



**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

May 3, 2024

Ms. Patricia Bauerle  
Lakeview Community Care Home  
322 St Paul Street  
Burlington, VT 05401-4647

Dear Ms. Bauerle:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 29, 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:  <b>0177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW COMMUNITY CARE HOME</b>	STREET ADDRESS, CITY, STATE <b>322 ST PAUL STREET BURLINGTON, VT 05401</b>	ZIP CODE
---	---	----------

(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 April 29, 2024, an announced onsite licensing review was conducted by the Division of Licensing and Protection to determine if the facility is in compliance with the Residential Care Home Regulations. Regulatory deficiencies were identified as a result of this on site review.	R100		
R999 SS=F	<p><b>MISCELLANEOUS</b></p> <p><b>4.9 Change in Status</b> When a change of ownership or location is planned, the licensee or prospective licensee is required to file a new application for license at least ninety (90) days prior to the proposed date of the change. The new licensee shall provide each resident with a written agreement that describes all rates and charges as defined in 5.2.a.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and review of records, the home failed to provide each resident with a written admissions agreement describing all rates and charges after becoming licensed by the Licensing agency. After relocating residents to the unlicensed new location, the facility required each resident to sign a new admissions agreement on April 2, 2024, which is prior to the time of becoming fully licensed. This has the potential for more than minimal harm to all residents, as the residents have signed an invalid admissions agreement and materials prior to becoming licensed by the licensing agency. Findings include:</p> <p>Per review of the licensing application and review</p>	R999		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE _____ (X6) DATE _____
---	-----------------------------

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW COMMUNITY CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>322 ST PAUL STREET BURLINGTON, VT 05401</b>		
(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
R999	Continued From page 1  of records, the admissions agreement was signed by the residents at the time of relocation to the new location in Shelburne VT on April 2, 2024. The admissions agreement was signed prior to the new location and building being approved by the Division of Licensing and Protection to become the licensee to operate as a Residential Care Home in Vermont. The admission agreement signed by the residents on April 2, 2024 states, "Lakeview Community Care Home is licensed by the State of Vermont as a Level III Residential Care Home (RCH)". Per interview, the facility Manager and Director of Long Term Supports and Services confirmed the admissions agreements were signed prior to obtaining a license to operate by the Division agency.	R999	R999- Accepted by Carol Scott on 5-3-24.	



**HOWARD**  
**CENTER**  
Help is here.

Pamela M. Cota, RN  
Licensing Chief  
Division of Licensing and Protection  
HC 2 South, 280 State Drive  
Waterbury, VT 054671-2306

May 3, 2024

Dear Ms. Cota:

Below is the plan of correction for the deficiency cited in the on-site Licensing review at the Lakeview Community Care Home of Howard Center that took place on 4/29/2024.

V.5.5.a Resident Care and Services

**R999 4.9**

Action Taken – The following notice was provided to residents and guardians:

“Dear Resident or Guardian:

This Letter is to serve as notice of a temporary change in licensure status for the Lakeview Community Care Home. As you are aware on April 2<sup>nd</sup> the Lakeview Community Care home relocated from its prior location at 322 St. Paul Street, Burlington, VT, 05401 to a new location on 4381 Shelburne Road, Shelburne, VT, 05482. This move was an exciting change for the program and its residents. Shortly after the move, we were informed by the Division of Licensing and Protection (DLP) that our License would not transfer from the old location, and we needed to reapply for a license at the new location. For this reason, the Lakeview Community Care home is currently considered unlicensed. We have been diligently working with DLP to correct this situation and establish proper licensure. As of this week DLP has accepted our plan of correction and will be reissuing our license. The period in which the program has been considered unlicensed has not changed or affected the services provided for our current residents in any way. As part of our plan to remedy this situation all residents (and guardians) will be asked to sign a new admission agreement per DLP’s guidance. If you have any questions, please reach out.”

This notice was read aloud to residents on an individual basis by Lakeview Team Lead [REDACTED] and Assistant Director of Residential Programs [REDACTED]. Residents were also provided with a paper copy. Residents who did not wish to have the notice read to them were



provided with a paper copy and encouraged to ask questions after review. Paper copies of this notice were mailed to guardians by Care Manager [REDACTED] (who also attempted contact by phone).

Name redacted by DLP 5/3/24

Residents had previously been issued a notice regarding rates and charges not changing with the relocation of the program (please see POC for 4/11/24 off-site investigation).

Measures put in place to ensure the deficiency does not recur – Manager performed full review of current regulations on 4/25/2024.

Monitoring – Administrative staff are aware of the deficiency and will continue to monitor until compliance is achieved (all agreements have been reviewed and signed).

Completion – Residents and Guardians were notified in person or by phone on 5/3/2024 (or attempted to be contacted in the case of 2 guardians – Care Manager requested a return call at their earliest convenience). New Admission Agreements will be reviewed with residents and guardians and signed by 5/10/2024.

Please reach out if you have any additional questions.

R999- Accepted by Carol  
Scott on 5-3-24.

Sincerely,

LICSW

Patricia Bauerle, LICSW  
Senior Manager  
Lakeview Community Care Home  
4381 Shelburne Road,  
Shelburne, VT 05482

Howard Center  
300 Flynn Ave  
Burlington, VT 05401

[pbauerle@howardcenter.org](mailto:pbauerle@howardcenter.org)  
802-343-2267