



**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

July 31, 2024

Jason Cairns, Manager  
The Residence At Otter Creek  
350 Lodge Road  
Middlebury, VT 05753-4498

Dear Mr. Cairns:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 25, 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 grid background.

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>0596</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2024</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
R100	Initial Comments:  On 6/25/24 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. The following regulatory deficiency was identified:	R100		
R291 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.6 Plumbing</p> <p>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures are maintained below 120 degrees Fahrenheit in areas of the home accessible to residents. Findings include:</p> <p>During a tour of the Residential Care Home (RCH) commencing at approximately 9:35 AM on 6/25/24 water temperatures were observed to be above 120 degrees Fahrenheit in Resident apartments including:</p> <p>Apartment # 101 121.3 degrees Apartment # 103 126.7 degrees Apartment # 108 127.9 degrees Apartment # 201 140.2 degrees Apartment # 219 130.0 degrees</p> <p>These findings were confirmed by the Executive Director during a tour of the RCH on the morning of 6/25/24. Following adjustments made to the boiler by the facility's maintenance staff, at approximately 2:25 PM on 6/25/24 resident areas previously</p>	R291		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Executive Director (X6) DATE 7/27/24

