



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

October 9, 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 **September 19, 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: 0148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/19/2024
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NAME OF PROVIDER OR SUPPLIER GAZEBO SENIOR LIVING 1	STREET ADDRESS, CITY, STATE, ZIP CODE 1530 WILLISTON ROAD SOUTH BURLINGTON, VT 05403
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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: On 9/19/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident and two complaints. There were no regulatory deficiencies identified related to the facility reported incident.. The following regulatory deficiency was identified related to one of two complaints investigated:	R100		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide care in a safe, functional, homelike environment related to the condition of the carpeting in the hallway on the second floor of the home. Findings include: Policies and procedures on file and provided for review are consistent with regulatory requirements related to maintenance of the physical environment of the home. On the morning of 9/19/24 the carpeting in the hallway on the second floor of the home was observed with stains and signs of excessive wear. Areas of the carpeting were observed to be poorly adhered to the floor, with rippling observed along the length of the hallway center, across hallway thresholds, and in front of the elevator	R266	<p>The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.</p> <p>1. Corrective Action: We are in contact with flooring vendors for quote and availability, and will replace the affected areas by 11/6/2024.</p> <p>2. Measures to Ensure It Doesn't Reoccur: Maintenance Director will provide monthly summary to the Executive Director of any potential hazards in the building.</p> <p>3. Monitoring Plan: Results of safety Preventative Maintenance (PMs) will be reviewed during quarterly Quality Assurance Performance Improvement (QAPI) committee meetings.</p> <p>4. Date Corrective Action will be completed: Pending contractor availability, flooring repair complete by 11/6/24.</p> <p>R 266 Plan of Correction accepted by Jo A Evans RN on 10/7/24.</p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Clambert RN Executive Director</i>	TITLE <i>10/8/24</i>	(X6) DATE
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R266	<p>Continued From page 1</p> <p>adjacent to the hallway. The rippling of poorly adhered carpeting in the second floor hallway is a potential risk for falls and injury for residents of the home.</p> <p>This finding was confirmed by the Executive Director at 10:06 AM on 9/19/24.</p>	R266		