



**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

November 8, 2024

Constance Leach, Manager  
Eastview At Middlebury  
100 Eastview Terrace  
Middlebury, VT 05753-9327

Dear Ms. Leach:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 8, 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/CUA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</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 onsite relicensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 10/8/2024. The complaint investigation was unsubstantiated. The RCH relicensure survey identified regulatory deficiencies. Findings include:	R100		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to ensure criminal background checks were available for review.  Per record review 3/5 staff records did not include a National Criminal background checks and 2/5 of the applicable staff records did not include completed annual background checks.  Per interview on 10/8/24 at 3:10 PM the Human Resource Manager confirmed National Background checks were not completed for 3/5 staff and annual checks were not completed for VCIC and abuse registry of the applicable staff. Through the interview, the RCH acknowledged to be unaware of the updated guidance regarding background check requirements per the memorandums provided by licensing agency, on 10/22/22 and 5/1/23 and confirmed the policy is not updated to reflect the requirements established in the guidance provided by the	R190	Deficiency: R190 – The results of the criminal record and adult abuse registry checks for all staff.  Action to correct deficiency: EastView will add a National Criminal Record scan to its background checks for all employees and it will run that Criminal Record Scan every year for all employees. EastView will also begin running the Adult and Child Abuse registry checks and the VCIC record check once per year for all employees.  Systemic changes to ensure no recurrence: The four (4) yearly checks will be run in the month following each employee's anniversary date. The National Criminal Record scan will be done through our HRIS system and will be automated.  How corrective action will be monitored: Operations Director will do random checks of employees to ensure all required background checks are conducted.  Dates of corrective action: The first National Record Scan for all employees will be completed by November 30, 2024. EastView will run the Adult and Child Abuse registry checks and the VCIC record check for all employees who have not been checked in the last year by November 30, 2024.	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Constance A. Leach* TITLE *Executive Director & CEO* (X6) DATE *11.6.24*

Division of Licensing and Protection

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R190	Continued From page 1 licensing agency.	R190	<b>R190 Accepted Jenielle Shea, RN 11/7/24</b>	
R266 SS=F	<p><b>IX. PHYSICAL PLANT</b></p> <p><b>9.1 Environment</b></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 RCH failed to ensure a safe environment within the kitchen area of the Special Care Unit (SCU).</p> <p>Per observation during the facility tour of the SCU at approximately 10: 50 AM, 2 residents were observed within the kitchen unsupervised. The entry to the kitchen was unsecured and the area was accessible. Within the kitchen area, 4 varying cleaning chemicals were observed in two unsecured cabinets. Additionally, at approximately 11:00 AM within the SCU kitchen, a steam table covered with appropriate lid was noted to be on. Upon inspection of the the steam table, heat was detected, the lids were lifted, and rolling boiling water was observed.</p> <p>At approximately 11:10 AM, a kitchen staff had presented to the SCU kitchen. The staff confirmed to have recently arrived to the facility for their shift. Through continued interview, the Kitchen staff confirmed the steam tables are utilized at all meals, indicating the steam tables are to be turned off at the end of a meal, and turned back on approximately 45 minutes prior to</p>	R266	<p>Deficiency: R266 – The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>Action to correct deficiency: Spring hinges will be installed on the two half doors that are used to access the GardenSong kitchen from the GardenSong dining room. Additionally, staff will be trained in the proper use and oversight of the steam table. If only one Dining Services staff is on the shift, they will be required to find another employee to be present in the GardenSong kitchen should they need to leave the space, even for a short time.</p> <p>Systemic changes to ensure no reoccurrence: The spring hinges will automatically shut the doors whenever an individual is not holding them open. In addition to the installation of spring hinges, Dining Services staff will be trained on the proper use and oversight of the steam table to ensure the unit is not left unattended when in use.</p> <p>How corrective action will be monitored: Staff will monitor the doors daily to ensure the spring hinges are fully functional. In the event a hinge breaks or a door does not otherwise close automatically, a work order will be submitted to repair the door so it closes automatically. Should the table be left unattended, staff will be retrained on proper use and oversight of the equipment.</p> <p>Dates of corrective action: Spring hinges have already been installed on the two half doors in the GardenSong dining room/kitchen. Training of staff will be immediate for current staff, and ongoing with every new hire that joins the EastView team.</p>	

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R266	<p>Continued From page 2</p> <p>the start of the meal. The staff acknowledged the door the the area is to be closed at all times, with the locking mechanism engaged.</p> <p>During the course of observation the Manager was present and confirmed the observations identified. The manager was unable to provide a policy that would indicate the facility practice to maintain a safe environment within the SCU Kitchen area.</p>	R266	<p>R266 Accepted Jenielle Shea, RN 11/7/24</p>	
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