



**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

May 31, 2023

Angela Zizza, Manager  
Valley Terrace  
2820 Christian Street  
White River Junction, VT 05001-9822

Dear Ms. Zizza:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 15, 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:  <b>1004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/15/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VALLEY TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001</b>
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R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 5/15/23. The following regulatory violations were identified:	R100		
R173 SS-E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.h.  (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys  This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, there was a failure to maintain medications in a locked medication cart and failure to ensure only authorized personnel have access to the medication cart. Findings include:  During the environmental tour of the Assisted Living Residence (ALR) at 10:19 AM on 5/15/23, the medication cart was found to be unlocked and unattended, making it accessible to residents or visitors. This observation was confirmed by the Assistant Health Services Director when approached by the surveyors shortly after the observation.	R173	<b>R173 SS=E 5.10h</b> The action taken to correct the above deficiency is outlined as follows:  Education was completed at once with the nurse responsible for leaving the cart unlocked and unattended. Education was completed with the med techs and nurses, documented and placed in the employee files. The Assistant Health Services Director completed audits daily x 4 days (5/16-5/19). Audits will continue weekly to include all shifts, and continue for 3 months to ensure 100% compliance. The results of these audits will be reported at the next QAPI meeting.	5/19/23

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Angela M. Zizza* TITLE  
*Executive Director* (X6) DATE  
*5/24/2023*

STATE FORM 6899 O8WP11 If continuation sheet 1 of 6

Division of Licensing and Protection

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R247	Continued From page 1	R247		
R247 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure kitchen staff consistently labeled, dated and covered all perishable food. Findings include:</p> <p>During a tour of the kitchen on 5/15/23 at 9:55 AM accompanied by the Dietary Manager the following observations were made and confirmed:</p> <p>1. Within the walk-in cooler food items were observed without the dates indicating when they were opened. Items included: stick of butter wrapped in saran wrap, opened bag of shredded cheese, (5) 1-gallon containers of dressings: Ranch, Italian, Balsamic Vinaigrette, Caesar, and 1-gallon sweet pickle relish.</p> <p>2. Within the "reach in" refrigerator items were without the dates indicating when they were opened Items include: Half gallon of Milk, 12-ounce jar of Relish, 24-ounce container of Chocolate syrup, 20-ounce jar of grape jelly, 46-ounce bottle of Prune juice, 46-ounce bottle of V8 juice, and (3) 1-liter bottles of soda.</p> <p>3. In the dry pantry the following items were observed to be unopened and removed from the</p>	R247	<p><b>R247 SS=D</b></p> <p><b>1, 2, 3</b></p> <p>An initial audit was completed on 5/15/23 to correct the findings. The audits were completed in the walk-in, reach-in refrigerators, as well as the dry pantry areas.</p> <p>Education will be completed with all dietary staff. Audits will be completed 3x a week by the Food Services Director to ensure 100% compliance for 4 weeks then weekly for 3 months, then monthly thereafter.</p> <p>All findings with progress reports will be reported at the QAPI meetings.</p>	5/16/23



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R247	<p>Continued From page 2</p> <p>original box or packaging, without proper labeling of first use and/or expiration dates. Items found:</p> <p>a.) Unopened packages of food items were observed on the storage shelf, the packaging did not include the expiration date of the items observed. These items include: (8) 5-pound bags of brownie mix, (1) 5-pound bag of pancake mix, (1) 5-pound of muffin mix, (10) 5-pound bag of cornbread mix.</p> <p>The Dietary manager confirmed the bags were not labeled with expiration date stating, "We unpack food items from the original packaging/box to save space."</p> <p>b.) Opened bags of pasta were observed without the printed expiration date and the date indicating when the item was first used. The following items were observed: 5-pound bag of egg noodles, 10-pound bag of Penne,</p> <p>(2) 10-pound bag of spaghetti, 10-pound bag of elbow pasta.</p> <p>The Dietary manager confirmed the bags were opened and without proper labels to identify date of first use and date of expiration. The Dietary manager stated "We cut the larger bags down to size to save space"</p> <p>On 5/15/23 at 10:25 AM the food service manager acknowledged that all perishable food items should be labeled to identify the item, the date of first opening and the date expiration. The manager further acknowledged if food items are removed from the original packaging/box or the packaging is sized down the food items are to be relabeled to ensure the items are properly identified and labeled with the date of expiration.</p>	R247	<p><b>R247 SS=D – continued from page 2</b></p> <p>All unopened packages that did not include the expiration date, and the date indicating when the item was opened have been disposed of.</p> <p>An in-service with the dietary staff has been completed, documented, and placed in the employee files.</p> <p>The Food Services Director will complete weekly audits x 3 months to ensure 100% compliance and report to QAPI.</p>	<p>5/16/23</p> <p>5/19/23</p>
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R251 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.</p> <p>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:</p> <p>During tour of facility kitchen and food storage areas commencing at 9:55 AM on 5/15/23 the following observations were made. Five three-gallon containers of ice-cream located in small freezer, and a large bag of pasta located in dry food storage were noted to be uncovered. This was confirmed by the Food Services Manager at the time of finding.</p>	R251	<p><b>R251 SS=D – 7.3</b></p> <p>The uncovered and unopened food items were disposed of. Education was completed with the dietary staff. Weekly audits will be completed by the Food Service Director x3 months to ensure 100% compliance and report to QAPI. Plastic lids have been ordered for future use.</p>	<p>5/15/23 5/16/23 5/19/23</p>
R258 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced</p>	R258	<p><b>R258 SS=D</b></p> <p>On May 16 the new trash receptacles with permanent covers were purchased and replaced the old trash receptacles.  Education was completed on May 19 with the dietary staff.</p>	<p>5/16/23</p>



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R258	Continued From page 4  by: Based on observation and staff interview, the facility failed to ensure trash cans in the kitchen area remained covered. Findings include:  During tour of facility kitchen area commencing at 9:55 AM on 5/15/23 observations noted two plastic trash cans located in food prep area was uncovered. This was confirmed by the Food Services Manager at the time of observation.	R258		
R291 SS=F	IX. PHYSICAL PLANT  9.6 Plumbing  9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures did not exceed 120 degrees Fahrenheit in resident areas of the Assisted Living Residence (ALR). Findings include:  Per observation on 5/15/23 at 10:40 AM, water temperatures exceeded the recommended 120 degrees Fahrenheit in five resident areas. Resident room #202 water temperature was noted to be 128.7 degrees Fahrenheit, resident room #9 water temperature was noted to be 126.1 degrees Fahrenheit, first floor powder room water temperature was noted to be 129.2 degrees Fahrenheit, Aster 2 restroom water temperature was noted to be 128.2 degrees Fahrenheit, and Clover 2 kitchenette water temperature was noted to be 124 degrees	R291	<p><b>R291 SS=F</b></p> <p>On May 15 the water temperature log documents were updated to include the normal water temperature and the protocol when temps are higher than 120 or lower. When water temperatures are out of normal range the Maintenance Director will immediately notify the Executive Director and put the protocol in place until water temperatures are back to normal. Water temperatures will be checked 3x weekly then weekly x1 month, then monthly thereafter.</p> <p>The water temperature log will be presented to QAPI. Education with the Maintenance Director was completed on May 19.</p>	5/19/23

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R291	<p>Continued From page 5</p> <p>Fahrenheit. This observation was confirmed by the Assistant Health Services Director at the time of findings.</p> <p>Per record review on the afternoon of 5/15/23 water temperatures were noted by the facility's water temperature logs to be 125 degrees Fahrenheit above the recommended 120 degrees Fahrenheit on twelve occasions between the months of January 2023 and April 2023. This was confirmed by the Maintenance Director on the afternoon of 5/15/23 stating "We turn them up during the winter months".</p> <p>Per observation on the afternoon 5/15/23 water temperatures were within normal limits prior to exit.</p>	R291		