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
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Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

September 24, 2026

Tara Pratt, Manager
Thompson Residential Home
80 Maple Street
Brattleboro, VT 05301

Dear Ms. Pratt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 1, 2026.** 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
	0156	A. BUILDING: _____ B. WING _____	09/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMPSON RESIDENTIAL HOME	80 MAPLE STREET BRATTLEBORO, VT 05301

(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 On 9/01/2026 the Division of Licensing and Protection conducted an unannounced annual re-licensure survey. The following deficiencies were identified.	R100		
R194 SS=F	5.10.d (3) Medication Management The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions regarding medication administration and documentation. v. Ensuring that all applicable staff are trained and delegated before the staff are permitted to administer any newly prescribed medication to any resident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to ensure the Registered Nurse assumes responsibility for teaching designated staff proper techniques for medication administration. Findings include:	R194		

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R194	Continued From page 1 Per record review of the facility's Medication Pass Monitor documentation, three Med Techs were documented as having been delegated in July and August of 2026. The corresponding documentation was signed by an individual identified by the Registered Nurse as a Licensed Practical Nurse. The facility's policy regarding medication delegation states the Registered Nurse is responsible for delegating necessary duties to staff. Per staff interview on the morning of 9/01/2026, the Registered Nurse confirmed Med Techs in training practice preparing medications and administering medications to residents under the supervision of a Licensed Practical Nurse rather than the Registered Nurse, as required per the licensing rules. Per staff interview, these findings were confirmed by the Manager and Registered Nurse of the facility at approximately 1:45 PM on 9/01/2026.	R194		
R203 SS=F	5.10.h (1) Medication Management All drugs, medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication must be used only for the resident identified on the pharmacy label. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel must have access to the keys. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is	R203		

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R203	Continued From page 2 a failure to ensure medications managed by the facility are stored in locked compartments. Findings include: During a tour of the facility commencing at approximately 9:15 AM on 9/01/2026, medications were observed to be in an unlocked medication cart on the lower level of the facility. The medications include, but are not limited to: Folic Acid 1000 mcg, Vitamin D 25 mcg, Multivitamins, Cranberry supplements, Polyethylene Glycol powder, Vitamin C 500 mg, Ferrous Sulfate 325 mg, and Ferrous Gluconate 324 mg. Per staff interview, the Registered Nurse confirmed that this area is accessible to residents. Per staff interview, these findings were confirmed by the Manager and Registered Nurse of the facility on the afternoon of 9/01/2026.	R203		

Deficiency Statement Plan of Correction (POC)

(Please use additional pages if needed)

DLP Use Only:

Survey Date: 09/01/26

Facility Name: Thompson House

Deficiency Tag:	R194 SS=F Medication Management
How the deficiency was corrected:	i. Thompson House has updated its delegation policy to reflect the following items: a. Medication competency and sign off to be completed by a RN. b. Assessment that requires medication changes shall be completed by a RN c. RN will complete the med pass competency for staff assigned to the residential care center.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	In order to ensure this process is sustainable, Thompson House has: • RN to complete medication competencies for current staff. • Provided education to residential care staff on the delegation policy
System changes to ensure compliance with the regulation:	Delegation policy to include: i. Med competency ii. Medication education iii. Assessments for medications iv. Annual evaluations and competencies v. Med pass competency success and delegation policy understanding prior to independent work
Date corrected:	10/1/26
Who will monitor to ensure compliance:	Residential Care manager- Updating policy and process; Oversight of compliance Residential Care RN- RN oversight and training of staff
DLP Use Only	R194 Accepted by YA on 9/24/2026

Deficiency Tag:	R203 SS=F Medication Management
How the deficiency was corrected:	• Medications identified were located in the education center in a med cart utilized for training and were removed from the medication cart. • The identified medication cart was locked and the key located to a new area with the facility Staff Educator • The cart was removed from the classroom and moved to a storage area to remove it from an accessible resident area

How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	• The lower level of the facility is a multi-use area; Residents who go to this floor independently are residents who are able to read signage and follow instructions. To support the flow of this multi-use floor:
	  ○ Signage was added to each area on the lower level, noting one of the following three signs-
	  ▪ Staff only (offices, storage areas, break rooms, Laundry)
	  ▪ Residents Welcome (Library)
	  ▪ Residents Welcome with support from a Thompson House Staff Member (salon, Rehab gym, Rehab Kitchen, Business Office)

System changes to ensure compliance with the regulation:	The cart identified to have caused non-compliance was previously utilized by a med-tech course which is no longer in effect and is not intended to be in the near future. Now that the cart has been emptied, secured, and removed, there should be no further concern of this kind. Additionally, staff completed an audit of the facility on 09/21/26, reviewing all areas with medication storage potential such as medication carts, refrigerators, OTC storage and supply closets, classrooms and skills labs to ensure appropriate locking mechanisms in place and medications appropriately stored where residents cannot access. It was determined that all medications were appropriately secured.
Date corrected:	09/21/26
Who will monitor to ensure compliance:	Residential care manager
DLP Use Only	R203 Accepted by YA on 9/24/2026