



**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

June 1, 2023

Mr. Joey Estrella, Manager  
The Residence At Otter Creek  
350 Lodge Road  
Middlebury, VT 05753-4498

Dear Mr. Estrella:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 19, 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.

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:  0596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/19/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  THE RESIDENCE AT OTTER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 350 LODGE ROAD MIDDLEBURY, VT 05753
--	---

(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 an unannounced onsite re-licensure survey on 4/19/23. The following regulatory violations were cited as a result:	R100	This plan of correction is not an admission to and does not constitute an agreement with alleged deficiencies herein. To remain in compliance with the Division of Licensing and Protection regulations, The Residence at Otter Creek has taken and/or will take the actions set forth in this plan of correction.  R247: Dry food items in bags will remain in original packaging to ensure that expiration dates are visible. Training with servers, chefs and department heads was initiated immediately and will continue ongoing make sure that these practices are followed.  In addition to the implementation of signage to remind associates of proper storage, immediate re-education for chefs and servers was completed. Restaurant Operations Director, and/or designee will conduct audits ensuring proper storage is maintained. Audits will occur daily and will be documented x 1 month, followed by weekly x 1 month, and then every other week x1 month, followed by monthly ongoing thereafter. Re-education will be completed as needed.	
R247 SS=D	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  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.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews there was a failure to ensure all perishable food and drinks were labeled and dated. Findings include:  During a tour of the facility kitchen and food storage area commencing at 9:15 AM on 4/19/23 the following perishable food items were observed in the dry storage area without dates as to when they expire. These items include two large bags of cheerios, and one large bag of corn flakes. This was confirmed by the food services manager at time of finding stating " we remove them from the original packaging to save space".	R247		
R251 SS=E	VII. NUTRITION AND FOOD SERVICES  7.3 Food Storage and Equipment  7.3.a All food and drink shall be stored so as to	R251		

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

TITLE

(X6) DATE

STATE FORM

6899

EXECUTIVE DIRECTOR

700B11

5/31/23

If continuation sheet 1 of 5

Tags R247 to R302 accepted on 5/31/2023 - R. Tremblay/C. Scott

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/19/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  
**THE RESIDENCE AT OTTER CREEK**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**350 LODGE ROAD  
MIDDLEBURY, VT 05753**

(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
R251	Continued From page 1  protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure food and drinks were stored in a manner as to protect them from dust, insects, rodents, and overhead leakage. Findings include:  During tour of facility kitchen and food storage areas commencing at 9:15 AM on 4/19/23 the following observations were made. Eight five-gallon containers of ice-cream, a tray containing six pre-made ice-cream sandwiches, and a large box of blueberries were noted to be uncovered. This was confirmed by the food services manager at the time of finding.	R251	As part of this plan of correction Executive Director, and Resident Care Director will maintain documentation of the completed audits.  R251: In addition to the implementation of signage to remind associates of proper storage, immediate re-education for chefs and servers was initiated. Restaurant Operations Director and/or designee will conduct audits ensuring proper storage is maintained. Audits will occur daily and will be documented x 1 month, followed by weekly x 1 month, and then every other week x1 month, followed by monthly ongoing thereafter. Re-education will be completed as needed.	
R258 SS=E	VII. NUTRITION AND FOOD SERVICES  7.3 Food Storage and Equipment  7.3.h All garbage shall be collected and stored to prevent the transmission of contagious diseases, creation of a nuisance, or the breeding of insects and rodents, and shall be disposed of at least weekly. Garbage or trash in the kitchen area must be placed in lined containers with covers.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure trash cans in the kitchen area remained covered. Findings include:	R258	As part of this plan of correction in addition to Restaurant Operations Director, the Executive Director and Resident Care Director will maintain documentation of the completed audits.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/19/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  THE RESIDENCE AT OTTER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 350 LODGE ROAD MIDDLEBURY, VT 05753
--	---

(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
R258	Continued From page 2  During tour of facility kitchen area commencing at 9:15 AM on 4/19/23 observations noted eight plastic trash cans located in food prep area were uncovered. This was confirmed by the food services manager at the time of observation.	R258	R258: Self-closing restaurant style garbage containers have been ordered to replace existing garbage cans. Chefs and servers have been trained on proper garbage containment including but not limited to lids on trash cans when not actively using them.	
R266 SS=D	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to provide a safe environment. Findings include:  Per observation at on 4/19/23 at 11:02 AM, on the first floor of the residential hallway of the Residential Care Home (RCH), 3 doors were found unsecured: Electrical Room, Communication/Sprinkler Control room and the Maintenance Room. At 11: 10 AM a housekeeping cart was observed in the hallway unattended, the cover to the cart of where cleaning chemicals are stored was found unsecured and the cleaning chemicals were accessible by lifting the compartment door. The cart was observed to not have a securing device to lock the compartment of cleaning chemicals.  An 1:30 PM an interview with the Maintenance Director confirmed that the 3 doors mentioned	R266	Director of Restaurant Operations and/or designee will conduct audits regarding trash storage in the kitchen area. Audits will occur weekly x 1 month followed by every two weeks x 1 month and then monthly ongoing thereafter. Random spot checks will be completed ongoing by Otter Creek Department Heads. Re-education will be completed as needed.  As part of this plan of correction the Executive Director and Resident Care Director will maintain documentation of the completed audits.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/19/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  THE RESIDENCE AT OTTER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 350 LODGE ROAD MIDDLEBURY, VT 05753
--	---

(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
R266	Continued From page 3  above were unlocked. The Maintenance Director acknowledged these doors are to be locked when not in use. S/he confirmed the housekeeping carts do not have a securing devices and the cleaning chemicals are accessible.	R266	R266: New securing devices for the housekeeping carts have been ordered. Re-education on proper chemical storage has been implemented and will remain ongoing and/or as needed.	
R302 SS=E	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  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.  This REQUIREMENT is not met as evidenced by: Based on record review, and staff interview there was a failure to provide documentation of fire drills conducted during the previous 12 months. Findings include:  During re-licensing survey on 4/19/23, staff was asked to demonstrate via documentation that they were conducting fire drills on a quarterly basis and rotating times among morning, afternoon, evening, and night. Based on record review the facility failed to demonstrate fire drills	R302	R302: In addition to fire safety training offered to associates during general orientation, Maintenance Director and Executive director will ensure required fire drills are completed, with associates signing off on documentation. The Maintenance Director and Executive Director will both keep copies of this documentation.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0596</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE RESIDENCE AT OTTER CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 LODGE ROAD MIDDLEBURY, VT 05753</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
R302	Continued From page 4  on a quarterly basis with rotating times. This was confirmed by the maintenance director on the afternoon of 4/19/23.	R302		