



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

April 11, 2024

Kelly Lemieux, Manager
Rivers Edge Community Care Home
5 Hunt Street
Bennington, VT 05201

Dear Ms. Lemieux:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 4, 2024**. 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,

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

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: 0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERS EDGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET 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: An unannounced on site complaint investigation was conducted by the Division of Licensing and Protection on 3/4/24. Regulatory deficiencies were identified as a result of the investigation. Findings include:	R100		
R249 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to provide safe handling of frozen foods to be prepared for use. Findings include: Per observation at approximately 9:40 AM, 3 packages of frozen deli roast beef, were on shelf in the basement. Within proximity of the shelf are freezer and refrigerators that are utilized for additional food storage. The three packages remained on the shelf "thawing" until 11:20 AM. Per interview on 3/4/24 at 11:30 AM, care staff confirmed the deli meat was removed from the freezer and set on the shelf to thaw. The staff confirmed that the overnight staff remove frozen food items to thaw, per the menu posted to ensure foods are available to prepare. The care staff confirmed the deli meat was removed to thaw prior to his/her arrival at 7:00 AM shift start. The staff confirmed to not have education provided for proper food handling practices or thawing practices.	R249	Staff has been educated on the Process of Defrosting Frozen Foods. We will continue Educating on safe food Handling @ Monthly Staff meetings	3/5/2024 4/23/2024

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kelly A. Jemany Manager
STATE FORM 6804 FYE611
TITLE

(X6) DATE
4/2/2024
If continuation sheet 1 of 4

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERS EDGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET 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
R249	Continued From page 1 Per interview via phone call on 3/4/24 at 12:40 PM, the manager was notified of the observation of the frozen deli meat. The manager confirmed staff will remove frozen food items per the menu, to ensure foods are thawed to be prepared.	R249	<p><i>Manager will monitor the thawing of Frozen Foods</i></p> <p><i>3/5/2024</i></p> <p>R 249 Accepted Jenielle Shea, RN 4/8/24</p>	
R266 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the failed to maintain a clean and sanitary environment within the facility food storage area. Findings include:</p> <p>Per observation at 9:40 AM, a storage area in the basement of the facility, presented with evidence of excrement within the dry food storage pantry. The dry food storage is utilized to store food items prepared for the residents of the home, example of the food items includes canned goods, baking mixes and packaged seasoning mixes. Though the RCH demonstrated to store packaged perishable foods in tote bins with secured lids, the practice was not widespread, and all packaged perishable foods were not protected from sources of contamination. A shelf within the storage area, which stored boxes of cake mixes and bread mixes, was exposed to excrement which was present on the shelves in</p>	R266		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERS EDGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET 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
--------------------	--	---------------	---	--------------------

R266	<p>Continued From page 2</p> <p>which the packaged items were stored. The flooring presented with a high quantity of excrement in a scattered pattern throughout the storage space and along with three mouse traps set up.</p> <p>On the second floor of the facility, in a facility storage room, that is not accessed by residents, was a secure door. When the door was opened for further observation, it was observed to be the entry door to the attic space. On the platform of entry and the stairs leading up to the attic, excrement was observed in a scattered pattern of high quantity.</p> <p>Per interview on 3/4/24 at approximately 11:40 AM Care staff confirmed to be aware of the mouse traps set in the storage area. Staff confirmed mice have been caught through the traps. Staff stated evidence of rodents have not been observed within the common areas, residential rooms, or other living spaces, and the traps are only set in the food storage area of the basement.</p> <p>Per interview via telephone on 3/4/24 at approximately 12:30 PM the Manager confirmed to be aware of the presence of pest within the home. The manager confirmed mouse traps are set in the basement and checked daily, adding it's been several weeks since a pest was captured through a trap, but have been caught in the past. The manager confirmed to not have the home evaluated by pest control. The manager confirmed s/he and one other staff are monitoring the traps, and additional staff are not involved in the monitoring. Further in the interview, the manager acknowledged to utilize the storage bins with secured lids to protect foods, from the known sources of contamination "mice", and confirmed</p>	R266	<p>The flooring in the Cellar + the ^{Attic} Second space have been cleaned</p> <p>Company name removed by DLP 4/2/24</p> <p>The [redacted] Company was contacted and a contract signed for them to monitor & maintain the facility</p>	4/2/24
------	--	------	--	--------

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERS EDGE COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET 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
--------------------	--	---------------	---	--------------------

R266	Continued From page 3 that all the items (additional cake mixes, and boxed items) in the storage area were not protected from known sources of contamination "mice". The manager confirmed to not have developed a policy and procedure for food storage practices and/or established a policy and procedures for pest control management.	R266	<p><i>Policy + Procedures are being drafted 4/30/24</i></p> <p>R266 Accepted Jenielle Shea, RN 4/8/24</p>	
------	---	------	---	--