



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
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Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
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March 9, 2010

Ms. Tina Hessler, Administrator
Gatling House Group Home
101 John Street
Bennington, VT 05201

Dear Ms. Hessler:

Enclosed is a copy of your acceptable plans of correction for the licensing survey conducted on **January 21, 2010**. 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,

Suzanne Leavitt, RN, MS
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0535	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER GATLING HOUSE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 JOHN 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, onsite licensing survey was conducted 1/21/2010.	R100		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not complete an annual reassessment for Resident #1 in a timely manner. Findings include: 1) Per record review on 1/21/2010, Resident #1 did not receive an annual reassessment until 10/1/2009. Per interview with the facility nurse on the afternoon of 1/21/2010, the prior assessment date was 6/4/2008 and confirmed that the time span between these annual assessments was nearly 4 months beyond the previous annual review date.	R136	<p style="text-align: right;">2/1/10</p> <p>We were unaware - based on the results of licensing reviews at our other Kent III group home - that the annual reassessment needed to be within the 365 days, and not one /yr. Future reassessments will occur within 365 days of the previous reassessment. The Group Home Coordinator, Shannon Buck, will review compliance quarterly.</p> <p>R 136 - 3/8/2010 - POC accepted as written - Cindy Lanning, RN</p>	
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each	R179		

Division of Licensing and Protection

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

TITLE
DS Director, VCS

(X6) DATE

2/23/10

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ol style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff received the required training for 4 of 4 staff members. Findings include:</p> <ol style="list-style-type: none"> 1) Per review of inservice records with the home administrator on 1/21/10, 4 of 4 staff had no evidence of required trainings during the past year. 4 of 4 staff members reviewed had received no training in Resident Rights, nor Abuse, Neglect / Exploitation; and 3 of 4 reviewed staff members received no training in Respectful, Effective Communication. Per interview on the afternoon of 1/21/2010, the Administrator confirmed that there was no documented training as noted above. <p>R291; IX. PHYSICAL PLANT SS=F</p>	R179	<p style="text-align: right;">2/9/10</p> <p><i>To date, documentation of these 3 trainings (abuse, resident rights + respectful interactions) has only occurred upon hire, although re-occurred thereafter. Effective 2/9/10, required annual trainings will be incorporated into the standard staff meeting time and will be documented. 1:1 time will occur for anyone not attending. Shannon Buck, Group Home Coordinator, will review for compliance quarterly.</i></p> <p>R179 3/8/10 — POC accepted as written. Cindy Loraney, RN</p>

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R291	Continued From page 2 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation and interview, hot water temperatures exceeded maximum safe temperatures in resident areas. Findings include: 1) Per observation on 1/21/2010 at 10:45 AM, the hot water temperature at the kitchen sink was 122.1 degrees Fahrenheit. This observation was confirmed, during interview at 12:00 noon, by the Maintenance Director.	R291	<i>2/16/10</i> <i>Maintenance has been testing hot water temps at 3 locations within the house on a monthly basis, all reading at 120° or below. Staff have been provided a thermometer and will now record the H2O temp. each a.m. in a log. Maintenance will be notified if the temperature rises above 120°. Tina Hessler, Group Home Manager, will monitor on a weekly basis that the checks are occurring and that there are no issues with the temp.</i>
R314 SS=D	XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to maintain a record of transactions with quarterly statement for 1 of 2 applicable residents (Resident #1). Findings include: 1) Per record review on 1/21/10, there was no available record of financial transactions for Resident #1 from 1/09 to the present. During interview on the afternoon of 1/21/10, the Manager confirmed that the home does manage funds for Resident #1 and confirmed that there is	R314	<i>R291 - 3/8/10 - POC accepted as written. - Cindy Loring, RA</i>

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R314	Continued From page 3 no available record of these transactions for the prior year.	R314	<i>A Financial Transition Record was kept; however the original document was provided to the guardian/rep. payee without keeping a copy. Copies are now kept as part of the resident's record. Lina Hessler, Group Home Coordinator/Manager, will ensure compliance through regular chart review.</i>	<i>1/22/10</i>
			<i>R314 — 3/8/10 — POC accepted as written. _____ Cindy Larney, RN</i>	