



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

June 6, 2023

Ms. Lise Duncan, Manager
Woodstock Terrace
456 Woodstock Road
Woodstock, VT 05091-9759

Dear Ms. Duncan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 17, 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 cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
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NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091
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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
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite relicensure survey on 5/17/23. The following regulatory violations were cited as a result:	R100		
R179 SS=E	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 the	R179	All 3 of the five indicated 7/11 will have all trainings by 7/11. Going forward there will be a annual audit done by HSD and executive director. Going forward all trainings for new hires will be completed within the first two weeks of start date.	

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

Brittany D'Amico TITLE Executive Director (X6) DATE 6/1/23

Division of Licensing and Protection

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R179	Continued From page 1 Resident Care Home (RCH) failed to ensure staff received 12 hours of required training each year. Findings include: Per record review on 5/17/23 training records for direct care staff employed at the RCH indicated 3 out of 5 staff of the applicable sample did not complete the 12 hours of required training. Additionally of the 3 direct care staff identified, 1 staff has not completed any of the 12 hours of required training. Per interview on 5/17/23 at 2:05 PM the manager confirmed the training's for the 3 out of 5 sampled staff were incomplete. The manager acknowledged the requirement of the training and related topics required annually.	R179		
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 kitchen staff consistently labeled, dated and covered all perishable food. Findings include: The following observations were made during the initial kitchen tour with the Food Director on	R247	Head Chef has dated all items in the Kitchen. Going forward he will review the AL regulations and make sure all dates are on appropriately. Notice have gone up around the Kitchen as a reminder to all staff for dates on open food and headwear behind the counter.	6/1/23

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R247	Continued From page 2 5/17/23 at 9:00 AM: In the walk -in refrigerator: 1. A hotel pan containing cooked potato skins is uncovered and unlabeled. 2. Unlabeled containers of fruit salad, raw pineapple, cooked rice and cooked pasta, 3. Open aluminum can of black truffles, 4. Thawing salami and ham on a tray above a large open bag of raw carrots. Additionally, the Food Director was not wearing a head cover while behind the line. The above observations were confirmed by the Food Director at the time of the observations.	R247	There will be a chart with name and date each day to confirm all products are dated	6/1/23