



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

July 27, 2022

Ms. Kimberly Cole, Manager  
Pine Knoll Community Care Home  
601 Red Village Road  
Lyndonville, VT 05851

Dear Ms. Cole:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 13, 2022**. 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.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/13/2022
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NAME OF PROVIDER OR SUPPLIER  PINE KNOLL COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851
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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:  The Division of Licensing and Protection conducted unannounced onsite investigations of 1 complaint and 1 facility self report on 7/13/22. The following regulatory violation was cited as a result.	R100		
R224 SS=D	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 interview and record review, the facility failed to ensure 1 applicable resident (Resident # 1) was free from verbal abuse. Findings include:  Per record review, confirmed by staff and resident interview, a facility caregiver was verbally abuse to Resident # 1. On June 30, 2022, the careglver and Resident # 1 got into a verbal altercation. In a written statement dated 7/9/22, the caregiver stated "This is when my anger took over". " So I started throwing words back at her". The care giver also states "I admitted that I was rude and hurtful back". "It was at that moment I knew I needed to quit...I was unkind to a resident...I shouldn't have let my lempor get the best of me". This is confirmed by Resident # 1 during an interview on 7/13/22 at 12:03 PM. On 7/13/22 at 12:45 PM, the facility Administrator confirms the above.	R224	<ol style="list-style-type: none"> <li>1. The identified employee no longer works in the facility.</li> <li>2. The identified resident has no lasting negative effects related to the alleged deficient practice.</li> <li>3. Re-education has been completed regarding abuse.</li> <li>4. Audits will be conducted in the form of interviews with residents and staff to monitor the effectiveness of the plan.</li> <li>5. Audits will be completed weekly by the facility manager and/or Registered Nurse for 4 weeks and monthly thereafter x 3 months.</li> <li>6. Corrective action will be completed by 8/5/2022.</li> </ol>	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Kimberly Cole* *Renee Lyall* TITLE *Level 3 manager* (X6) DATE *7.21.22*  
STATE FORM 8899 11/11 If continuation sheet 1 of 1  
*Level 3 manager*

*R224 POC accepted 7/22/22 RTremblay RN/PMU*