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

September 13, 2023

Mr. Todd Patterson, Manager
The Residence At Shelburne Bay East
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Mr. Patterson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 8, 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1009	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY EAST	185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482

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R100	Initial Comments: An unannounced onsite relicensure survey and two complaint investigations were conducted by the Division of Licensing and Protection on 8/7/23 to 8/8/23. Through observation, record review and interview, regulatory deficiencies were identified. Findings include:	R100		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse (RN) failed to ensure an initial assessment was completed within fourteen days of admission for 1 applicable resident (Resident #3). Findings include: Per record review Resident #3 was admitted to the home on 6/29/21 and the initial Resident Assessment Form for Resident #3 was signed as completed by the RN on 7/27/21. On the afternoon of 8/8/23 the Residential Care Director confirmed Resident #3's initial assessment was not completed within 14 days of admission as required.	R134		

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R145	Continued From page 1	R145		
R145 SS=E	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 RN failed to develop a written plan of care to identify needs and necessary services to assist the resident to maintain independence and well-being, for 2 out 9 residents of the applicable sample (Resident # 1, #2). Findings include: 1. Per record review, Resident #1 experienced 16 falls from mid May 2023 through the end of July 2023, the record noted the resident to have a decline in recall and cognitve safety awareness. The resident careplan was last updated on 11/12/2022. Per interview on 8/8/23 at 3:00 PM the RN confirmed the resident experienced the documented falls. The RN confirmed the resident to have a decline in cognitive safety awareness, and the care plan had not been updated to reflect current care needs for fall prevention. 2. Per record review Resident #2 has diagnoses	R145		

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R145	Continued From page 2 including Spinal Stenosis of the Lumbar Region and Osteoarthritis. On the afternoon of 8/8/23 the RN confirmed his/her Care Plan does not address pain management.	R145		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RN failed to ensure the development of written plans to demonstrate the intended use and monitoring of as needed (PRN) psyachoactive medications. Findings include: Per Record review Resident #1 has an order for Sertaline (anti-depressant) PRN, the record does not include a written plan to idenfitfy the intended	R167		

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R167	Continued From page 3 use, or desired effects and undesired effect of PRN psychoactive medication when administered. Per interview on 8/8/23 at 3:10 PM, the RN confirmed written PRN psychoactive medications plans have not been developed for the use by delegated staff, to demonstrate the intended administrative use of PRN Psychoactive medications, along with the monitoring of desired and undesured effects of the medications.	R167		
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the RN failed to ensure medications were stored in a locked compartment (medication cart). Findings include: During the facility tour commencing at 12:28 AM on 8/7/23 the medication cart on the second floor of the home was observed to be left unattended with the keys in the lock. The Executive Director from a facility managed by	R173		

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R173	Continued From page 4 the same organization who conducted the tour confirmed the keys were left in the lock of the unattended med cart. The med cart was confirmed by the LPN to contain emergency back up medication kits, medication overflow, discontinued and outdated medications.	R173		
R176 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Per observation and staff interview there was a failure to dispose of outdated and discontinued medications stored in the medication cart on the second floor of the residence. Findings include: At 8:55 AM on 8/8/23 the LPN confirmed the following medications observed to be stored in the medications cart on the second floor of the residence: 1. The LPN confirmed medications including Lamotrigine 100 mg tablets, Levothyroxine 50 mcg tablets, Citalopram 20 mg tablets, Propranolol ER 60 mg tablets; and Bisocodyl 10 mg tablets belonging to Resident #8 were stored in the medication cart as they were "phased out over time" when Resident #8 was admitted to	R176		

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R176	Continued From page 5 hospice and his/her family chose to switch from picking up bottles at the pharmacy to having prepackaged med cards delivered to the facility. 2. The LPN confirmed discontinued medications stored in the med cart for an unknown period of time included Metoprolol 25 mg tablets for Resident #4; and Cefpodoxime 200 mg tablets, Furosemide 20 mg tablets, and Warfarin Sodium 3 mg tablets for Resident #5; and Furosemide 20 mg tablets for Resident #9.	R176		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure perishable food and drinks were labeled, dated and held at proper temperatures. Findings include: 1. During the kitchen tour commencing at 10:30 AM on 8/7/23 two thermometers in the refrigerator in the rear of the kitchen read 60 degrees Fahrenheit when the fridge was opened, and 62 degrees on recheck at the end of the kitchen tour. An upright freezer was observed with a thermometer indicating a temperature of 16 degrees Fahrenheit when opened and 21 degrees on recheck. Documentation of	R247		

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R247	Continued From page 6 monitoring to ensure food held at proper temperatures was not provided on request. Opened, unlabeled, undated and unsealed perishable food items stored in the kitchen refrigerators and freezers included: *Opened undated condiments, dressings, sliced meats, raw hamburger and unsealed bags of frozen beef patties with ice build up inside the packaging, cheeses, cream cheese, fresh and frozen bags of vegetables, pitchers of prepared beverages, thawing hot dogs, containers of milk and juices, jams and jellies, chopped vegetables and salads, and four 3 gallon containers of ice cream without lids or dates they were opened. *Opened unlabeled and undated unrefrigerated perishable food items include containers of sugar and cream of wheat, unsealed bags of bread and an English muffins, bags of cereal, and an uncovered unlabeled undated stainless steel bin of margarine with a knife left in it was left on a countertop. 2. During a tour of the second floor Bistro on the afternoon of 8/7/23, opened undated containers of sauces, cheese, dessert toppings, and a box of expired microgreens which were spoiled and liquefying were observed. A storage room at the back of the Bistro which was used to store kosher food items for one resident had containers of unlabeled and undated grain, pasta, and granola stored on shelves, and opened undated condiments, sauces, and butter in the fridge. These findings were confirmed by the Executive Director from a sister facility during the environmental tour on the afternoon of 8/7/23.	R247		

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R247	Continued From page 7 Please refer to tag 266.	R247		
R257 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.g Doors, windows and other openings to the outdoors shall be screened against insects, as required by seasonal conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure windows and doors were screened against insects. Findings include: During a tour of the dining area on the main floor of the home on the morning of 8/7/23 three dining room windows were observed to be without screens; and the exterior door of the sunroom adjacent to the dining room was observed to be propped open and without a screen. The surveyor observed small insects flying around the doorway. On the afternoon of 8/7/23 the door was confirmed by the Executive Director to be routinely propped open for resident's to access the patio outside the doorway which is typically locked.	R257		
R258 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least	R258		

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R258	Continued From page 8 weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers. This REQUIREMENT is not met as evidenced by: Based on observation and record review there was a failure to ensure garbage in the kitchen adjacent to the main floor dining area was placed in containers with covers. Findings include: During the kitchen tour commencing at 10:30 PM on 8/7/23 all garbage cans in the kitchen were observed to be without covers. Kitchen staff confirmed the cans were routinely uncovered as there were no covers.	R258		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the Manager, failed to maintain a safe, functional, sanitary environment within the Kitchens, and residential areas. Findings include: 1. Per observation on 8/8/23 of the Main Kitchen, the ceiling, exposed piping and the shelving over the areas of where food is prepared, was observed to have visible dust collected, on the surfaces.	R266		

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R266	Continued From page 9 Per interview on 8/8/23 at 10:10 AM the Kitchen Manager, confirmed the observation of the collection of dust, on the ceiling, along the exposed piping and storage area of where food is prepared. The manager noted a cleaning scheduled is in place, and a third part company provides additional cleaning services on monthly to quarterly basis. 2. During a tour of the kitchen adjacent to the first floor dining area of the home commencing at 10:30 AM on 8/7/23 the following environmental issues were observed: a. Kitchen surfaces including the floors, counters, sinks, appliances were in need of cleaning. The dishwashing sink and surrounding counters were covered with food and spills. The interior of the microwave including the carousel plate were in need of cleaning due to spills, crumbs, and stains. Free standing fans and the large ventilation fan on the ceiling by the dish washing area were observed to be coated with dust and grime. Kitchen staff stated the previously established cleaning schedule was no longer being followed due to staffing issues. b. Two thermometers in the refrigerator in the rear of the kitchen read 60 degrees Fahrenheit when the fridge was opened, and 62 degrees on recheck at the end of the kitchen tour. Aluminum foil placed on the floor of the fridge was covered with bits of food, spills and stains; and the items inside the fridge were warm to the touch. The food items stored in the fridge were removed and discarded during the survey. A stand up freezer on the other side of the kitchen was observed to have an accumulation of food and spilled liquids on the floor and	R266		

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R266	Continued From page 10 interior walls of the freezer. The thermometer in the freezer was observed to read 16 degrees Fahrenheit when opened and 21 degrees on recheck. Both of these appliances had opened, unlabeled, undated and unsealed/unwrapped perishable foods stored within them. A record of refrigerator temp checks was requested, however this information was not provided on request. c. A refrigerated prep unit was observed with unlabeled and undated chopped vegetables, prepared salads, and sliced deli meats and cheeses stored in plastic tubs in the top of the unit. Some of the bins were uncovered or partially covered, and poorly wrapped pieces of sliced cheese had dried edges. The front facing refrigerated area of this prep contained a large open bag with leaves of lettuce spilling out the bag. The open bag of lettuce was placed directly against a tub of shrimp and a squeeze bottle of cocktail sauce. Unlabeled/undated cheese stored in plastic wrap was stacked 2 high; and several bins of unlabeled undated foods including sausage patties and unidentified items were observed on the prep unit shelves. The countertop of a second front facing refrigeration unit was observed with a cutting board covered with crumbs and used knives on top, bags of bread left wide open, and an uncovered undated bin of margarine. There were open unlabeled and undated items inside this fridge including hotdogs thawing in a plastic bin with a stainless steel bin containing uncooked hamburger with the packaging left open placed directly on top of the hotdogs. These findings were confirmed by kitchen staff at approximately 11:15 AM on 8/7/23, and reviewed with the Residential Care Director following the	R266		

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R266	Continued From page 11 kitchen tour. 3. During the facility tour conducted by the Executive Director of a sister facility commencing at 12:28 PM on 8/7/23 the 4th floor utility rooms including the trash rooms on the 2nd, 3rd and 4th floor trash rooms and the 2nd floor laundry room were observed to by unlocked and accessible to residents. The door the the accessible utility rooms were propped or rigged to remain open, leaving the chutes to the garbage collection and laundry, some of which were wide open, accessible to residents. Executive Director conducting the tour confirmed the utility room doors were unlocked, and staff are expected to keep the doors locked to prevent resident access to these areas.	R266		
R311 SS=E	X. PETS 10.2.e Pet health records shall be maintained by the home and made available to the public. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Manager failed to ensure pet vaccination records were current and available. Findings include: Per interview at 2:00 PM on 8/8/23 the Executive Director confirmed the health records for two dogs belonging to Resident #6 and two cats belonging to Resident #7 were not complete and up to date. The Executive Director acknowledged the home is required to maintain current health records for pets living in the facility.	R311		

PLAN OF CORRECTION

The Residence at Shelburne Bay

9/6/23

R 134 Assessment

Action: Nursing Inservice reviewing assessment completion requirements

Tag R134 Accepted
9/13/23
Jenielle Shea

Systemic Change: Each Nurse responsible to comply with regulation, Yardi monitoring dashboard allows minute by minute review of assessment completion

Monitoring: RCD to monitor and ensure Assessments are completed in a timely manner using Yardi dashboard, which was not in place for the Assessment which was outside of the required timeframe. This will identify timelines and ensure compliance with Assessment due dates

Completion Date: 9/1/23

R 145 Written Plan of Care

Action: Nursing Inservice to review

Tag R145 Accepted
9/13/23
Jenielle Shea, RN

Systemic Change: Each Nurse responsible to comply with regulation, Yardi dashboard to ensure accurate and updated Care Plans to capture change in condition

Monitoring: During weekly Risk meeting RCD to review Care Plans of at Risk individuals to monitor for changes in condition and approaches to address these changes

Completion Date: 9/1/23

R 167 Medication Management

Action: Nursing Inservice to review regulatory expectations

Tag R167 Accepted
9/13/23
Jenielle Shea. RN

Systemic Change: Each Nurse responsible to comply with Regulation and inclusion of identified Residents in psychoactive medications monitoring binder

Monitoring: Monitoring binder to include: individualized list of each identified resident, listing signs and symptoms for using psychoactive medications and what to behaviors to look for, for intervention success

Completion Date: 9/22/23

R 173 Medication Management

Tag R173 Accepted 9/13/23
Jenielle Shea. RN

Action: Nursing Inservice reviewing survey findings and regulatory requirements

Medication cart has been emptied and medications wasted or returned to pharmacy

Systemic change: Each Nurse required to comply with Regulation of ensuring appropriate storage of medications

Monitoring: RCD to monitor storage of appropriate medications, wasting of medications at discharge and pharmacy pick up of medications to ensure these medications are not kept on premises

Completion Date: 9/5/23

R 176 Medication Management

Tag R176 Accepted 9/13/23
Jenielle Shea. RN

Action: Nursing Inservice reviewing survey findings and regulatory requirements

Systemic Change: All medications have been returned to residents' locked medication drawers, with the exception of controlled substances

Health Direct has been contacted to increase pick up dates to ensure discontinued medications are not left on premises

Monitoring: RCD to monitor storage of appropriate medications, wasting of medications at discharge and pharmacy pick up of medications to ensure these medications are not kept on premises

Completion Date: 9/5/23

R 247 Food Safety and Sanitation

Action: Server Inservice to review Standard Operating Procedures 8/27/23

Chef Inservice to review Standard Operating Procedures 9/1/23

Tag R247 Accepted 9/13/23
Jenielle Shea. RN

Signage posted in each kitchen to bullet identify SOP opening and closing procedures 9/1/23

Bistro deep cleaning 8/31/23

Refrigerator repair 8/9/23

Systemic change: Bulleted SOP posted in both kitchens for daily open, close and weekly deep cleaning 9/1/23

Monitoring: Restaurant Operations Director and Executive Chef to alternate walking of kitchens daily to ensure compliance with standard

Completion Date: 9/1/23

R 257 Food Storage and Equipment

Action: Server Inservice to review Standard Operating Procedures 8/27/23

Chef Inservice to review Standard Operating Procedures 9/1/23

Tag R257 Accepted 9/13/23
Jenielle Shea. RN

Systemic Change: Missing window screens replacement 8/9/23

Door stop removed 8/9/23

Signage on door to identify “DOOR MUST REMAIN CLOSED AT ALL TIMES” 8/11/23

Bulleted SOP posted in both kitchens for daily open, close and weekly deep cleaning 9/1/23

Monitoring: Restaurant Operations Director and Executive Chef to alternate walking of kitchens daily to ensure compliance with standard

Completion Date: 9/1/23

R 258 Food Storage and Equipment

Tag R258 Accepted
9/13/23
Jenielle Shea. RN

Action: Server Inservice to review Standard Operating Procedures

Chef Inservice to review Standard Operating Procedures

Missing lids replaced in each kitchen

Systemic Change: Bulleted SOP posted in both kitchens for daily open, close and weekly deep cleaning 9/1/23

Monitoring: Restaurant Operations Director and Executive Chef to alternate walking of kitchens daily to ensure compliance with standard

Completion Date: 9/1/23

R 266 Environment

Tag R266 Accepted
9/13/23
Jenielle Shea. RN

Action: Server Inservice to review Standard Operating Procedures 8/27/23

Chef Inservice to review Standard Operating Procedures 9/1/23

Vendor hired to do off hours top to bottom cleaning of both kitchens scheduled 9/11/23

Systemic Change: Bulleted SOP posted in both kitchens for daily open, close and weekly deep cleaning 9/1/23

Monitoring: Restaurant Operations Director and Executive Chef to alternate walking of kitchens daily to ensure compliance with standard

Completion Date: 9/11/23

R 311 Pets

Tag R311 Accepted 9/13/23
Jenielle Shea. RN

Action: All Residents notified of need to submit proof of Vaccination 8/11/23

Systemic Change: Pet information kits updated for all residents admitting with pets 9/15/23

Monitoring: Weekly Risk Meeting to review current AL residents with pets and record of vaccination

Completion Date: 9/15/23