



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

March 6, 2024

Katy Munzir, Manager
Maple Ridge Memory Care
6 Freeman Woods
Essex Junction, VT 05452

Dear Ms. Munzir:

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

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: 0653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2024
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NAME OF PROVIDER OR SUPPLIER MAPLE RIDGE MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6 FREEMAN WOODS ESSEX JUNCTION, VT 05452
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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: An unannounced on-site complaint investigation of four complaints and one facility report incident was conducted by the Division of Licensing and Protection on 2/20/24. The following regulatory violations were identified:	R100		
R224 SS=G	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure one applicable resident (Resident #1) remained free of exploitation related to theft of personal property. Findings include: The facility's Abuse, and Neglect policy effective 7/20 defines Exploitation as "Deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent." Per record review Resident #1's family reported that Resident #1's ruby and gold/diamond ring was missing. Resident #1' family reported that the ring was last seen on 1/26/24 by his/her private caregiver. On 2/5/24 the family reported to the facility that Resident #1's ring was located at a pawn shop and that the ring was pawned on 1/30/24 by Employee #1. Additionally, through investigation it was determined that Employee #1	R224	R224 Accepted. Sherry Ross, RN	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *K. Munya Senior Executive Director* TITLE _____ (X6) DATE **3/5/24**

Division of Licensing and Protection

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R224	<p>Continued From page 1</p> <p>had pawned multiple items that s/he later admitted belonged to unidentified residents at the facility.</p> <p>Per interview with the facility's Executive Director commencing at 9:32 AM on 2/20/24, during the investigation it was discovered that Employee #1 had admitted to stealing multiple items that s/he later pawned. According to the investigation and reported to the facility these items were valued at over \$4,000 in total.</p> <p>In conclusion Resident #1 experienced actual harm by exploitation as evidenced by the confirmed theft by employee #1 of his/her personal belongings by a staff member.</p>	R224		

Maple Ridge

AN ASSISTED LIVING &
MEMORY CARE CAMPUS

March 5, 2024

State Long Term Care Manager
Vermont Agency of Human Services
Department of Disabilities, Aging and Independent Living
HC 2 South, 280 State Dr.
Waterbury, VT 05671-2060

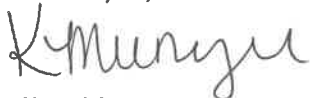
Dear DAIL,

Please accept the attached as our plan of correction for the survey at Maple Ridge Memory Care on February 20, 2024.

This plan of correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the Community as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

Any questions please let me know.

Thank you,



Katy Munzir
Senior Executive Director
Maple Ridge Memory Care

