



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

January 10, 2025

Ashley Hudson, Manager
Four Seasons Care Home, Inc
135 South Main Street
Northfield, VT 05663-5603

Dear Ms. Hudson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 13, 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: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2024
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NAME OF PROVIDER OR SUPPLIER FOUR SEASONS CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663
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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: On 11/13/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint. The following deficiencies were identified during the investigation process::	R100		
R207 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.18 Reporting of Abuse, Neglect or Exploitation</p> <p>5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to file a report with Adult Protective Services (APS) and the Licensing Agency (Division of Licensing and Protection) regarding a reported potential incident of sexual abuse of a vulnerable adult. Findings include:</p> <p>The home's policies and procedures are consistent with this regulatory requirement.</p> <p>Per review of a Progress Note dated 6/25/24, Resident #1 and Resident #2 were involved a romantic relationship, however Resident #2 was unable to consent to a sexual relationship with Resident #1. The Progress Note indicates Resident #1 sought medications from his/her</p>	R207		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Ashley Duiker

Nurse Manager

TITLE

(X6) DATE

12/12/24

Division of Licensing and Protection

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R207	<p>Continued From page 1</p> <p>provider to facilitate his/her ability to engage in sexual relations even though Resident #2 was not capable of consent.</p> <p>During an interview commencing at 2:18 PM on 11/13/24 the Manager of the home stated "there was a time when the vulnerable adult (Resident #2) who was in a relationship with Resident #1 was observed [engaging in a sexual act with him/her] approximately 6 months ago. Staff walked in and told them they cannot be doing that".</p> <p>Per record review, there are no incident reports or staff notes related to this incident on file in Resident #1's and Resident #2's records . Per the Manager, staff communications regarding this incident were limited to verbal interactions. The Manager stated the residents' families were notified, however s/he was unable to produce documentation of family notifications because they were made via phone calls which were not documented.</p> <p>During the interview on the afternoon of 11/13/24 the Manager confirmed a staff member reported observing Resident #1 engaged in a sexual act with Resident #2 who is not capable of consent, there is no written documentation regarding this incident on file in the applicable resident's records, and this incident was not reported to the licensing agency and the Adult Protective Services as required.</p>	R207		
R213 SS=F	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the</p>	R213		

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R213	<p>Continued From page 2</p> <p>resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure treatment with consideration, respect and full recognition of the resident's dignity and individuality related to the right to access outside areas without locked doors prohibiting exit for residents of the home. Findings include:</p> <p>Per record review, the home's Controlled Door Access Policy is not consistent with this regulatory requirement.</p> <p>Upon arrival to the home on the morning of 11/13/24 all exterior doors were observed to be locked to prevent entry to and exit from the home without the use of a key fob. During an interview commencing at 11:15 AM on 11/13/24 the Manager stated some of the home's residents have been provided key fobs which allow the resident to open the doors and access the outdoors at will; however the residents who are not considered to be safe on their own do not have fobs. The Manager stated the facility does not have the staff to monitor the doors 24/7, and further stated the home is not able to provide adequate staffing to safely keep the doors unlocked. During the interview commencing at 11:15 AM on 11/13/24 the Manager confirmed s/he is fully aware locking the doors to prevent residents from entering and exiting the home at will is not permitted per licensing regulations.</p>	R213		

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R213	<p>Continued From page 3</p> <p>Per interview with the Manager on 11/13/24, all residents of the home require assistance with Activities of Daily Living. Per record review approximately one-third of the home's residents have been provided key fobs to the locked doors. While the Manager confirmed the home was not adequately staffed to meet the regulatory requirement to ensure the residents' right to unimpeded access to outdoor areas, the home has continued to admit new residents including the admission of two residents on 11/11/24 (Residents #3 and #4). On the afternoon of 11/13/24 the Manager stated Residents #3 and #4 were both admitted because they were unable to safely care for themselves independently, and stated Resident 3's wandering in the community was the reason the facility was currently unable to safely maintain at least one unlocked door.</p> <p>On the afternoon of 11/13/24 the Manager submitted an immediate plan of correction to safely ensure at least one door of the home remains unlocked at all times to allow unimpeded access to outdoor area for all residents of the home.</p>	R213		

R207

Deficiency Regulation	How the deficiency was corrected	Date Corrected	Facility implementation to ensure compliance of the regulation going forward	FSCHE personnel responsible for maintaining compliance
Reporting of Abuse, Neglect & Exploitation	An APS report was submitted regarding the incident. A note was written in the residents record stating what transpired and the actions taken by nursing.	11/15/24	Nursing will compile all the facts relating to sexually related encounters and document them. APS reports will be filed, allowing investigators to identify whether or not abuse has occurred. FSCHE will continue routine rounds to mitigate the ability for the encounters to occur. If a pattern is noted from a resident demonstrating hypersexual behaviors, having relations with others, a discharge notice will be provided stating that we cannot meet the residents needs for safety.	Administrator Nurse Manager

R207
Plan of Correction
accepted by
Jo A Evans RN
on 1/9/25

R213

Deficiency Regulation	How the deficiency was corrected	Date Corrected	Facility implementation to ensure compliance of the regulation going forward	FSCHE personnel responsible for maintaining compliance
Resident Rights	1 facility door was unlocked at the time of the investigation.	11/13/24	At least 1 door will remain unlocked at all times. A doorbell has been applied to this unlocked door to alert staff of individuals coming and going. Any resident that cannot exit the facility on their own and be safe within the community, will be provided with a 30 day notice. FSCHE staffs the facility adequately to meet all residents needs, as long as they remain safely in the home. A 30 day notice was issued to the resident in question on 11/13/24.	Administrator Nurse Manager

R213
Plan of Correction
accepted by
Jo A Evans RN
on 1/9/25

Handwritten signature: @Nuelu 10/10/24