

## 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

February 2, 2024

Luis Marin, Manager Vista Senior Living 103 Us Route 4 Killington, VT 05751

Dear Mr. Marin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 3, 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,

Carolyn Scott, LMHC, MS State Long Term Care Manager Division of Licensing & Protection

|  | of Licensing and Protec  |  | (VO) MUUTIC: 5    | CONCEDUCTION   | (V2) DATE CLIPVEY          |  |  |
|--|--|--|-------------------|--|----------------------------|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |                   | CONSTRUCTION   | (X3) DATE SURVEY COMPLETED |  |  |
| . =  |  |  | A. BUILDING:      |  | 00 22.125                  |  |  |
|  |  |  |                   | С  |                            |  |  |
| 0664   |  | B. WING  |                   | 01/03/2024   |                            |  |  |
| NAME OF PI                                       | ROVIDER OR SUPPLIER  | STREET AL  | DDRESS, CITY, STA | TE, ZIP CODE   |                            |  |  |
|  |  | 103 US R   | OUTE 4            |  |                            |  |  |
| VISTA SEI  | NIOR LIVING  |  | TON, VT 05751     |  |                            |  |  |
| 0/10/15  | STIMMADA ST  | ATEMENT OF DEFICIENCIES                            |                   | PROVIDER'S PLAN OF CORRECTION  | 1 0/5                      |  |  |
| (X4) ID<br>PREFIX                                |  |  | ID<br>PREFIX      | (EACH CORRECTIVE ACTION SHOULD   | BE COMPLETE                |  |  |
| TAG  |  |  | TAG               | CROSS-REFERENCED TO THE APPROPR DEFICIENCY)                                | IATE DATE                  |  |  |
|  |  |  |                   | DEFICIENCY)  |                            |  |  |
| R100   | Initial Comments:  |  | R100              |  |                            |  |  |
|  |  |  |                   |  |                            |  |  |
|  | An unannounced on-site complaint investigation   |  |                   |  |                            |  |  |
|  |  | e Division of Licensing and                        |                   |  |                            |  |  |
|  | Protection on 1/03/24. The following regulatory  |  |                   |  |                            |  |  |
|  | violations were identified:  |  |                   |  |                            |  |  |
|  |  |  |                   |  |                            |  |  |
| R207   | V. RESIDENT CARE AND HOME SERVICES   |  | R207              |  |                            |  |  |
| SS=D   |  |  |                   | V. RESIDENT CARE AND HOME SE   | RVICE                      |  |  |
|  | 5 10 Departing of Abuse Maglest or Evaluitation  |  |                   |  |                            |  |  |
|  | 5.18 Reporting of Abuse, Neglect or Exploitation   |  |                   | R207 - Executive Director will ad  |                            |  |  |
|  | 5.18.b The licensee and staff are required to  |  |                   | policies and procedures and enfo<br>reporting to APS and DLP any allo      |                            |  |  |
|  |  | eported incidents of abuse,                        |                   | suspected complaint of abuse, ne   |                            |  |  |
|  |  | n. It is not the licensee's or                     |                   | exploitation.  |                            |  |  |
|  |  | o determine if the alleged                         |                   | For anti-or Birmston will investigate                                      |                            |  |  |
|  |  | not; that is the responsibility                    |                   | Executive Director will investigat<br>file a police report for any alleged |                            |  |  |
|  | of the licensing agency. A home may, and should, conduct its own investigation. However, that must |  |                   | loss of residents personal proper  |                            |  |  |
|  |  |  |                   | regardless of monetary value.  |                            |  |  |
|  | not delay reporting of the alleged or suspected  |  |                   |  |                            |  |  |
|  | incident to Adult Protective Services.   |  |                   | Executive Director will re-train a<br>on reporting abuse neglect and       | ii staff                   |  |  |
|  | This REQUIREMENT is not met as evidenced by:   |  |                   | exploitation and the role of a mai   | ndated                     |  |  |
|  |  |  |                   | reporter. This will be included to   | our                        |  |  |
|  | Based on record review and staff interview there   |  |                   | annual trainings.  |                            |  |  |
|  | was a failure to ensure the Residential Care   |  |                   | This will be completed before 2/   | 5/2023.                    |  |  |
|  | Home (RCH) report suspected or reported  |  |                   |  |                            |  |  |
|  | incidents of exploitation in accordance with   |  |                   | D007 A   | <b>-</b>                   |  |  |
|  |  | Vermont Residential Care                           |                   | R207-Accepted by   |                            |  |  |
|  | 0 0  | ulations effective 10/3/2000.                      |                   | Carol Scott-LTCM   |                            |  |  |
|  | Findings include:  |  |                   | 2-1-24   |                            |  |  |
|  | Per review of policies   | and procedures related to                          |                   |  | <b>-</b>                   |  |  |
|  |  | vided by the Executive                             |                   |  |                            |  |  |
|  | Director on request the  | -  |                   |  |                            |  |  |
|  |  | eft and Loss states "The                           |                   |  |                            |  |  |
|  |  | ts and investigates all                            |                   |  |                            |  |  |
|  |  | eft/loss of personal property.                     |                   |  |                            |  |  |
|  |  | 100.00, a report shall be                          |                   |  |                            |  |  |
|  | filed with the police department and copies of all   |  |                   |  |                            |  |  |
|  | appropriate documen  | tation of the incident shall                       |                   |  |                            |  |  |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE **Executive Director** 

2/1/2024

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION |  | (X3) DATE SURVEY<br>COMPLETED |                          |  |  |  |  |
|--|--|---|----------------------------|--|-------------------------------|--------------------------|--|--|--|--|
| AND FLAN   | OF CORRECTION  | IDENTIFICATION NUMBER.  | A. BUILDING: _             |  | COMPLETE                      |                          |  |  |  |  |
|  |  | 0664  | B. WING                    |  | O1/03/2                       | 2024                     |  |  |  |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE |  |   |                            |  |                               |                          |  |  |  |  |
| VISTA SENIOR LIVING 103 US ROUTE 4                                 |  |   |                            |  |                               |                          |  |  |  |  |
| KILLINGTON, VT 05751   |  |   |                            |  |                               |                          |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREFIX<br>TAG        | (EACH CORRECTIVE ACTION SHOULD BE COMPLI |                               | (X5)<br>COMPLETE<br>DATE |  |  |  |  |
| R207   | Continued From page 1  |   | R207                       |  |                               |                          |  |  |  |  |
|  | be given to the resporeport will be filed for date of the theft/loss."  Per interview with the conducted on 1/3/24 that on 8/30/23 Resid staff that \$2,000 was for from his/her room surveyor to provide the report and the record agency the Executive facility offers to call the | nsible parties. Original three (3) years after the  Executive Director  10:15 AM she/he stated lent #1 reported to facility missing and unaccounted   |                            |  |                               |                          |  |  |  |  |
|  | facility does not do ar<br>she/he stated that this<br>to the licensing agend   | n internal report. Additionally, sincident was not reported by because the facility does roperty per admission  |                            |  |                               |                          |  |  |  |  |
|  | conducted on 1/3/24 Property of the Resid community nor its em liable for the loss, the personal property, va  | lities Residency Agreement<br>at 12:30 PM section titled<br>ent states "Neither the<br>ployees are responsible or<br>ft or damage to any<br>luables and/or monies kept<br>apartment or elsewhere at |                            |  |                               |                          |  |  |  |  |
|  | Director during an exi<br>In conclusion this def<br>risk for more than mir   | icient practice is a potential<br>nimal harm for all facility<br>ailure to report suspected or  |                            |  |                               |                          |  |  |  |  |
|  |  |   |                            |  |                               |                          |  |  |  |  |

Division of Licensing and Protection

STATE FORM IJ3P11 If continuation sheet 2 of 2