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

November 19, 2012

Ms. Lisa Marien, Administrator
Pennington House
1822 North Avenue
Burlington, VT 05408

Dear Ms. Marien:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 17, 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:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0523	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 10/17/2012
NAME OF PROVIDER OR SUPPLIER PENNINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 NORTH AVENUE BURLINGTON, VT 05408		

(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 was completed by the Division of Licensing and Protection on 10/17/12. The following are regulatory violations.	T 001		
T 042	IV.C.5 Resident's Rights ✓ Resident's Rights: Each resident shall enjoy privacy of person. This REQUIREMENT is not met as evidenced by: Based upon resident and staff interviews and record review, the facility failed to provide privacy of person to 1 applicable resident. (Resident #1) Findings include: Per interview on 10/17/12 at 9:30 A.M. the House manager stated that Resident's #1 pubic area was shaved without the resident's permission. On 10/09/12 in the late afternoon, staff noticed that Resident #1 was quietly lying on the bed, not making any sounds, which was out of character. Staff went in to find out what was wrong. The Resident eventually told staff that s/he was bleeding in the [pubic area]. Per interview on 10/17/12 at 11:30 A.M. a staff person stated "When I came back around 3-ish [Resident #1] was lying in the bed very still and not talking [very unusual] and I said hey what's up and [resident] still didn't say anything and this happened for several minutes but then [s/he] rolled over. [Resident] was just so quiet and then said 'my [pubic area] is bleeding', but this means mostly that [resident] has pain. I then noticed [resident's] upper thighs were shaved and the	T 042	See attached Plans of Correction	

Division of Licensing and Protection

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Lisa Marvin 14 November 2012
Residential Manager

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0523	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 10/17/2012
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T.042	Continued From page 1 skin was irrigated. I helped with the shower the day prior so I know that the hair was more noticeably cut/shaved but there was no blood". Resident #1 expressed to staff that s/he did not want to be shaved but was told by another staff person of the opposite gender that the pubic area was too hairy and shaved the resident without permission. Per interview on 10/17/12 in the afternoon the House Manager confirmed that Resident #1 did not have privacy of person.	T 042		
T 067	VI.1.B.3. Common Model Program Standards . Structural Components Director or Supervisor The director and/or supervisor shall assist the governing body in formulating policy. This STANDARD is not met as evidenced by: Based on record review and interview the director and/or supervisor failed to assist the governing body in formulating clear policy regarding The State of Vermont's Abuse reporting. Findings include: 1. Per review on 10/17/12 of the facility's reporting procedures, they had inconsistent information. The Agency wide operations manual states the procedure for DCF (Department of Children and Families) "the staff person should first consult supervisor, in the absence the MD program director service area director should be consulted and within one week the staff person needs to prepare a written report which is countersigned by the supervisor." However, another sheet provided to the nurse surveyor states "APS reporting obligations - during office hours immediately contact the case manger or	T 067		

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T 067	Continued From page 2 supervisor, after hours call the Howard center crisis team". There was no clear language on how to intervene in the protection of the vulnerable adult or how to properly report to APS in the required 48 hour timeframe. Per interview on 10/17/12 at 12:38 P.M. the House Manager and House Supervisor confirmed that " the policy has to be updated to reflect the accurate abuse reporting information for this house". Also see tag T-0078	T 067		
T 074	VI.1.C.5. Common Model Program Standards . Structural Components Staff The residence shall provide training opportunities for each staff member, which might include in-service and formal training. This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to provide training opportunities for a newly hired staff person. Findings include: 1 Per record review on 10/17/12, there was no documentation of a required training for a newly hired staff person. Per review of the personnel file only the Agency wide orientation, Development Service Orientation and CPR/first Aid was provided in May 2012. The mandatory in-service training was not completed. During interview at 2:30 PM, Human Resource confirmed that required in-service training had not been	T 074		

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T 074	Continued From page 3 completed for this individual.	T 074		
T 078	VI.1.C.9. Common Model Program Standards Structural Components Staff All staff members shall meet all applicable federal, local, or state requirements for their positions. This STANDARD is not met as evidenced by: Based on record review and interview staff failed to meet applicable State requirements by failure to notify immediately and intervene in the protection of a vulnerable adult. (Resident #1) Findings include: 1. Per the State of Vermont Statute TITLE 33 CHAPTER 69 (7)(A)(ii) states "make a reasonable effort to protect a vulnerable adult from abuse by others". Per interview on 10/17/12 at 11:30 A.M. staff stated that s/he had a concern about Resident #1's pubic area being shaved without permission by a staff person of the opposite gender. S/he stated that "I didn't want to get the energy in the house excited so I told {another staff} person to wait until the {opposite gender staff} left to call the supervisor. This was approximately 2 hours later. Per interview on 10/17/12 at 12:38 P.M. the Supervisor confirmed staff failed to immediately notify the house manager and intervene for the vulnerable adult. also see tag T-0067	T 078		

NOV 14 2012

November 9, 2012

Pamela Cota, RN
Licensing Chief
103 South Main Street, Ladd Hall
Division of Licensing and Protection
Waterbury, VT 05671-2306

Dear Ms. Cota,

Below is a plan of correction, addressing all of the deficiencies noted in the October 2012 licensing survey at Therapeutic Community Residence, Pennington House.

T 042:IV.C.5. Resident's Rights
Each resident shall enjoy privacy of person:

Resident #1
In response to the determination that resident #1 was not provided with privacy of person, the House Manager and Administrative staff terminated the suspected perpetrator the morning after the incident and reported the violation to Adult Protective Services as well as the local police department. The suspected perpetrator has not and will not return to the home. Also a written protocol for providing personal care was instituted on October 18, 2012.

In order to ensure continued compliance with this regulation, staff will be trained on this protocol upon hire and a record of the training will be kept. The protocol will also be posted in the staff office and minimally reviewed on an annual basis.

The Residential Manager will ensure staffing patterns provide each resident the opportunity to enjoy privacy of person. The Residential Manager will also monitor responsibilities through the monitoring of daily checklists of essential duties, which staff are required to initial on each shift.

This corrective action was put into place immediately and the Residential Manager will ensure long term compliance with this regulation by adhering to the measures outlined above.

T042 POC accepted 11/15/12 SSimmons RN/PMC

T 067: VI.1.B.3. Common Model Program Standards

Structural Components
Director or Supervisor
The Director and/or Supervisor shall assist the governing body in formulating policy.

To address the concern that the manager failed to assist the agency in formulating a clear policy regarding abuse reporting in the state of VT, program and agency administrators collaborated and developed one, which was instituted 10-19-12.

To ensure knowledge and compliance, all staff will be trained on this policy upon hire and a record of the training will be kept. This policy will also be posted in the residence in the staff office and minimally reviewed annually.

In order to ensure continued compliance with this regulation, the Manager will update the contacts and phone numbers on the policy as needed.

This policy was established and posted on 10-19-12 and will continued to be posted in the office of the residence. T067 POC accepted 11/15/12 Simmons RN / PMC

T 074: VI.1.C.5. Common Model Program Standards
Structural Components
Staff
The residence shall provide training opportunities for each staff member, which might include in-service and formal training.

The staff member in question is no longer employed by the agency.

To ensure future compliance with this policy, the Manager will collaborate with the training scheduler to ensure all required trainings are completed in a timely fashion. There is also a hiring check-list that includes all mandatory trainings that will be utilized in documenting when they are completed and kept in the personnel file.

The Manager will sign incoming staff up for all mandatory trainings upon hire to ensure that no trainings are overlooked or scheduled beyond the designated time frame.

These practices will begin immediately and will remain in place.

T074 POC accepted 11/15/12 Simmons RN/PMC

T 078: VI.1.C.9. Common Model Program Standards
Structural Components
Staff

All staff members shall meet applicable federal, local, or state requirements for their position.

Based on the finding that a staff member did not follow the state requirements regarding immediate notification and intervention in the case of suspected abuse of a vulnerable adult, a clear and direct house specific policy was established. The staff member in question was counseled in the proper procedure for such instances and all staff were trained in this policy and the policy is posted in the staff office in plain sight.

To ensure this deficient practice doesn't recur, all staff will be trained on the house specific policy for immediately reporting all suspected abuse and neglect.

The manager will ensure every staff member working in the house has been trained and holds a clear understanding of the policies and procedures regarding abuse and neglect reporting. This policy will be reviewed at least twice a year in staff meeting and the review will be documented in staff meeting notes.

This practice will begin immediately and will remain in place.

T078 POC accepted 11/15/12 SEmmons RN/PMC

Please don't hesitate to contact me with any questions or concerns.

Regards,

Lisa Marien
Residential Manager
Pennington House
HowardCenter
(802) 863-3231