

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

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

Dear Ms. Hessler:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 10, 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

AUG 13 12

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 07/10/2012
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NAME OF PROVIDER OR SUPPLIER GATLING HOUSE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 JOHN STREET BENNINGTON, VT 05201
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(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
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R100	Initial Comments: An unannounced re-licensure survey was completed on 7/10/12 by staff from the VT Division of Licensing and Protection. The following regulatory violations were 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 needs for 1 of 2 applicable residents in the sample. (Resident #1). Findings include: 1. Per review of the medical record on 7/10/12, Resident #1 was admitted on 6/2/04 with diagnoses that include; Post Traumatic Stress Disorder (PTSD) and Depressive Disorder. Per review of the medical record Resident #1 takes Prozac daily. Review of the Needs Assessment there was no documentation to reflect that Resident #1 utilized Prozac daily and there is no documentation identifying potential side effects of the medication or any interventions to potential behavior issues. Per interview on 7/10/12 with the house supervisor and house nurse, they confirmed that there was no needs assessment to address the residents diagnoses of PTSD and	R145	<i>See Attachment</i>	<i>9/1/12</i>

*POC accepted per addendum 8/23/12
May Beth PW*

Division of Licensing and Protection

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

[Signature]

TITLE
DS Director, CS

(X6) DATE
8/8/12

Amc

Division of Licensing and Protection

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R145	Continued From page 1 Depressive Disorder or the utilization of Prozac. It was also confirmed that there was no needs assessment to address potential medication side effects or effectiveness of the medication.	R145		
R268 SS=D	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.a Each bedroom shall have at least 100 square feet of useable floor space in single rooms and at least 80 square feet per bed in double-bed rooms, exclusive of toilets, closets, lockers, wardrobes, alcoves or vestibules. These specifications may be waived for beds licensed prior to the adoption of the 1987 regulations. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that each resident's bedroom had at least 100 square feet of usable floor space for a single room for 1 applicable resident. (Resident #3) Findings include: Per observation during a tour of the home on 7/10/12 at 10:20 AM, the single bedroom for Resident #2 measured 9 feet by 9.5 feet, excluding the small alcove. This equals 85.5 square feet, less than the required 100 square feet per licensing regulations. During interview, the manager was not sure if there had been a variance request filed with the Licensing Agency. Information obtained via telephone call to the Agency revealed there was no variance for this room on file.	R268	<i>See attached floor plan + letter of request for Variance</i>	<i>8/8/12</i>
			<i>POC accepted per addendum 8/23/12 Mary Bolte, RN</i>	

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R270	Continued From page 2	R270		
R270 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.2 Residents' Rooms</p> <p>9.2.c Each bedroom shall have an outside window.</p> <p>(1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment.</p> <p>(2) Window shades, venetian blinds or curtains shall be provided to control natural light and offer privacy.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that each bedroom had an outside window for 1 applicable resident in the sample. (Resident #2) Findings include:</p> <p>Per observation of Resident #2's bedroom at 9:36 AM on 7/10/12, there was no outside window for this basement level room. During interview the resident stated that h/she liked to room and enjoyed living in this room. When the manager was asked about a variance to use this room as a resident bedroom, She was not sure if there had been a variance requested. During a telephone call to the Licensing Agency, it was confirmed that there was no variance request for the windowless room on file.</p>	R270	<p><i>See Attachment + Letter for Variance Request</i></p> <p><i>pd accepted per addendum 8/23/12</i> <i>My notes, pd</i></p>	8/8/12

8/8/12 Plan of Correction: Gatling 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 1 of 2 applicable residents reviewed":

1. ".....for Resident #1no needs assessment to address the residents' diagnosis of PTSD and Depressive Disorder or the utilization of Prozac.....potential side effects or effectiveness of the medications."

Plan of Correction:

Psych Med Plans used to be in place to address the usage of psych 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: Psychiatric Med Plans, to include the cited deficits, will be reinstated and placed in the record 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

R 268 Physical Plant:

9.2a: Required room size of 100 square feet: The single bedroom for resident #3 equals 85.5 square feet and a variance request is required.

*PAC accepted 8/23/12
Moy Bath, RN*

R 270 Physical Plant

9.2c Windows are required in all rooms. There is no window in the bedroom for resident #2.

*PAC accepted 8/23/12
Moy Bath, RN*

Plan of Correction:

This home, including both bedrooms in question, was reviewed and approved prior to occupancy by any resident back in 2004. No request for a variance was requested and the home was approved for occupancy. Abased on that approval for occupancy, it was assumed that all four bedrooms were approved and no request for a variance was required. Attached is a letter requesting a variance to continue to utilize both of these existing bedrooms.

Completion Date of Correction: August 8, 2012

*PAC accepted 8/23/12
Moy Bath, RN*

J. Hamilton, OS Director, UCS 8/8/12