

Division of Licensing and Protection
103 South Main Street
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

February 2, 2015

Ms. Darlene Lockwood, Administrator
Union Street Group Home
215 Union Street
Bennington, VT 05201-2466

Dear Ms. Lockwood:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 12, 2015**. 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: 0517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER UNION STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 UNION STREET BENNINGTON, VT 05201
--	---

(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 onsite re-licensing survey was conducted, in conjunction with an entity reported incident investigation, by the Division of Licensing and Protection on 1/12/15. There were findings surrounding the survey and complaint investigation.	T 001		
T 060 SS=C	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 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	T 060		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephen Hamilton, DS Director, UCS</i>	TITLE _____	(X6) DATE <i>1/27/15</i>
--	--------------------	---------------------------------

T060-T105 POCs accepted 1/29/15 BBORRN/pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER UNION STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 UNION STREET BENNINGTON, VT 05201
--	---

(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 060	<p>Continued From page 1</p> <p>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> <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 staff interview and record review, the facility failed to have picture identification or documentation of refusal to obtain in 1 of 3 residents' records, Resident #1 in the survey sample. The facility also failed to have evidence of instructions in case of resident's death for 3 of 3 residents, Residents #1, 2, 3 reviewed. Findings include:</p> <p>1. Review of medical record for Resident #1 on 1/12/15 at 2:30 PM, presented no evidence that a picture of identification for Resident #1 was obtained nor any evidence of documentation of a refusal. The facility manager stated that at this</p>	T 060	<p><i>#1. See attached plan of correction</i></p>	
-------	--	-------	---	--

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER UNION STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 UNION STREET BENNINGTON, VT 05201
--	---

(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 060	Continued From page 2 time that there was no evidence of the picture being taken and on-site for identification purpose. 2. Review of medical records for Resident #1, 2 and 3 at 2:30 PM on 1/12/15 presented with no evidence of instructions in case of death. The facility manager stated that the procedure is to contact the State Agents, the guardian and corporate headquarters. S/he confirmed at this time that there is no instructions on record in case of death for the residents that reside at the home as per regulation.	T 060	<i>#2. See Attached Plan of Correction.</i>	
T 062 SS=C	V.5.10.b.4 Resident Care and Services 5.10 Records/Reports 5.10.b.4 The results of the criminal record and abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the TCR failed to maintain and have on site the required records of the results of the criminal record and abuse registry checks for all staff. This has the potential to effect all residents. Findings include: On 1/12/15 at 11:15 AM, the nurse surveyor requested information regarding background checks. The facility manager stated that background checks are not on site and handled off-site by the United Counseling Service Human Resource Department . At 12:25 PM the Human Resource Representative arrived with the files and acknowledged that the files should be on-site per regulations. S/he confirmed that the required records of the results of the criminal record and abuse registry checks for all staff were not	T 062	<i>See attached Plan of Correction.</i>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER UNION STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 UNION STREET BENNINGTON, VT 05201
--	---

(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 062	Continued From page 3 available and maintained onsite.	T 062		
T 080 SS=D	<p>V.5.16.c Resident Care and Services</p> <p>5.16 Reporting of Abuse, Neglect and Exploitation</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to record a resident to resident incident in the record of Resident #1 after an altercation with another resident that resulted in physical contact. Findings include:</p> <p>During record review on 1/12/15 for Resident #1, for a complaint investigation, it was found that there was no evidence in the paper record or the electronic recordings of an incident that had occurred in March 2014 and which was reported to the State Agency. Per interview with the facility manager after s/he reviewed the record, confirmation was made that there was no documentation of the incident in the medical record for Resident #1.</p>	T 080	<i>See attached plan of correction.</i>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER UNION STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 UNION STREET BENNINGTON, VT 05201
--	---

(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 096	Continued From page 4	T 096		
T 096 SS=D	VI. 6.12 Residents' Rights VI. Residents' Rights	T 096	<i>See attached Plan of Correction</i>	
	<p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to insure that Resident #1 was free from physical abuse from another resident. Findings include:</p> <p>On 1/12/15 during an investigation of a entity reported allegation of abuse, it was found that Resident #1 was struck by another resident during an altercation in March of 2014. Record review and review of the investigative incident report presented that Resident #1 had been struck repeatedly by another resident and per confirmation from the facility manager, it was not the first time that there had been physical contact between the two residents. Documentation in the record for Resident #4, described the incident in detail and the manager confirmed that the details are as they were described. Resident #4 had a history of inflicting self harm and per interview with manager, had made physical contact prior to the reported incident.</p>			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UNION STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 UNION STREET BENNINGTON, VT 05201
---	---

(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 105	Continued From page 5	T 105		
T 105 SS=C	<p>VI.6.21 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>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.</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 obligations of the residence to its residents in an accessible, prominent and public place on each floor of the residence. This has a potential to affect all residents. Findings include:</p> <p>During observation of the TCR building on 1/12/15 at 11:15 AM, the TCR failed to post the obligations (resident rights) and house rules that affect the residents that reside there. The manager confirmed at this time that there were no required postings on each floor of the facility.</p>	T 105	<p><i>See attached Plan of Correction</i></p>	

1/14/15 Plan of Correction: Union Street Group Home, UCS

T 060 1. "Review of medical record for Resident #1 on 1/12/15 @2:30 PM, presented no evidence that a picture identification for Resident #1 was obtained nor any evidence of documentation of a refusal."

Plan of Correction:

We have requested an informal review for this regulatory violation, which is occurring on 2/10/15 @ 2:00 P.M. A current picture, which is scanned into her electronic medical record (EMR) was not acceptable. EMR's are a federal regulation. This picture/her entire EMR is available to all staff at the home and can easily be printed out. In addition, there are multiple pictures of residents throughout this 6 person home.

Plan of Correction, should we lose the informal review:

Pictures of all residents will be attached to a resident's paper file within the group home.

Completion Date of Correction: Feb. 15th, 2015

Monitoring Plan: Paper files will be reviewed annually, or as appropriate, to ensure that a recent picture is attached.

2. Review of medical records for Resident #1, 2, and 3 at 2:30 PM on 1/12/15 presented with no evidence of instructions in case of death.

Plan of Correction:

Guardians have all been contacted for written instructions in case of death. This form will be scanned into the individual's EMR.

Completion Date of Correction: March 1, 2015

Monitoring Plan: These instructions will be reviewed with the guardian annually, updating/changing as appropriate. The U. St. Manager will ensure that this form is part of the Admittance packet for new residents.

T 062 ".....required records of the results of the criminal record and abuse registry checks for all staff were not available and maintained on site."

Plan of Correction:

We have requested an informal review for this regulatory violation, which is occurring on 2/10/15 @ 2:00 P.M. Background checks for each staff person are maintained by the HR Dept. of UCS. For the past 30 years+ of licensing reviews, these confidential records have always been available on-site to the reviewer within 15 to 30 minutes of request, and this has not previously been a regulatory violation.

Plan of Correction, should we lose the informal review:

The facility will work with the agency HR department to establish a method of making these confidential records available on-site, with no delay, in a manner that is in compliance with legal requirements to protect all employee records from unauthorized access.

Completion Date of Correction: July 1st, 2015

Monitoring Plan: The Group Home Manager will ensure that she has access to the personnel file at the group home for all existing and new staff, ensuring confidentiality as mandated.

T 080 “During record review on 1/12/15 for Resident #1, for a complaint investigation, it was found that there was no evidence in the paper record or the electronic recordings of an incident that had occurred in March 2014 and which was reported to the State Agency. Per interview with the facility manager after s/he reviewed the record, confirmation was made that there was no documentation of the incident in the medical record for Resident #1.”

Plan of Correction:

Although there was an Incident Report on file in another location at the Agency, and in the aggressor’s file, there was no copy of the report on file in the Resident’s record of the victim. This report is now on file.

Completion Date of Correction: 1/22/15

Monitoring Plan: The U. St. Manager will ensure that all Incident Reports are on file in each resident’s record.

T 096 “Based on record review and staff interview, the facility failed to ensure that Resident #1 was free from physical abuse from another resident.”

Plan of Correction:

The two residents in question have lived together for many years without issues. Staff first implemented Behavior Interventions, ruled out medical causes, and consulted with the Psychiatrist in hopes of solving the problem without someone needing to move out. The issues were with both individuals, who engaged in behaviors that upset the other. As soon as it became apparent that all of our interventions were not getting the desired result, we found an individualized home placement for Resident #4. Staff provided increased supervision until the placement could occur.

Completion Date of Correction: 10/1/14

Monitoring Plan: The U. St. Manager will ensure that all residents are free from repeated abuse from their housemates, instituting appropriate interventions, up to and including discharge. The Program Coordinator will review this on a regular basis, and in response to a reported abuse.

T 105 Resident’s Rights “...the TCR failed to post the obligations (resident’s rights) and house rules....on each floor of the facility.

Plan of Correction:

The Resident’s Rights and House Rules were posted on the first floor of the facility to ensure that they were visible to guardians, as the residents are unable to read. They are now also posted on the 2nd floor of the facility.

Completion Date of Correction: 1/12/15

Monitoring Plan: The U. St. Manager will ensure that the required postings are on each level of the home.