



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

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

October 19, 2023

Ms. Brianna Woodward, Manager
Maple Ridge Lodge
2 Freeman Woods
Essex Junction, VT 05452

Dear Ms. Woodward:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 19, 2023**. 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLE RIDGE LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 FREEMAN WOODS ESSEX JUNCTION, VT 05452
--	--

(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 re-licensure survey in conjunction with one complaint investigation was conducted by the Division of Licensing and Protection on 9/19/23. The following regulatory violations were identified:	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure one applicable resident's treatment following hospitalization was consistent with the physician's orders (Resident #1). Findings include: Per record review Resident #1 was hospitalized from 2/26/22- 3/1/22 due to SARS-CoV-2 infection. On discharge the physician ordered vital signs to be checked daily for one week, weekly for 4 weeks, then monthly; and weight to be checked weekly for one month then monthly. Per review of Resident #1 's record the ordered vitals sign and weight checks were not completed as ordered. On the afternoon of 9/16/23 he Director of Nursing confirmed vital signs and weight checks were not completed for Resident #1 as ordered.	R128	R128 Accepted on 10/19/23. Sherry Ross, RN	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature] Assistant Executive Director TITLE
10/13/2023 (X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLE RIDGE LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 FREEMAN WOODS ESSEX JUNCTION, VT 05452
--	--

(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
R999 R999 SS=D	<p>Continued From page 1</p> <p>MISCELLANEOUS</p> <p>4.5.a Application forms will be mailed to the applicant approximately sixty (60) days before the end of the licensing year. The completed application form must be returned to the licensing agency not less than forty-five (45) days before the expiration date. Upon receipt of a properly completed application, a license will be renewed assuming all other conditions for licensure are met.</p> <p>The requirement was NOT MET as by evidence by:</p> <p>Based on observation and interview the Manager failed to apply for a license renewal note less than 45 days prior to expiration date. Findings include:</p> <p>Per environmental tour commencing at 9:10 AM, the License posted expiration date was June 30, 2023.</p> <p>Per interview on 9/19/23 at 9:34 AM, the Manager confirmed the licensed expiration date. The manager confirmed a re-application was submitted to the licensing agency on June 1, 2023. The Manager acknowledged the application was submitted less than 45 days prior to expiration and was not submitted within the required time from of not less then 45 days days prior to expiration.</p>	R999 R999	R999 accepted on 10/19/23. Sherry Ross, RN	

Maple Ridge

AN ASSISTED LIVING &
MEMORY CARE CAMPUS

October 11, 2023

Carolyn Scott, LMHC, M.S.
State Long Term Care Manager
Vermont Agency of Human Services
Department of Disabilities, Aging and Independent Living
HC 2 South, 280 State Dr.
Waterbury, VT 05671-2060

Dear Carolyn Scott,

Please accept this as our plan of correction for the survey at Maple Ridge Lodge on September 19, 2023.

R128 SS=D

The corrective action put in place in regards to this deficiency is for anyone who has discharge paperwork with medical orders, the nurse on duty will input the orders into the EMAR and mark the order complete. The nurse coming on for the next shift will double check the order is complete in the EMAR, and co-sign the orders to show that it was completed.

The Director of Nursing/Designee will ensure that this action is followed.

This action has been implemented immediately, with training to be completed by Tuesday October 17, 2023.

R128 Accepted on 10/19/23.
Sherry Ross, RN

R999 SS=D

The corrective action put in place in regards to this deficiency is the Manager/Assistant Executive Director has received the new updated license and it is hung in the entry way of the community. They have scheduled in their electronic and paper calendar 60 days prior to the expiration of the license to start the renewal process to ensure that it is sent in prior to the 45-day regulation.

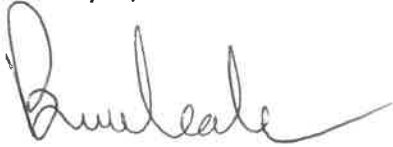
The Senior Executive Director and Assistant Executive Director/designee will ensure this action is followed.

This action was implemented immediately.

R999 accepted on 10/19/23.
Sherry Ross, RN

Any questions please let me know.

Thank you,

A handwritten signature in cursive script, appearing to read "Brianna Woodward".

Brianna Woodward, CDP
Assistant Executive Director/Manager
Maple Ridge Lodge