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 31, 2025

Sarah Taylor, Manager
Gatling House Group Home
United Counseling Service, Po Box 588
Bennington, VT 05201

Dear Ms. Taylor:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 18, 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
	0535	A. BUILDING: _____ B. WING _____	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATLING HOUSE GROUP HOME	UNITED COUNSELING SERVICE, PO BOX 588 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 On 11/18/25 the Division of Licensing and Protection conducted an unannounced on-site annual re-licensure survey. The following deficiencies were identified:	R100		
R105 SS=F	5.2.a Uniform Consumer Disclosure-Admit Agreements The licensee upon initial licensure must state the services it can and will provide, the public programs or benefits that it accepts or delivers, the policies that affect a resident's ability to remain in the home, and any other relevant information. (1) The uniform consumer disclosure must be completed on a form provided by the licensing agency and must be kept on file by the licensee. (2) The uniform consumer disclosure must include a statement describing the daily, weekly or monthly rate to be charged, a description of the services that are covered in the rate and all other applicable financial issues. (3) The uniform consumer disclosure must include a statement that rates are subject to change, including rate changes due to increased care needs,and describe the situations in which the changes (s) could occur. (4) The uniform consumer disclosure must be provided; i. to residents prior to or at admission and at any time it is changed or is requested by the resident; and ii. to the public upon request (5) The availability of a uniform consumer disclosure must be noted prominently in all marketing brochures and written materials.	R105		

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R105	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review there is a failure to ensure a completed Uniform Consumer Disclosure Statement is maintained on file and available for review. Findings include: On the afternoon of 11/18/25 the Manager of the home was requested to provide a copy of the home's Uniform Consumer Disclosure Statement for review. At 12:17 PM on 11/18/25 the Manager stated they were unaware of the licensing requirement for the home to provide a Uniform Consumer Disclosure Statement and confirmed this document has not been completed and is not on file at the home.	R105		
R113 SS=F	5.2.c (7) Uniform Consumer Disclosure- Admit Agreements In addition to general resident agreement requirements, agreements for all ACCS participants must include: A home certified to provide assistive community care services (ACCS) must designate a staff person responsible for case management. Residents must be informed upon admission, and any time there is a change, of the name of the staff person responsible for case management.	R113		

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R113	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to designate a staff member responsible for case management of all residents of the home receiving Assistive Community Care Services (ACCS). Findings include: Per record review and staff interview, all residents of the home are currently receiving Assistive Community Care Services. During an interview commencing at 11:45 AM on 11/18/25 the Manager confirmed a staff member employed at the home has not been designated the responsibility for Case Management for the residents of the home.	R113		
R156 SS=F	5.9.a Nursing Services The home must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care or as specified by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure a Registered Nurse is on staff at the home. Findings include: Per record review the Registered Nurse listed on the home's most recent license application submitted to the licensing agency is no longer on staff at the home. At approximately 12:20 PM on 11/18/25 the Manager of the home confirmed a	R156		

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R156	Continued From page 3 Registered Nurse was not employed at the home, and stated a Registered Nurse responsible for nursing oversight and delegation of nursing tasks had not been employed by the home for at least 2 months.	R156		
R159 SS=F	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 there is a failure to ensure Care Plans describing the care and services necessary to assist in maintaining independence and well-being are on file and available for review for all residents of the home. Findings include:	R159		

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R159	Continued From page 4 On the afternoon of 11/18/25 the Manager was requested to provide the Care Plans developed for a sample of 3 residents for review. At approximately 3:00 PM on 11/18/25 the Manager confirmed Care Plans were not on file and available for review for all residents of the home.	R159		
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire, provided the home maintains documentation of the training and ensures competency in the subject matter. The training must include, but is not limited to, the following: (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, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different	R210		

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R210	Continued From page 5 cultures, belief systems, abilities, gender identities, sexual orientation; and (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure 5 out 5 sampled staff completed the required trainings. Findings include: On the morning of 11/18/25 the Manager was requested to provide documentation of trainings completed by a sample of 5 staff. Per review of the documentation by the Manager, 5 out of 5 sampled staff did not complete the required trainings. This finding was confirmed by the Manager at 1:58 PM on 11/18/25.	R210		
R225 SS=F	5.12. b (4) Records/Reports The home must keep and maintain the following records: The results of the criminal record and adult abuse registry checks for all staff: This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure the required criminal record and abuse registry checks were completed as required for 3 out of 5 staff. Findings include: On the morning of 11/18/25 the Manager was requested to provide documentation of criminal record and abuse registry checks completed for a	R225		

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R225	Continued From page 6 sample of 5 staff. Per review of the documentation provided by the Manager, background checks were not completed as required for 3 out of 5 sampled staff. This finding was confirmed by the Senior Program Manager of Group Homes at 2:45 PM on 11/18/25.	R225		
R342 SS=F	5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy must be available at the home for review upon request by residents and their representatives, advocacy organizations and the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to develop and maintain on file policies and procedures governing services provided by the home. Findings include: On 11/18/25 the Manager was requested to provide access to the home's policies and procedures manual, and throughout the survey conduced on 11/18/25 the Manager and Senior Program Manager of Group Homes were requested to provide copies of policies and procedures related to potential deficiencies identified. At 3:55 PM on 11/18/25 the Senior Program Manager of Group Homes confirmed policies and procedures governing services provided by the home had not been developed, and confirmed a policies and procedures manual was not on file and available for review at the home.	R342		

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R357	Continued From page 7	R357		
R357 SS=F	6.9 Resident's Rights Residents may manage their own personal finances. The home or licensee must not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee must keep a record of all transactions and make the record available, upon request, to the resident or legal representative and must provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure a written request for management of personal funds is obtained and on file and a failure to provide an accounting of transactions on at least a quarterly basis for all applicable residents of the home. Findings include: During an interview commencing at 11:45 AM on 11/18/25 the Manager of the home confirmed the home manages personal funds for residents of the home. On the afternoon of 11/18/25 the Manager and the Senior Program Manager of Group Homes were requested to provide documentation of resident's written requests for the home to provide this service and documentation of quarterly accounting of funds managed by the home provided to the applicable residents or their responsible parties. At 12:12 PM on 11/18/25 the Manager and the Senior	R357		

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R357	Continued From page 8 Program Manager of Group Homes confirmed resident's written requests for this service were not on file and available for review, and confirmed the home does not provide the required quarterly accounting statements.	R357		

Deficiency Statement Plan of Correction (POC)

Survey Date:11/18/25

Facility Name: Gatling House

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
R105 Accepted by LTCM on 12-30-25	A completed uniform disclosure statement was created using the state-issued form and placed in all resident files. Copies were provided to residents and representatives.	A full audit confirmed that all residents were affected. All now have disclosures on file.	12/19/25	Disclosure requirements added to admission and annual checklists. The manager will update disclosures with any service changes. Annual checklist will be developed by 12/19/25.	Group Home Manager
R113 Accepted by LTCM on 12-30-25	A qualified case manager was designated for all ACCS residents. Group Home manager will be ACCS case manager.	All residents receive ACCS services; corrective action applied for all residents.	12/19/25	A form will be developed identifying the ACCS case manager and reviewed with all resident and will be signed by guardians.	Group Home Manager
R156 Accepted by LTCM on 12-30-25	UCS medical director who is providing interim coverage for nursing will provide nursing oversight and delegation	All residents' needs were reviewed by medical director to ensure compliance.	11/12/25	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 was 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	Group Home Manager/Nurse Manager/CMO-Medical Director

				alert the medical team when deadlines are approaching or needs are changing.	
R159 Accepted by LTCM on 12-30-25	The UCS Medical Director who is providing interim coverage for nursing will complete the missing plans of care that is required by 12/23/25	Medical Director who is proving interim coverage for nursing will complete care plans.	12/23/25	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.	Group Home Manager/Nurse Manager/CMO-Medical Director
R210 Accepted by LTCM on 12-30-25	All staff will complete required 12-hour training courses per regulations.	Entire staffing roster reviewed; all missing trainings courses were added to training assignments	1/31/26	Training checklist updated and will be reviewed monthly. All staff will be caught up in trainings within 30 days, Group Home Manager will check-in weekly during this time.	Group Home Manager
R225 Accepted by LTCM on 12-30-25	All required criminal record and abuse registry were completed. With further investigation with HR, we located all background checks but were not in the correct location at time of survey.	A full review over group home staff to ensure there were no additional gaps exist.	12/19/25	Collaboration with Human Resources to develop system to ensure background checks are accessible. Anytime there is a staff transfer, Group Home Manager will verify correct background checks were accessible to licensing.	Group Home Manager

R342 Accepted by LTCM on 12-30-25	A complete policies and procedures manual will be developed and placed on-site	Staff located an electronic version of policies and procedures. Staff will print policies and procedures found from 2021 and will add them to a manual on-site.	12/15/25	Agency is working on reviewing and revising policies and procedures.	Group Home Manager
R357 Accepted by LTCM on 12-30-25	Written consent forms were obtained for residents of group home whose funds are managed by the group home. Quarterly statements will be issued to residents/rep-payee/ guardians. One resident's guardian is already receiving monthly statements as requested. Group Home Manager will issue quarterly statements to the remaining two clients whose funds are managed by the group home.	Resident accounts were reviewed to ensure compliance.	12/10/25	Financial management consent added to client binders, and guardians reviewed and signed.	Group Home Manager