VERMONT

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

December 18, 2023

Ms. 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 **December 5, 2023.** 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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0653 | A. BUILDING: _____ B. WING _____ | R-C 12/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MAPLE RIDGE MEMORY CARE | 6 FREEMAN WOODS ESSEX JUNCTION, VT 05452 |

| (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:<br><br>On 12/5/23 the Division of Licensing and Protection conducted an unannounced on-site follow-up survey to determine regulatory compliance after the completion of a relicensure survey and investigation of 3 complaits that was conducted on 9/18/23. The following regulatory violations were identified to not be back in compliance with the Residential Care Home Licensing Regulations effective 10/3/2000: | {R100} | | |
| {R167} SS=F | V. RESIDENT CARE AND HOME SERVICES<br><br>5.10 Medication Management<br><br>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:<br><br>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review there was a failure to develop written plans for the administration of psychoactive PRN (as needed) medications by staff other than a nurse for all facility residents prescribed psychoactive PRN | {R167} | R167 Accepted on 12/15/23.<br>Sherry Ross, RN | |

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| {R167} | Continued From page 1<br>medications. Findings include:<br><br>The facility's Assisting with PRN Medications policy states, "Staff shall assist residents with PRN medications in accordance with State regulations and established policy."; and the facility's procedure for administration of PRN psychoactive medications states:<br><br>"PRN psychotropic medications may only be administered by staff other than a nurse if there is a written plan that:<br>* Describes the specific behaviors the medication is intended to correct or address;<br>* Specifies the circumstances that indicate the use of the medication;<br>* Educated the staff about what desired effects or undesired effects the staff must monitor for."<br><br>Per review of written plans on file for facility residents who are prescribed psychoactive medications to be administered as needed by staff other than a nurse, the plans on file did not include the required information including the medication's desired effects and undesired side effects the staff must monitor for. Per review of the Medication Administration Record (MAR), the MAR did not contain documentation of the specific results of the PRN psychoactive medication administration by the med delegated staff.<br><br>At 10:52 AM on 12/5/23 the Director of Nursing confirmed written plans for the administration of psychoactive PRN medications for all applicable residents had not been developed to include all required aspects of the plan; and confirmed documentation of the specific results of PRN psychoactive medication's effects had not been | {R167} | | |

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| {R167} | Continued From page 2<br>completed by med delegated staff administering PRN psychoactive medications. | {R167} | | |
| {R246} SS=F | VII. NUTRITION AND FOOD SERVICES<br><br>7.2 Food Safety and Sanitation<br><br>7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview there was a failure to ensure all foods stored in the kitchen were free of spoilage and safe for human consumption. Findings include:<br><br>The facility's Kitchen and Safety Standards for Food Storage: Dry Goods, Refrigerator, and Freezer Units states, "The food storage areas, entire kitchen and dining rooms will be free of spoiled, outdated, or expired food."<br><br>During a tour of the kitchen commencing at 9:15 AM on 12/5/23 spoiled food items were observed to be stored in refrigerators including an undated container of fruit salad with discolored slices of banana that were slimy and breaking down, a bag of peeled shallots dated 8/25/23 with visible mold growing on the shallots; and winter squash with areas that were moldy, discolored, shriveled, and rotten. These findings were confirmed by the | {R246} | R246 Accepted on 12/15/23.<br>Sherry Ross, RN | |

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| {R246} | Continued From page 3<br>Food Services Director during the kitchen tour on the morning of 12/5/23. | {R246} | | |
| {R247} SS=F | VII. NUTRITION AND FOOD SERVICES<br><br>7.2 Food Safety and Sanitation<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview there was a failure to ensure all perishable foods and drinks were labeled, dated, and held at 40 degrees or below. Findings include:<br><br>1. Per the facility's Standard Kitchen Policy, " All food should be label with the date when opened. Food Service Director will mark when food is the be discarded ... All food in the refrigerator and freezer once opened needs to be dated and labeled when to be discarded."<br><br>During the tour of the facility kitchen commencing at 9:15 AM on 12/5/23 the perishable foods and drinks stored throughout all food storage areas were observed without labels indicating the dates the items were to be discarded; and the following foods and drinks were observed to be without labels indicating when the items were opened or prepared :<br><br>a. The refrigerated prep unit was observed to contain opened perishable items without dates | {R247} | R247 Accepted on 12/15/23.<br>Sherry Ross, RN | |

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| {R247} | Continued From page 4<br><br>they were opened or prepared including dressings, sauces, jelly and condiments; a jar of applesauce with dried applesauce on the lid and jar; two unsealed bags of yogurt with spilled yogurt covering the bottom of a bin one was stored in and drops of yogurt on the sides of the bin and prep unit; a carton of guava puree with dried puree visible along the partially opened spout of the carton; sliced American cheese loosely sealed in plastic wrap without an identifying label; containers of milk and sour cream; an uncovered bin of fruit salad with discolored bananas, and a large bin of ham and cheese chopped salad with breakdown of the tomatoes and lettuce in the mixture.<br><br>b. A fridge near the drink dispenser contained beverages, condiments and sauces without the dates items were opened including cartons of half and half, chocolate milk, and prune juice; gallons of milk and orange juice; a pitcher of lemonade without an identifying label; and sundae toppings including a jug of chocolate sauce with dried sauce on the lid and down the side of the container.<br><br>c. The walk in fridge contained the following perishable food items without the date the items were opened including a bag of shallots with visible mold observed through the clear part of the bag; containers of beef, chicken and vegetable stock; unlabeled turkey and ham; sundried tomatoes; a large container of Tzatziki sauce; multiple unsealed bags of raw chicken breast; multiple bags of shredded cheese; a large box left open with unwrapped cream cheese inside; a gallon of milk and container of half and half; a large container of cottage cheese; and a quart of liquid eggs with dried egg visible on the spout left partially open. There were bags of meat | {R247} | | |

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| {R247} | Continued From page 5<br><br>sitting directly on the walk-in shelf including a sealed bag of sausage without a label indicating what was inside the bag and the date the meat was taken out of the freezer to thaw, and an unlabeled bag of raw hamburger.<br><br>d. The walk-in freezer contained open boxes containing bread and stuffed shells stored in open plastic bags and seven 3 gallon containers of ice cream without the dates they were opened.<br><br>2. The facility's Kitchen Closing Checklist policy identifies tasks to be completed each night before the kitchen closes. The Kitchen Closing Checklist associated with this policy lists the specific nightly tasks to be completed including checking and recording the temperatures of the walk-in cooler and freezer, and both reach in refrigerators; however the list does not include checking the temperature of the refrigerated drink dispenser. During the tour of the kitchen commencing at 9:15 AM on 12/5/23 the beverages in the kitchen drink dispenser were not stored at or below 40 degrees Fahrenheit as required. The two beverages stored in the dispenser were tested for temperature and observed to be 41 degrees Fahrenheit and 46 degrees Fahrenheit.<br><br>The Director of Food Services confirmed the food and drinks stored without identifying labels, dates the items were opened or prepared, and improperly sealed packages; and the drinks in the refrigerated dispenser held at temperatures above 40 degrees Fahrenheit during the tour of the kitchen commencing at 9:15 AM on 12/5/23. | {R247} | | |
| {R253} SS=F | VII. NUTRITION AND FOOD SERVICES | {R253} | | |

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| {R253} | Continued From page 6<br>7.3 Food Storage and Equipment<br><br>7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview there was a failure to ensure all food service equipment was kept clean and maintained according to manufacturer's guidelines.. Findings include:<br><br>The facility's Deep Cleaning Schedule policy states, "It is our policy that deep cleaning for the following are done every month. Hood Vents, Stove Top, Inside Oven, Moving kitchen equipment, and moving prep tables. This is to ensure the cleanliness of the kitchen and to keep sanitation a priority."<br><br>The facility's Kitchen Closing Checklist Policy states, "Maple Ridge Memory Care uses a kitchen closing checklist for the chef who is closing the kitchen. This checklist is used to ensure that all machines are shut off properly and that all cleaning that is needed to be done before the kitchen closes for the night is completed.". The facility's nightly Kitchen Closing Checklist includes "All kitchen surfaces wiped down and clean" and "Dish station clean" as nightly tasks to be completed by the chef before closing the kitchen each night.<br><br>1. The facility's cooking appliances including the gas range with flat top griddle and the Rational Self Cooking Center were observed to be poorly maintained and in need of cleaning during the facility tour commencing at 9:15 AM on 12/5/23. | {R253} | R253 Accepted on 12/15/23.<br>Sherry Ross, RN | |

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| {R253} | Continued From page 7<br><br>a. The facility's gas range was observed with a build up of crumbs, burnt food particles, grease, and grime throughout the range surfaces including the flat top griddle, burners, drip pan, control knobs, and exterior surfaces.<br><br>b. The cooking chamber of the facility's Rational Self Cooking Center combination cooking appliance was observed with a build-up of crumbs, burned food particles and grease throughout the chamber floor and drip pan. Per review of the Rational Self Cooking Center Original Operating Instructions manual, page 20 of the manual states, "If the appliance is not cleaned or is not cleaned well enough, deposits of grease of food residues in the cooking chamber may catch fire- Risk of fire.", and page 97 of the manual states, "For hygiene reasons and to prevent malfunctions it is essential to clean your appliance every day- risk of fire!". The facility's Kitchen Closing Checklist of specific tasks to be completed nightly fails to include cleaning the Rational Self Cleaning Center to ensure completion of needed maintenance for proper hygiene and function; and the prevent risk of fire.<br><br>Per review of facility policies and procedures for food service equipment cleaning and maintenance the facility's Kitchen Closing Checklist Policy states, "Maple Ridge Memory Care uses a kitchen closing checklist for the chef who is closing the kitchen. This checklist is used to ensure that all machines are shut off properly and that all cleaning that is needed to be done before the kitchen closes for the night is completed." The facility's nightly Kitchen Closing Checklist includes "All kitchen surfaces wiped down and clean" as a nightly task to be completed by the chef before closing the kitchen | {R253} | | |

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| {R253} | Continued From page 8<br>each night.<br><br>The Food Service Director confirmed these findings during the facility tour commencing at 9:15 AM on 12/5/23.<br><br>2. During the facility tour commencing at 9:15 AM on 12/5/23 the kitchen's sink and counter adjacent to the sink was observed with stacks of dirty dishes, large food containers, pots, pans, and baking trays piled beside and on top of the sink bays. A large covered bin containing chopped vegetables placed on top of a pile of dirty dishes along with bins and baking pans which appeared to contain food residue from previous meals. During the kitchen tour on the morning of 12/5/23 the Food Service Director confirmed dirty dishes, bins, and cookware stacked on the sink, some of which still contained food, were not from the preparation and service of the breakfast meal on 12/5/23, and stated s/he was unsure when these items were placed on and beside the sink. | {R253} | | |
| {R291} SS=F | IX. PHYSICAL PLANT<br><br>9.6 Plumbing<br><br>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview there was a failure to ensure water temperatures in resident areas do not exceed 120 degrees Fahrenheit. Findings include: | {R291} | R291 Accepted on 12/15/23.<br>Sherry Ross, RN | |

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| {R291} | Continued From page 9<br><br>During the facility tour commencing at 9:15 AM on 12/5/23 the water temperatures in sinks accessible to residents adjacent to both facility dining areas and 3 out of 4 sampled resident rooms were observed to be above 120 degrees Fahrenheit as follows:<br><br>a. Water in the sink accessible to residents adjacent to the Town Dining Room tested at 122.4 degrees Fahrenheit<br>b. Water in the sink accessible to residents adjacent to the Junction Dining Room tested at 123.3 degrees Fahrenheit<br>c. Water in resident room #25 tested at 123.4 degrees Fahrenheit<br>d. Water in resident room #44 tested at 123.1 degrees Fahrenheit<br>e. Water in resident room #25 tested at 122.4 degrees Fahrenheit<br><br>The Maintenance Director confirmed water temperatures in areas accessible to residents were maintained at temperatures greater than 120 degrees Fahrenheit on the morning of 12/5/23. At 1:20 PM on the Manager confirmed written policies and procedures for monitoring and maintaining water temperatures within the required limits had not been developed and implemented. Following a series of adjustments made to the boiler by the Maintenance Director water temperature in all sampled areas were observed to be sustained below 120 degrees Fahrenheit at approximately 1:30 PM on 12/5/23. | {R291} | | |

Maple Ridge

AN ASSISTED LIVING &
MEMORY CARE CAMPUS

December 15, 2023

Carolyn Scott, LMHC, M.S.
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 Carolyn Scott,

Please accept this as our plan of correction for the survey at Maple Ridge Memory Care on December 5, 2023.

R167 SS=E

The corrective action put in place in regards to this deficiency is that all residents on a psychoactive PRN will have a written behavior/intervention plan that is to be followed prior to giving a PRN. The written behavior/intervention plans will have the following information on them: specific behaviors the medication is intended to correct or address, specifies the circumstances that indicate the use of the medication and desired effects or undesired effects the staff must monitor for. All staff will be educated on what the effects are to be looking for. Staff will also be educated on documentation regarding the specific results when the PRN psychoactive medication is administered.

The written behavior plan will be in a binder on the med cart and in the wellness rooms to ensure all who need access to this will have it. The Director of Nursing will meet with the nursing team to create the behavior/intervention plan and update them when care plans are as needed and annually.

The Director of Nursing/designee will ensure this action is followed.

This action will be completed by Wednesday, December 20th 2023.

R246 SS=F

The corrective action put in place for this deficiency is that the Food Service Director and Executive Director/Designee will do a weekly food audit of all refrigerators/freezers to ensure that all items are

within the food safe date. Anything that is close or has expired will be thrown away. Food Service staff will take the Food Handling ServSafe class and get a certification by Friday, December 22nd, 2023. Food Service Director will train and ensure all kitchen staff know how to label food with the date opened and date to be discarded. Regional Food Service Director to implement a check list for audit that will be completed by the Food Service Director weekly and checked by ED/Designee.

The Executive Director and Food Service Director/designee will ensure this is followed.

This action will be implemented to begin Thursday, December 14th 2023.
Training to be completed by Friday, December 22nd, 2023.

R247 SS=F

The corrective action put in place for this deficiency is that the Food Service Director and Executive Director/Designee will do a weekly food audit of all refrigerators/freezers to ensure that all items are within the food safe date. Anything that is close or has expired will be thrown away. Food Service staff will take the Food Handling ServSafe class and get a certification by Friday, December 22nd, 2023. Food Service Director will train and ensure all kitchen staff know how to label food with the date opened and date to be discarded. Regional Food Service Director to implement a check list for audit that will be completed by the Food Service Director weekly and checked by ED/Designee.

Regional Food Service Director will update Closing Checklist. Training on Friday, December 15th, 2023 will be done on the closing checklist and temperature checks with kitchen staff to ensure they know what is to be done at the close of each shift including; temperature checks and cleaning. Closing checklist to be given to Food Service Director to sign off on each day and then turned into Executive Director.

The Executive Director and Food Service Director/designee will ensure this is followed.

This action will be implemented to begin Thursday, December 14th 2023.
Training to be completed by Friday, December 22nd, 2023.

R253 SS=E

The corrective action put in place for this deficiency is that cleaning of the refrigerator or freezer will not take place before a food service time to ensure that dirty dishes are not left in the sink area. Kitchen staff will have dish area cleaned before breakfast is cooked and served each morning. Regional Food Service Director will create a cleaning schedule for all appliances and areas of the kitchen to be followed by all kitchen staff. Checklists will be created and followed, once completed will be turned into the Food Service Director for sign off then turned into Executive Director to ensure completed. Regional Food Service Director will do training with kitchen staff on Friday, December 15th, 2023 on new checklists and cleaning process to ensure kitchen staff is trained properly.

Regional Food Service Director will update Closing Checklist. Training on Friday, December 15th, 2023 will be done on the closing checklist and temperature checks with kitchen staff to ensure they know

what is to be done at the close of each shift including; temperature checks and cleaning. Closing checklist to be given to Food Service Director to sign off on each day and then turned into Executive Director.

The Executive Director and Food Service Director/designee will ensure that this is followed.

This action will be implemented to begin Thursday, December 14th 2023.
Training to be completed by Friday, December 22nd, 2023.

R291 SS=E

The corrective action put in place for this deficiency is that the Plant Operations Manager will ensure that water temperature checks are done weekly until we can ensure the water temperatures are staying within normal range. On Friday, December 13th, 2023, the Plant Operations Manager will have Alliance Mechanical come to the community to ensure the mixing valves are working properly and to educate all maintenance staff on how to adjust the water temperatures appropriately and what to look for if they are not working properly.
Once there is a month of consistent normal temperatures we will go back to our monthly checks.
Executive Director has a written policy on monitoring and maintaining water temperatures

The Plant Operations Director and Executive Director/designee will ensure this is followed.

This will be implemented on Friday, December 13th, 2023.

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, CDP
Senior Executive Director
Maple Ridge Memory Care