

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

September 11, 2012

Mr. Raymond Andrews, Administrator
Autumn House
141 South Branch Street
Bennington, VT 05201

Dear Mr. Andrews:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 9, 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: 0256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2012
NAME OF PROVIDER OR SUPPLIER AUTUMN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 141 SOUTH BRANCH 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
R100	Initial Comments: An unannounced re-licensure survey was conducted by staff from the VT Division of Licensing and Protection on 7/9/12. A mandated facility self report investigation and a complaint investigation were also completed. The following deficiency was found.	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse (RN) failed to assure that each resident's plan of care addressed the assessed care needs for 2 applicable residents reviewed. (Residents #1 and #2). Findings include: 1. Per review of the medical record on 7/09/12, Resident #1 has diagnoses that include; impulse control, mild mental retardation, obsessive compulsive disorder and anxiety. Per the staff's daily notes, Resident #1 has periods where he/she becomes aggressive toward staff and other residents when Resident #1 does not get his/her way. Resident #1 yells at staff and other residents, scratches staff and grabs items from staffs hands. Per review of the physician's orders, the resident takes multiple psychoactive medications daily. Per review of the facility's care	R145	<i>See attached plan</i>	<i>9/1/12</i>
			<i>PAC accepted per addendum 8/23/12 Mg. Butler, RN</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* DS Director, TITLE

(X6) DATE *8/8/12*

PAC

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R145	Continued From page 1 plan/needs assessment, there were no interventions to help reduce and prevent aggressive behaviors. The care plan also failed to include interventions to monitor the effectiveness and potential adverse side effects of the psychoactive medications. Per interview on 7/9/12, the RN confirmed the care plan/needs assessment had no interventions addressing Resident #1's aggressive behaviors or use of psychoactive medications, including evidence of monitoring for effectiveness and potential adverse side effects. 2. Per record review on 7/9/12 and confirmed during interview with the RN at 4 PM, Resident #2's care plan did not address the resident's recent decline in urinary continence, weight loss plan and use of a daily anti-psychotic for behaviors, to include evidence of monitoring for effectiveness and possible adverse side affects of the medication. The care plan also stated that the resident used a Hoyer lift and the manager confirmed at 3 PM (the same day) that s/he did not utilize the mechanical lift.	R145	<i>See attached plan</i>	<i>8/8/12</i>	

8/8/12 Plan of Correction: Autumn House Group Home, UCS

R145 5.9c: "...the RN failed to assure that each resident's plan of care addressed the assessed care needs for 2 applicable residents reviewed (residents 1 and 2)":

- 1. "For resident #1 there were no interventions to help reduce and prevent aggressive behaviors. The care plan also failed to include interventions to monitor the effectiveness and potential adverse side effects of the psychoactive medications."**

Plan of Correction:

Although this resident may yell at a staff person on occasion or grab something from staff, which may inadvertently cause a scratch, this individual is not considered aggressive. Staff notes will be reviewed and staff will be counseled to be accurate in their description of an incident and not label a person's actions inappropriately. For any resident determined to have aggressive/intrusive behaviors, a Behavioral Support Plan is in place to address the targeted behaviors.

Psych Med Plans used to be in place to address the medications, including effectiveness and side effects. When DDAS eliminated that requirement in October 2010, the plans were eliminated for all DS clients, when they should have remained in place for residents in this facility, in order to meet Licensing requirements for plans of care.

Completion Date of Correction: These Psychiatric Med Plans, to include the cited deficits, will be reinstated and on file for each relevant resident by September 1st, 2012.

Monitoring Plan: These plans will be amended, by the Group Home Manager or RN, as changes occur in medications; reviewed annually by the RN when the annual Resident Assessment is completed.

- 2. "Resident #2's care plan did not address the resident's recent decline in urinary continence, weight loss plan and use of a daily anti-psychotic for behaviors, to include evidence of monitoring for effectiveness and possible adverse side effects of the medication. Plan of Correction:**

Resident #2's Care Plan will be revised to include all of her current issues with incontinence and dietary/hydration needs.

Completion Date of Correction: August 20, 2012

Monitoring Plan: In close coordination with the Group Home Manager and the Group Home Coordinator, these plans will be amended by the RN as changes occur; annual review at time of new Resident Assessment.

"The care plan also addressed the use of a Hoyer Lift and the manager confirmed that s/he did not utilize the mechanical lift".

This resident does not utilize a Hoyer Lift and we cannot find a current plan or assessment on file that indicates that she does. Attached is a prompt in an assessment that we believe was misinterpreted as part of the plan. For all individuals who utilize an adaptive device, we will ensure that it is documented in the plan of care, which will be amended as appropriate, and reviewed minimally on an annual basis.

Effective date: 8/8/12

*PJC accepted 8/23/12
My B to R*

*Shannon UCS
D.S. Director*

8/8/12