

## 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

April 30, 2024

Ms. Cassie Lambert Gazebo Senior Living 1 1530 Williston Road South Burlington, VT 05403-6422

## Dear Ms. Lambert:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 20, 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

FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 0148 03/20/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1530 WILLISTON ROAD GAZEBO SENIOR LIVING 1** SOUTH BURLINGTON, VT 05403 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION. (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R100 Initial Comments: R100 The filing of this plan of correction does not constitute an admission of the On 3/20/24 the Division of Licensing and allegations set forth in this statement of Protection conducted an unnanounced on-site deficiencies. This plan of correction is investigation of one complaint. The following prepared and executed as evidence of regulatory deficiencies were identinfied: the facility's continued compliance with applicable law. R247 VII. NUTRITION AND FOOD SERVICES R247 SS=F 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 Based on observation, staff interview, and record Immediate Action Taken: review there was a failure to ensure perishable 1. The Procedure has been updated to food items are labeled with the dates the items reflect perishable foods and drinks to be were opened or prepared; and to ensure all labeled with dates of opening or perishable food items are stored at or below 40 preparation. degrees Fahrenheit. Findings include: 1.a All unlabeled perishable items in chest freezer were dated. 1. The facility's Food Storage Procedures Section 1.b All perishable items in walk-in fridge B. COLD STORAGE procedure #4 states. were dates (dressings, condiments, "Opened ingredients should be stored in sealed sauces, whipped cream, chocolate syrup, milk, and soda). The scratched airtight containers. Labels should be used to list and cracked plastic tub was removed the date the item was opened and when it should and a new one ordered. New bottles be discarded, it should be initialed as well. ". ordered for condiments. The cleaning While this procedure identifies the requirement to rag was removed immediately upon label ingredients with the date they were opened. discovery. the procedure does not indicate all perishable 1.c Immediately upon being told of the foods and drinks should be labeled with the dates hamburger and sausage in the walk-in they were opened or prepared. refrigerator, the items were removed.

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

During a tour of the kitchen and dining areas on the morning of 3/20/24 the following perishable

Executive Direct

(X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		0148	B. WNG		C 03/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	ATE, ZIP CODE		
GAZERO	SENIOR LIVING 1	1530 WIL	LISTON ROAD			
GAZEBU	SENIOR LIVING I	SOUTH B	URLINGTON, V	T 05403		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
R247	food items were obsethe items were opened. In the chest freezer walk-in cooler 5 openic cartons of ice cream vib. In one reach-in refricted and creations, whipped creating syrup, gallons of whole milk, and 2 liters of girindicating the dates the scratched and cracked bottles of ketchup and squeeze bottles of drecontents of the bottles the bottles and the plane refrigeration unit containers of dressing with the dates they we was left on the shelf of unit.  c. In the walk-in fridge sitting in a pool of liquidal baking tray on a sheat A cardboard box of sa was placed directly on hamburger. The Chefinal been thawing on the days.  The Activities Director during the kitchen tour.  2. The facility's policy in Maintenance states Director during the kitchen tour.	rved to be without the dates d or prepared: located in front of the ed undated three gallon were observed.  Igeration unit in the main dressings, condiments, m, 3 bottles of chocolate e and skim milk, almond ager ale were without labels e items were opened. A diplastic tub was filled with a unsealed/uncapped essings and sauces. The awere spilled and dried on a stic tub. A second reach in a sined opened gallon is which were not labeled are opened. A cleaning rag of this reach-in refrigeration.  In the walk-in refrigerator, usage saturated with blood of the tray beside the confirmed the hamburger the tray in the fridge for 3.  Confirmed these findings on the morning of 3/20/24.  For Kitchen Equipment ining Services staff shall,	R247	Measures in place/systematic chato avoid recurrence:  1. "ROX" stickers were purchased assist in labeling all perishable ite with date received, date opened/prepared and expiration dates.  2. Re-education of staff on safe for handling policies, and policy revision completed.  Monitoring of Corrective Action:  1. Perishable items will be audited for appropriate labeling of products daily for 2 weeks, all with ensuring anything is remass needed.  2. This will be audited twice week for 2 weeks, then monthly auwill be performed and review with the team.  Date Corrective action will be contacted and policy and policy and policy and policy and policy are producted as a policy and policy are producted as a policy and policy and policy are producted as a policy are producted as a policy and policy are producted as a policy are producted as a policy and policy are producted as a policy and policy are producted as a po	to ms  od ion  ed  ong oved  ekly dits ed	

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Division of Licensing and Protection
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1)

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:

(X3) DATE SURVEY COMPLETED

0148

B. WING

C 03/20/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## GAZEBO SENIOR LIVING 1

## 1530 WILLISTON ROAD SOUTH BURLINGTON, VT 05403

GAZEBO SENIOR LIVING 1 SOUTH BURLINGTON, VT 05403							
(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			
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	Immediate Action Taken:  2.a. Walk-in fridge temperature has been adjusted manually from inside gauge to hold the walk-in lower than 40 degrees.  2.b. The juice dispenser was plugged back in, and the temperature returned quickly to adequate temperature.  2.c. The meals stored above the stove were immediately removed and thrown out. Staff were re-educated on proper food storage procedures after a meal is completed, should a resident request a later meal  Measures in place/systematic changes to avoid recurrence:  1. Re-education of staff on temperature logs and what to do when items are outside of acceptable ranges.  2. A new policy was created, along with a procedure and temp logs, in which we can turn off the dispenser portion of the juice machine, without losing the refrigeration and temperature control of the juice in the dispenser.  3. Re-education on leftover policy has been completed.  Monitoring of Corrective Action:  1. Temperature logs will be audited daily for 2 weeks, then weekly for 2 weeks.  2. Temperature logs will be reviewed monthly for completeness and adherence to policy if temperatures are inaccurate.  3. Storage of leftovers will be audited daily for 2 weeks, then weekly for 2	COMPLETE			
	On the afternoon of 3/20/24 the Executive Director acknowledged perishable food items were stored in the walk-in fridge at temperatures above 40 degrees Fahrenheit.		weeks. These logs will be reviewed monthly for completeness and adherence to policy if temperatures are inaccurate.  Date Corrective action will be completed:  April 20, 2024				

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		0148	B. WING		- 1	C 20/2024	
	ROVIDER OR SUPPLIER SENIOR LIVING 1	1530 WIL	DDRESS, CITY, STA LISTON ROAD BURLINGTON, V				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ARRY STATEMENT OF DEFICIENCIES  ID  PROVIDER'S PLAN OF CORRECTION  (X5)  COMPLETE  PREFIX  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE  PROVIDER'S PLAN OF CORRECTION  (X5)  COMPLETE  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				COMPLETE	
R247	b. During lunch service Juice dispensed from the dining room was of 46.2 Fahrenheit. Staff the drink dispenser was routinely unplugged wheaving the juice store juice unfrigerated. The this a daily intervention resident from drinking review and staff interview and st	e on 3/20/24 the Orange the beverage dispenser in bserved to be dispensed at in the dining area stated as unplugged, and is hen not attended by staff, d within the dispenser the Dining Room staff stated in to prevent a diabetic too much juice. Per record iew on the afternoon of its not have policies and ir monitoring the inks stored in and served a dispenser.  Trices Director confirmed orange juice in the drink is grees during the lunch is at approximately 12:40 are was observed plating its plates plastic wrap. At its last were observed to on the shelf above the ted the plates had while awaiting pick-up, and obe food items on the plates at stored at temperatures as Fahrenheit.	R247	R247 Plan of Correction Jo A Evans RN on 4/29/2	accepted by 24.		
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STATE FORM