



**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 12, 2024

Diane Driscoll, Manager  
North End Ranch  
2 Westview Court  
Rutland, VT 05701

Dear Ms. Driscoll:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 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>0667</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH END RANCH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 WESTVIEW COURT RUTLAND, VT 05701</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
R100	<p><b>Initial Comments:</b></p> <p>An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 10/19/24. Regulatory deficiencies were identified. Findings include:</p>	R100		
R128 SS=E	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p><b>5.5 General Care</b></p> <p><b>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</b></p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure medications are administered according to physician's orders for two applicable residents (Resident #1 Resident # 2). Findings include:</p> <p>Per resident record review two residents of the applicable sample physician's orders did not include specific directions of use for Resident #1 and # 2. The as needed medication order(s) did not include directions in the hours of frequency to administered the medications.</p> <p>1. Resident #1 medication record included the following orders to not have complete directions, to indicate the frequency to administer as needed (PRN) medication. The orders are as follows, Imodium AD 2 mg, take 1 tablet BID (twice daily) as needed, Calmoseptine 0.44% -20.6% topical ointment, apply 1 film as needed to affected area TID (three times a day) as needed, Nystain 100,000 unit/gram topical cream, apply 1</p>	R128		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Janie Hooker*

*North End Ranch manager*

*11/19/24*

Division of Licensing and Protection

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R128	Continued From page 1  unspecified as needed topically BID (twice daily) as needed.  2. Resident #2 medication record included the following medication order to not have complete directions, to indicate the frequency to administer the as needed medication. The order is written as, Mucinex 600 mg tablet, take 1 tablet as needed by oral route twice as needed  Per interview in the afternoon on 10/29/24, the Manager confirmed the as needed (PRN) medications orders did not include complete directions in the frequency the medications are to be administered.	R128			
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Registered Nurse (RN) failed to ensure 2 out of 3 resident records contained an annual reassessment and a significant change assessment (Residents #1 and #2). Findings include:	R136			

*Janie Snow*

*North end Ranch manager*

*11/19/24*

Division of Licensing and Protection

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R136	Continued From page 2  1. Per record review Resident #1, was admitted to the Residential Care Home (RCH), from the previous location in September 9/2021. The most recent assessment was completed on 4/23/2023. An annual reassessment was not identified within the resident record as completed.  2. Per record review Resident # 2 was admitted to the Residential Care Home (RCH) on 5/16/22, the most recent assessment completed wit in the record was on 9/20/22. An annual reassessment was not identified within the resident record as completed.  At 11:40 PM on 10/29/24 the Manager confirmed the completed assessments dates, acknowledging reassessments were not completed on an annual basis.	R136		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory	R179		

*Janie Doster*

*North End Ranch Manager*

*11/14/24*

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R179	Continued From page 3  reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the RCH failed to ensure 2 out of 5 sampled staff completed all required yearly training. Findings include:  Per review staff training records it was noted that 2 out of 5 staff that provide direct patient care did not complete all the required yearly training to include: resident rights, fire safety and emergency evacuation, resident emergency response procedures, such as the Heimlich maneuver, accidents, police, or ambulance contact and first aid, policies, and procedures regarding mandatory reports of abuse, neglect and exploitation, respectful and effective interaction with residents, general supervision, and care of residents.  Per interview on 10/29/24 at 12:00 PM, the Manager confirmed 2 out 5 staff failed to complete the assigned annual trainings of the seven topic areas.	R179		
R302 SS=F	IX. PHYSICAL PLANT	R302		

*Janie Hoob*

*North End manager*

*11/19/24*

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R302	<p>Continued From page 4</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that fire drills were conducted at specific rotating times of the day per regulations. Findings include:</p> <p>During review of the fire drill logs kept by the facility, 1 fire drill was documented as completed within the last year.</p> <p>Per interview on 10/29/24 12:10 PM, the Manager confirmed the documentation of 1 completed drill in November 2023, s/he confirmed no additional fire drills have been completed.</p>	R302		

*Jarvis Brown*

*North end ranch manager*

*11/19/24*



	<p>600 mg tablet, take 1 tablet as needed by oral route twice as needed.</p> <p>Per interview in the afternoon on 10/29/24, the Manager confirmed the as needed (PRN) medications orders did not include complete directions in the frequency the medications are to be administered.</p>			
<p>R136 SS=E</p>	<p>5.7 Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: R136 Based on record review and staff interview the Registered Nurse (RN) failed to ensure 2 out of 3 resident records contained an annual reassessment and a significant change assessment (Residents #1 and #2).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Per record review Resident #1, was admitted to the Residential Care Home (RCH), from the previous location in September 9/2021. The most recent assessment was completed on 4/23/2023. An annual reassessment was not identified within the resident record as completed.</li> <li>2. Per record review Resident # 2 was admitted to the Residential Care Home (RCH) on 5/16/22, the most recent assessment completed wit in the record was on 9/20/22. An annual reassessment was not identified within the resident record as completed.</li> </ol> <p>At 11:40 PM on 10/29/24 the Manager confirmed the completed assessments</p>	<p>Nursing Supervisor, Compliance Director, and EMR specialist will meet to review and ensure VT Nursing Assessment is available for scheduling outside of the Admission forms group, for Yearly Update, and updates as needed.</p> <p>Credible BI Report System to be created for Nursing Supervisor to track timeliness, and review Nursing Assessments</p> <p>Nursing Supervisor to provide training during Supervision specific to "Significant Change Assessment", when these are to occur.</p> <p style="color: blue;">R 136 Accepted Jenielle Shea, RN 12/11/24</p>	<p>1/31/25</p>	



	dates, acknowledging reassessments were not completed on an annual basis			
R179 SS=E	<p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the RCH failed to ensure 2 out of 5 sampled staff completed all required yearly training. Findings include: Per review staff training records it was noted that 2 out of 5 staff that provide direct patient care did not complete all the required yearly training to include: resident rights, fire safety and emergency evacuation, resident emergency response procedures, such as the Heimlich</p>	<p>North End Ranch Supervisor to check staff training compliance weekly. Any Staff out of compliance with training are not permitted to work on the floor until training complies.</p> <p>All new hires are required to complete their 12hours of required trainings, following Agency Orientation, prior to being on the floor and/or shadowing. Supervisors will check and confirm Training has been completed prior to scheduling new hires for any shadowing/on the floor training/shifts.</p> <p style="text-align: center; color: blue;">R179 Accepted Jenielle Shea, RN 12/11/24</p>	Immediately - 11/19/24	Complete

	<p>maneuver, accidents, police, or ambulance contact and first aid, policies, and procedures regarding mandatory reports of abuse, neglect and exploitation, respectful and effective interaction with residents, general supervision, and care of residents.</p> <p>Per interview on 10/29/24 at 12:00 PM, the Manager confirmed 2 out 5 staff failed to complete the assigned annual trainings of the seven topic areas.</p>			
<p>R302SS =F</p>	<p>IX PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that fire drills were conducted at specific rotating times of the day per regulations. Findings include: During review of the fire drill logs kept by the facility, 1 fire drill was documented as completed within the last year.</p> <p>Per interview on 10/29/24 12:10 PM, the Manager confirmed the documentation of 1 completed drill in November 2023, s/he</p>	<p>Supervisor will review during bi-weekly supervision with Site Safety Staff, and document, compliance with all necessary drills, trainings, safety concerns, etc. Supervisor will support/assist/ensure the immediate scheduling of any/all trainings and drills necessary to serve as a check and balance for site safety responsibilities.</p> <p>R302 Accepted Jenielle Shea,RN 12/11/24</p>	<p>Immediately 11/19/24</p>	<p><b>Complete:</b></p> <p>Fire Drills occurred: Jan 2<sup>nd</sup>, July 14<sup>th</sup>, November 30<sup>th</sup> 2024</p>

	confirmed no additional fire drills have been completed.			
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