



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

September 12, 2024

April Stein, Manager
Path At Stone Summit
Po Box 236
Danby, VT 05739-0895

Dear Ms. Stein:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 10, 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', written over a light blue horizontal line.

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: 0651	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2024
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NAME OF PROVIDER OR SUPPLIER PATH AT STONE SUMMIT	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 236 DANBY, VT 05739
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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
T 001	Initial Comments An unannounced onsite relicensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 7/10/24. Regulatory deficiencies were identified as a result of the relicensure survey. Findings include:	T 001		
T 071 SS=F	V.5.13 Resident Care and Services 5.13 Policies and Procedures Each residence must have written policies and procedures that govern all services provided by the residence. A copy shall be available for review at the residence upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview the TCR failed to have written policies developed upon request. Per interview at 1:10 PM, the Director of Operations confirmed the Facility does not have a policy developed on monitoring and maintain hot water temperatures.	T 071	08/05/2024 A policy has been created, added to our Standard Operating Guidelines and is available for review upon request. T071 Accepted Jenielle Shea, RN 9/12/24	
T 173 SS=F	IX.9.6.c Physical Plant 9.6 Plumbing 9.6.c All plumbing fixtures shall be clean and free from cracks, breaks and leaks. This REQUIREMENT is not met as evidenced by:	T 173		

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

April Stein, PhD

TITLE
CEO & Founder

(X6) DATE
08/07/2024

Division of Licensing and Protection

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T 173	<p>Continued From page 1</p> <p>Based on observation and staff interview, the TCR failed to ensure hot water temperatures were maintained below 120 degrees Fahrenheit.</p> <p>Per observation at approximately 10:00 AM of the facility bathroom areas, a bathroom located on the main floor water temperature measured at 134.4 degrees Fahrenheit and a bathroom on the second floor of the home measured at 124.2 degrees Fahrenheit. The observations were confirmed at the time observed by the Director of Operations (DOP).</p> <p>The DOP adjusted the thermostat at time of observations and the temperature recheck at 1:10 PM indicated the temperatures to decrease. The DOP confirmed to monitor the water in the upcoming days to ensure the temperatures maintained at or below 120.</p> <p>Per interview at 1:10 PM the Director of Operations confirmed a policy is not established to monitor and maintain water temperatures.</p>	T 173	<p>Water temperature was adjusted and verified to be correct before inspector left.</p> <p>The door to the mechanical room has been secured and only staff have access, a sign was placed on the water heater warning not to adjust water temperature & a visual check of the water heaters will be conducted monthly along with a check of the first-floor water temperature with a thermometer.</p> <p>A visual check of the water heater gauge and a manual check of the water temperature will be completed any time maintenance is performed on the water heater and or boiler system.</p> <p>These corrections were made on 7/16/24</p> <p style="text-align: right; color: blue;">T173 Accepted Jenielle Shea, RN 9/12/24</p>	