



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) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

November 18, 2011

Ms. Lisa Marien, Administrator  
Pennington House  
1822 North Avenue  
Burlington, VT 05401

Provider #: 0523

Dear Ms. Marien:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 13, 2011**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

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:  <b>0523</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/13/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>PENNINGTON HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1822 NORTH AVENUE BURLINGTON, VT 05401</b>		
(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 re-certification survey was conducted by the Division of Licensing and Protection on 10/13/11. The following are regulatory violations.	T 001	See attached Plan of Correction (POC)	
T 003	IV.A.2 Resident Care and Supervision  Medication  The Director shall assure that all medications and drugs are: a. used only as prescribed by the resident's physician b. properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the manager failed to assure that medications being administered to 2 applicable residents in the survey sample (Residents #1 & #2) were currently on the most recent physician order sheet and/or given as prescribed. Findings include:  1. Per record review on 10/13/11 of Resident #1's MAR [medication administration record], one medication did not have a physician order and another medication was not given as ordered. Although the medication Boniva 150 mg was listed on the MAR, there was no physician order found in the chart. Per interview at 3:00 PM the House Manager stated that the medication was started after a physician visit but was unable to show documentation of visit note or signed orders. In addition, the medication Carbidopa L/Dopa 25/100 ER, on the MAR directed staff to give 1 tab 4 x [times] a day and 2 tabs at 8 PM.	T 003		

Division of Licensing and Protection

*Lisa Mowen*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Resident Care Manager*

*11/9/2011*

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T 032	Continued From page 2  by: Based on observation and interview, not all Residents would be able to safely exit the building for an emergency circumstance. Findings include:  1. During the initial tour at 12 Noon on 10/13/11, 2 residents were noted to be non-ambulatory, in wheel chairs. Per interview at that time, the House Manager stated that those 2 residents need assistance to stand and pivot and all the residents have some physical and/or mental disabilities. The House Manager confirmed that at present, there is only 1 awake overnight (10 PM- 6 AM) staff and that there is a need for an additional staff "in case of an emergency".	T 032			
T 082	VI.2.B.1.a. Common Model Program Standards  Treatment Components Process--Intake The residence shall have clearly stated written criteria for determining the eligibility of individuals for admission.  This STANDARD is not met as evidenced by: Based on record review and interview, the residence did not have clearly stated written criteria for the eligibility of the Therapeutic Community Residence (TCR) residents. Finding include:  1. In accordance with the Scope and Purpose of Therapeutic Community Residences as described in Section I of the Rules for TCR Licensing Regulations, residents shall be persons for whom a transitional program is appropriate, meaning growth-enhancing rather than custodial. Per interview on 10/13/11 at 12 PM, the House	T 082			

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T 003	Continued From page 1  Per the recent physician's order dated 05/09/11 states "Carbidopa L/Dopa 25/100 ER 1 tab 6 x day". Per interview the House Manager confirmed that the medications were not given as ordered and the order for Boniva was not found.  2. Per review of Resident #2's MAR, several eye medications were discontinued or reduced, however there is no current supporting physician's orders. The current MAR list Muro 128 2% (eye medication) 1 ointment right eye at bedtime. The current physician's order states "Muro 128 2% 1 gtt [drop] R [right] eye 4 x while awake". In addition, the eye medications Alphagan 1% 1 drop R eye B.I.D [twice] and Cosopt eye drops 1 R eye B.I.D. were listed on the MAR as being discontinued, however there was no current signed physician's order for the change. The House Manager confirmed there were no current physician's orders to reflect the changes.	T 003		
T 032	IV.B.4. Physical Environment  Safety:  In accordance with the Scope and Purpose of Therapeutic Community Residences as described in Section I of these Rules, residents shall be persons for whom a transitional program is appropriate, meaning growth-enhancing rather than custodial. Toward that end, it is expected that typical residents shall be ambulatory, capable of following daily instructions, and able to leave buildings when directed to do so and when emergency circumstances require that action.  This REQUIREMENT is not met as evidenced	T 032		

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T 082	Continued From page 3  Manager stated "all residents are living here until they die or go to a nursing home". Two of the residents have been admitted since the 1990's, and the latest resident has been living at the residence since 2005. Per interview on 01/13/11 at 4:20 PM, the Senior Manger stated "We've been reviewing whether this residences' license should be changed" and confirmed the TCR residents are long term with no plan for discharge and doesn't meet the Scope and Purpose of TCRs.	T 082		

November 3, 2011

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 2011 licensing survey at Therapeutic Community Residence, Pennington House.

T 003: IV.A.2 Resident Care and Supervision

Medication:

**Resident #1**

In response to the determination that resident #1 did not have current physician's orders for the medication, Boniva, and did not have Physician's Orders to indicate a dose change of Carbidopa L/Dopa 25/100 ER that is present on the MAR, the House Manager obtained a current pharmacy generated medications list. The new list includes Boniva and the change in Carbidopa L/Dopa 25/100 ER from *6x's daily* to *1 tab 4x's daily and 2 tabs at 8pm*. Written physician's orders reflecting correct dosages have been obtained and are on site.

**Resident #2**

In response to finding several dose changes and discontinued eye medications for resident #2 that do not have adequate documentation, the House Manager acquired and made necessary changes to pharmacy produced Physician's Orders. Correct medication dosages along with the written physician's orders have been obtained and are on site.

In order to ensure continued compliance with this regulation, the House Manager will acquire Physician's signatures on current medication orders every six months instead of every year, as is the current practice. This should alleviate any interim period where there are no current orders in the house while waiting for signatures to be returned.

This systematic change will be monitored monthly by the HowardCenter Nurse as well as daily and weekly by the House Manager to assure long term observance of this regulation.

T003 POC accepted 11/9/11 S. Emmons RN / P. Motar RN

T 032: IV.B.4. Physical Environment

Safety:

In speaking to the concern that two residents of Pennington who use manual wheelchairs could not exit the building safely in an emergency, we have changed the staffing pattern. Beginning Sunday, November 13<sup>th</sup>, 2011 there will be an awake and asleep overnight staff during the night shift to assist with evacuation in emergency situations.

All residents of Pennington are able to understand and follow directions. There are emergency plans and evacuation procedures posted in every section of the house and monthly evacuation drills are completed. All Pennington staff are trained in Pennington specific emergency and evacuation procedures before they assume their positions.

I have attached written requests for variances for the two non-ambulatory residents noted in the inspection.

The Senior Manager and I are aware of situations that require variances and will continuously monitor the home for such needs.

*T032 POC accepted 11/9/11 SEMMONS RN / FMCOTURN*

T 082: VI.2.B.a. Common Model Program Standards

Treatment Components Process--intake:

Having determined that our facility is a long term non-transitional home and does not meet the criteria for a Therapeutic Community Residence, in our License application/reapplication process we are applying for a Residential Care Home, Level IV for 2012.

*T082 POC accepted 11/9/11 SEMMONS RN / FMCOTURN*  
Please don't hesitate to contact me with any questions or concerns.

Regards,



Lisa Marien  
Residential Manager  
Pennington House  
HowardCenter  
