only the evening meal is planned, which had not been written on the weekly menu and that the residents can prepare their own breakfast and lunch. The Acting Supervisor on 09/10/14 at 4:45 PM confirmed the menus where not planned and written at least one week in advance. Also see T-0114 & T-0121	T 113		
T 114 SS=C	VII.7.1.a.2 Nutrition and Food Services 7.1 7.1 Food Services 7.7.a Menus and Nutritional Standards 7.1.a.2 The meals served each day must provide 100% of the Dietary Reference Intakes (DRIs) and comply with the	T 114		

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
	0530		C 09/10/2014

NAME OF PROVIDER OR SUPPLIER: NEXT DOOR

STREET ADDRESS, CITY, STATE, ZIP CODE: 847 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 114	Continued From page 14 current Dietary Guidelines for Americans. DRIs are a set of nutrient-based reference values that expand upon and replace the former Recommended Dietary Allowances (RDAs) in the United States. They include: acceptable macronutrient distribution range (AMDR); adequate intake (AI); estimated average requirement (EAR); recommended dietary allowance (RDA) and tolerable upper intake level (UI). Dietary Guidelines for Americans were developed by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services. This REQUIREMENT is not met as evidenced by: Based on record review, interviews and observation the TCR was unable to verify that the meals served provided 100% of Dietary Reference Intakes (DRIs) and comply with the current Dietary Guidelines for Americans. This has the potential to effect all residents; Findings include: Per observation on the morning of 09/09/14 the refrigerator contained several small containers of leftover food, 2 milk cartons, carton of eggs, juices, ice tea, condiments, lettuce, two packages of cheese, 3 packages of lunch meat, on the counter old soft grapes with fruit flies, a bowl of hard green pears and in the cabinets, several	T 114		

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
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T 114	Continued From page 15 loaves of bread, a half box of bran flakes, several half filled boxes of crackers, several canned and dried goods, i.e. spices, pancake mix etc. There were freezer items as well. Staff stated that the residents can have their choice of items for breakfast and lunch, which the prepare themselves. The staff were unable to determine if all requirements as recommended by USDA are followed i.e.; the number of servings per day for meats or equivalent, vegetables, fruit, dairy, or breads/cereal/pasta/equivalent, and sugar and fats. They stated at 4:45 PM that a vegetable, protein and starch is provided at supper, and not exactly not sure how that would be tracked or noted. Per interview on 09/10/14 at 4:45 PM the Acting Supervisor confirmed the TCR was unable to verify that the meals served provided and complied with Dietary guidelines. Also see T-0113 & T-0121	T 114		
T 121 SS=C	VII.7.1.c.1 Nutrition and Food Services 7.1 Food Services 7.1.c Meal Service 7.1.c.1 Each residence shall offer meals three times a day in accordance with the guide (above). Meals shall be served at appropriate temperature and at normal meal hours. Texture modifications will be accommodated as needed.	T 121		

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
	0530		C 09/10/2014

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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 121	Continued From page 16 This REQUIREMENT is not met as evidenced by: The TCR did not offer each resident meals three times a day in accordance with the USDA food guide. This has the potential to effect all residents. Findings include: Per record review and interviews the TCR, although providing food during the day and serving an evening meal, did not present or propose meals for breakfast or lunch. Per the admission policy states ".... food is provided and it is up to you to prepare your own breakfast and lunch, staff is available if this is difficult or reflected in your treatment plan, dinner is prepared each evening by staff and you have the opportunity to assist in preparing fresh meals and setting the table dinner in family style with everyone in the program." Per interview, both day and evening staff, on 09/09/14 stated that residents have a choice to have what they want for breakfast and lunch and will get it themselves and only the evening meal is planned. They stated at 4:45 PM " that a vegetable, protein and starch is provided at supper'. Although breakfast and lunch are not offered they would let other staff know by 'word of mouth that someone is not eating'. Per interview on 09/10/14 at 4:45 PM the Acting Supervisor stated that food for all meals and snacks are available but confirmed the TCR did not offer three meals a day for each resident in accordance with the USDA food guide. Also see T--0113 & T-0114	T 121		

Plan Of Correction
NextDoor
847 Pine Street
Burlington, VT 05401

Resident Care and Services

T 027 Health Care Provider Services
1) Although Resident #7 had a long standing history of refusing all forms of medical care, there was insufficient documentation on each refusal of care offered. The program will document each refusal from each client on each occasion, and perform an assessment as to the programs ability to care for the resident.

T 030 Health Care Provider Services
1) Although a physical exam was performed for Resident #8, staff were unable to locate the document on the current electronic health record system. After extensive searching, this writer was able to locate the notes pertaining to Resident #8 receiving her physical exam. To correct this, staff will become more proficient in locating various notes in the electronic health record AND print the note for the resident chart.

T 032 Treatment Plan
1) Treatment plans are based on stated goals each resident wishes to work on while here. The program will amend plans to include an addendum or action plan when dealing with identified behaviors.

2) Treatment plans are based on stated goals each resident wishes to work on while here. The program will amend plans to include an addendum or action plan when dealing with identified behaviors.

3) Treatment plans are based on stated goals each resident wishes to work on while here. The program will amend plans to include an addendum or action plan when dealing with identified behaviors.

4) Treatment plans are based on stated goals each resident wishes to work on while here. The program will amend plans to include an addendum or action plan when dealing with identified behaviors.

T 059 Records/Reports
1) Closed records are kept in the Supervisor's Office and are not accessible to staff. Supervisor will relocate closed records in order for staff to retrieve them.

T 060 Records/Reports
1a) A resident register is kept however is not accessible to staff. Supervisor will relocate register on-line for all staff to view and retrieve.

1b) Missing medical note is in the electronic health record. Staff were unable to locate it due to the difficulties of multiple episodes of resident. A hard copy will be printed and put in the resident's binder.

1c) HowardCenter requires a court order to release records of patients who are deceased. Doctor notes are available on the electronic health record.

T 080 Reporting of Abuse, Neglect, and Exploitation
1) Staff will update treatment plans to reflect how to deal with aggressive behavior.

2) Staff will update treatment plans to reflect how to deal with aggressive behavior

T 096 Residents Rights

Due to the nature of mental illness it is hard to predict when any resident will become violent. Staff followed protocol by notifying the supervisor and pressing the panic button. The decision to place the aggressor at Assist is outside the control of the TCR, however the supervisor did notify the staff of Assist that there was a no trespass issued and filed a report with APS. Plan of correction would be for HowardCenter/Assist to abide by the rules set forth in the no trespass order.

T 113 Nutrition and Food Services

Menus will be written one week in advance and will include the general food items that are available for breakfast and lunch.

T 114 Nutrition and Food Services

The staff will follow Dietary Reference Intakes and comply with the current Dietary Guidelines for Americans for those not on a restricted or prescribed diet.

T 121 Nutrition and Food Services

Staff will encourage residents to eat a well-balanced breakfast and lunch and document if residents refuse.