



**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 5, 2023

Ms. Shayna Douglass, Manager  
South Bay Home  
121 Kingdom Way  
Newport, VT 05855

Dear Ms. Douglass:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 11, 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:  <b>0538</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH BAY HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 KINGDOM WAY NEWPORT, VT 05855</b>
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(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
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R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 9/11/23. The following regulatory violations were identified:	R100		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. 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, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there	R179	See attachment  R-179 accepted. Sherry Ross, RN	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Peter Kostuba* TITLE *Senior Director of Licensed Residential Services* (X6) DATE *9/20/23*

Division of Licensing and Protection

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R179 Continued From page 1

R179

was a failure to ensure 5 out of 5 sampled staff completed 12 hours of required yearly training. Findings include:

Per record review conducted on 9/11/23 it was noted that 5 out of 5 sampled staff did not complete the required yearly training's to include Resident Rights and Respectful Communication. This was confirmed by the Assistant Manager at time of finding.

R259 VII. NUTRITION AND FOOD SERVICES  
SS=F

R259

7.3 Food Storage and Equipment

7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.

This REQUIREMENT is not met as evidenced by:  
Based on observation and staff interview there was a failure to ensure all cleaning products and other poisonous compounds were stored in a locked compartment. Findings include:

During the facility tour commencing on 9/11/23 at 10:35 AM cleaning products and poisonous chemicals were observed to be stored in an unsecured cabinet located under the kitchen sink including 3.78 Qt container of Clorox Bleach, 12.5 oz container of Pledge, 2-1 QT X-Effect restroom cleaner, and one unlabeled spray bottle (unknown substance).

*See attachment*

R-259 accepted. Sherry Ross, RN

Division of Licensing and Protection

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R259	Continued From page 2  This finding was confirmed by the Manager on the afternoon of 9/11/23.	R259		
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**Facility:** South Bay Home

**Survey Date:** September 11, 2023

**R179 – V. RESIDENT CARE AND HOME SERVICES**

**5.11 Staff Services – 5.11.b**

Plan of Correction:

- The Residential Manager assigned the identified Resident Rights and Respectful Communication trainings to the staff identified as being out of compliance, with a completion deadline of 9/30/23.
- The Residential Manager will ensure that all staff attend and/or complete the required trainings annually and will complete monthly audits of staff training records.
- The Licensee will complete periodic audits of staff training records to ensure ongoing regulatory compliance.

Date of corrective action – 9/30/23 and ongoing

R-179 accepted. Sherry Ross, RN

**R259 – VII. NUTRITION AND FOOD SERVICES**

**7.3 Food Storage and Equipment – 5.11.b**

Plan of Correction:

- The Residential Manager will ensure that the existing safety locks currently on the identified cabinet doors are replaced with a cam lock.
- The identified cleaning products have been removed from the kitchen and will be stored in a secured location until the locks are installed.
- Once the locks are installed, all staff will ensure that the cabinet remains locked when not directly in use.
- The Licensee will complete periodic checks to ensure ongoing regulatory compliance.

Date of corrective action – 9/26/23 and ongoing

R-259 accepted. Sherry Ross, RN