VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

December 8, 2025

Casandra Buell, Manager
Autumn House
141 South Branch Street
Bennington, VT 05201-2677

Dear Ms. Buell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 17, 2025.** 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0256	A. BUILDING: _____ B. WING _____	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HOUSE	141 SOUTH BRANCH STREET BENNINGTON, VT 05201

R159, R173, R183, and R465
Accepted 12-3-25
Susan Canas Gregoire RN

(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 on-site relicensure survey was conducted by the Division of Licensing and Protection on November 17, 2025. The following regulatory violations were identified:	R100		
R159 SS=D	5.9.c (2) Nursing Services For each resident requiring a nursing overview, administration of medication, or nursing care, the registered nurse must: Develop a person-centered written plan of care within 14 days after admission, in accordance with the nursing process and professional standards of practice, for each resident that is based on abilities and needs as identified in the resident assessment. The resident, and if the resident chooses, resident representatives such as family or close supports, must be invited and allowed to participate in care planning meetings. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being, and must be revised as the resident?s abilities and needs change This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to develop a person-centered written plan of care for one applicable Resident (Resident #1) as required by State Rules. Findings include: Per record review conducted on the afternoon of November 17, 2025, Resident #1 was admitted	R159		

C Buell 12/1/25 Autumn House Group Home Manager

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R159	Continued From page 1 into the home on June 23, 2025, with documented cognitive and physical impairments. Further record review revealed that a person-centered, written plan of care for Resident #1 was not on file to review. Additionally, documentation confirmed that a person-centered written plan of care had never been developed for Resident #1. Per interview conducted on the afternoon of November 17, 2025, the Manager confirmed that Resident #1 did not have a completed person-centered written plan of care in place.	R159		
R173 SS=D	5.9.d Nursing Services The Manager must ensure unlicensed staff only perform nursing tasks and medication administration under the delegation of a registered nurse currently employed by the home. Upon a change in the delegating registered nurse, the incoming registered nurse must follow professional standards of nursing practice regarding delegation of nursing tasks to unlicensed staff. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the home failed to ensure that a Registered Nurse currently employed by the home delegated and trained unlicensed staff to perform specialized personal care tasks requiring nursing oversight. Findings include: Per the home's Residency Agreement under the section titled Nursing Care, the agreement states that the home will have a nurse available several	R173		

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R173	Continued From page 2 hours each week to review assessments, oversee the administration of medications, and coordinate care with physicians. Per record review conducted on the morning of November 17, 2025, Resident #2 was documented as having extensive cognitive and physical impairments. Resident #2's care needs include a complex personal care procedure that may not be performed by unlicensed staff without the appropriate delegation and training by a Registered Nurse. Per interview with the Manager on the morning of November 17, 2025, the Manager stated that the home had not had a Registered Nurse working in the home for over two months. Per interview with the caregiver who provides care to Resident #2, conducted on the morning of November 17, 2025, the caregiver stated that the complex personal care procedure for Resident #2 was being performed by unlicensed staff and had been delegated by a Registered Nurse that was no longer employed by the home. These findings were confirmed by the Manager on the afternoon of November 17, 2025.	R173		
R183 SS=F	5.10.a (5) Medication Management Each home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.	R183		

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R183	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the home failed to follow their developed written policies outlining procedures for the identification and disposal of expired or unused medications. Findings include: Per the home's Medication Administration Guidelines and Principals Policy, under Outdated Medications, it states that the home shall be promptly disposing of medications in accordance with policy and applicable standards of practice and that all disposals will be documented on the proper records. Additionally, the policy states that medications and supplies should be checked regularly for expiration dates. The home's policies include that outdated and unused medications will be disposed of in collection bins and staff will bring outdated, discontinued and unused medication to the Developmental Services Division Registered Nurse for logging and disposal. The policy further states that when the medication disposal bins are full, the maintenance department will be notified to pick up the bins and transfer them to a secure sight where they shall remain until the contracted disposal company receives them. Under the home's policy titled Storage and Labeling of Medication and Supplies, the policy states that all medications stored will be secured in one centrally located locked cabinet for assigned and authorized staff access and nursing will also be provided with an additional locked cabinet for the storage of additional medications	R183		

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R183	Continued From page 4 in the medication discard bins until they are ready for pickup. The policy includes that there will be a secure refrigerator for the restorage of medications requiring refrigeration, and that drugs and biologicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Per observation during the facility tour conducted on the morning of November 17th, 2025, a Med Safe basic cardboard collection box intended for outdated, discontinued, and unused resident medications was observed unsecured and stored on top of a locked medication cabinet located in an unlocked room fully accessible to residents, visitors, and staff. The room did not contain a locking mechanism on the door, and the medications were observed stored in an unsecured collection container within the unlocked room. The box intended only for temporary replacement of medications pending disposal, contained an excessive accumulation of medication containers, many of which were observed labeled with residents' names, medication types, and dosages, resulting in identifying information being visibly present. Medications observed included Haloperidol 1-MG tablets (36 count), Paroxetine 40-MG tablets, Quetiapine 400-MG tablets, Ondansetron 4-MG tablets, Deutetrabenazine 9-MG tablets, Haloperidol 0.5-MG tablets (15 count), Trazodone 100-MG tablets, and Sertraline 10-MG tablets. Per interview with the Manager on the morning of November 17th, 2025, The Manager reported that the staff member previously responsible for managing the medication disposal process was a former Registered Nurse who was no longer employed by the home. The Manager stated that the home did not currently have a Registered	R183		

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R183	Continued From page 5 Nurse or any designated staff responsible for overseeing or carrying out the disposal of outdated, discontinued, or unused medications, and no identified process was in place to address this requirement. These findings were confirmed by the Manager on the afternoon of November 17, 2025. In response to this finding, the Manager placed the Med Safe basic cardboard collection box with the outdated, discontinued and unused resident medications in their secured office pending proper disposal.	R183		
R465 SS=F	12.2 Nursing Home Level of Care Staffing - A home with residents who are assessed as needing nursing home level of car must have sufficient staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psycho-social well-being of each resident, as determined by resident assessments and individual plans of care or as specified by the licensing agency. (1) The home must have at least one licensed nurse on the premises or available on-call who has the professional licensure or capacity through facility policies and procedures to assess residents when needed and provide nursing care on a twenty-four (24) hour basis, seven (7) days a week. (2) A home with six (6) or more nursing home level of care residents must have at least two (2) caregivers on duty on each shift. The second caregiver on the night shift is not required to be awake. (3) A home with residents who are assessed as being incapable of self-evacuation must have sufficient staff during each shift to ensure the	R465		

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R465	Continued From page 6 safe evacuation, if applicable, of all residents, including those needing assistance. (4) The registered nurse must be available onsite at least one (1) hour per week per nursing home level of care resident. (5) There must be sufficient direct care staff onsite to ensure at least two (2) hours per day of assistance with personal care, per nursing home level of care resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the home failed to ensure a Registered Nurse was available onsite for at least one hour per week for each resident assessed as needing nursing-home-level of care. Findings include: Per the home's Residency Agreement, under the title Nursing Care, it states that the home will have a nurse available several hours each week to review assessments of each resident, oversee the administration of medications, and coordinate care with physicians. Per record review conducted on November 17, 2025, Residents #1 and #2 have cognitive and physical impairments requiring assistance with all activities of daily living and each have approved level-of-care variances which indicate these residents need Nursing Home Level of Care. Per record review, Resident #1 did not have a current nursing assessment or an available plan of care completed by a Registered Nurse. Resident #2 did not have an up-to-date nursing assessment or a plan of care completed by a current Registered Nurse.	R465		

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R465	Continued From page 7 Per interview with the Manager on the morning of November 17, 2025, the Manager stated that the home had been without a Registered Nurse working in the home for over two months and confirmed that no Registered Nurse had been providing the required on-site nursing hours during that period. These findings were confirmed by the Manager on the afternoon of November 17, 2025.	R465		

Deficiency Statement Plan of Correction (POC)

Survey Date:11/17/25

Response Date: 12/1/25

Facility Name: Autumn House Group Home

Deficiency Tag	How the deficiency was corrected	How other potential residents identified, and corrective action taken	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R-159 5.9.c (2) Nursing Services	The UCS Medical Director who is providing interim coverage for nursing will complete the missing plan of care that is required by 12/5/25.	The three other residents of Autumn House have nursing care plans in place. These are being reviewed and updated by the Medical Director.	12/5/2025	When nursing vacancies impact care, any covering medical staff providing care will be trained on the nursing requirements to ensure compliance with regulations for nursing services. A document that outlines RN responsibilities in the group homes will be developed and shared with them to ensure all medical staff that may cover are aware of the requirements. The Group Home Manager will discuss the plans with the medical staff regularly and alert the medical team when deadlines are approaching or needs are changing. R159 Accepted 12-3-25 Susan Canas Gregoire RN	Group Home Manager.
R-173 5.9.d Nursing Services	The delegation for special care procedures and medication administration will be	On December 5, 2025 all staff will be re-delegated on all special care	12/5/2025	The UCS medical team will ensure that all delegation tasks are re-delegated with	Nurse Manager/CMO-Medical Director.

	completed by the UCS Medical Director on 12/5/25, in the absence of a Registered Nurse. UCS continues to have one RN on medical leave and is currently recruiting a Nurse Manager RN.	procedures and medication administration training by the UCS Medical Director in the absence of an RN. Once an RN has been hired and fully onboarded, the Medical Director will work with the RN to take over, and re-designate staff based on professional standards of nursing.		any change in nursing staff. This document is maintained by the nursing/medical staff who are responsible for delegation. A document to track all special care procedures and their delegation dates will be created and monitored within the home. R173 Accepted 12-3-25 Susan Canas Gregoire RN	Group Home Manager.
R-183 5.10.a (5) Medication Management	UCS has made updates to the Medication Administration Guidelines to address the updates that need to be made due to the process of mailing out the discard box. The updated policy will go through the UCS policy process. We have relocated our secure medication cabinet and medication disposal box to another room with a lock on the door. All PHI on medications will be removed prior to disposing	All medication delegated staff will review the updated policy to ensure medications are being disposed of timely and will follow the procedures to mail out the discard box and remove all PHI from the medications.	12/31/2025	Policies will be reviewed and updated annually or as needed. R183 Accepted 12-3-25 Susan Canas Gregoire RN	Group Home Manager will initiate and follow the established review process.
R-465 12.2 Nursing Level of Care	Medical oversight is available 24/7 by the UCS Medical Director. UCS currently has one RN on medical leave	Until a new RN is hired and onboarded or our current RN returns from leave, the UCS Medical Director will ensure that	12/1/2025	UCS is actively recruiting an RN. We are exploring working with a temp to perm hiring agency to bring in nursing. In addition, working with other	Group Home Manager; DS Director; Chief Medical

	and is actively recruiting for an RN Nurse Manager. The UCS Medical Director will be on site weekly to review the medical needs of each resident.	there is time spent on site weekly to provide nursing behavioral and medical oversight.		local providers to identify ways to bring in more nursing or partner with them for clients in our services. R465 Accepted 12-3-25 Susan Canas Gregoire RN	Officer/Medical Director.