



**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

November 8, 2023

Ms. Kathleen Lowell, Manager  
Valley Vista Vergennes  
1 Alden Place  
Vergennes, VT 05491

Dear Ms. Lowell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 11, 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 black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.  
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0655</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/11/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VALLEY VISTA VERGENNES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 ALDEN PLACE VERGENNES, VT 05491</b>
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T 001	Initial Comments  An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection on 10/11/23. Regulatory deficiencies were identified as a result of the survey. Findings include:	T 001		
T 100 SS=C	<p>VI.6.16 Residents' Rights</p> <p>VI. Residents' Rights</p> <p>6.16 Residents have the right to fill out a document called an "advance directive" in accordance with Title 18, chapter 231 and to have the residence follow the residents' wishes, unless such wishes are contrary to a court order. The residence shall provide residents with information about advance directives and, upon request, may support a resident's efforts to complete the documents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to ensure information of Advance Directives were available upon request. Findings include:</p> <p>Per record review of 3 out of 3 residents of the applicable sample Resident #1, #2, and #3 were without documentation to indicate advance directive. In review of the admission agreement, through the admission process residents are informed of their Resident Right's to establish an advance directive, the agreement states "If I need assistance with this I understand I may obtain a form the Admission Assistant that will help me to</p>	T 100	<p><i>please see attached.</i></p>	

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

*Patricia Conwell*

TITLE

*Program Director*

(X6) DATE

*11/7/23*

Division of Licensing and Protection

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T 100	<p>Continued From page 1</p> <p>create one." Per the intake documentation a question is posed to identified if an advance directive is established with a yes or no answer, with a note section to include further information as needed.</p> <p>Upon facility policy review, it was indicated the process of new intakes within the facility policy to ensure documentation of a client declining advance directives were documented.</p> <p>Per interview on 10/11/23 at 2:35 PM the Nurse confirmed through the intake process of admission, residents are asked if an advance directive is in place. The nurse confirmed, no follow up questions to inquire if a resident would like to establish an advance directive asked and unaware of documentation to provide to residents if requested or declined.</p> <p>Per interview on 10/11/23 the Admissions Coordinator confirmed to complete the admission agreements with new residents upon entry. The Admission coordinator was unaware of available documentation to provide with the admission process and/or how to obtain a form if a resident were to request to complete an Advance directive.</p>	T 100	<p><i>Please see attached.</i></p>	
T 127 SS=F	<p>VII.7.2.b 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 temperature. Hot foods shall be kept hot at 135 degrees F and cold foods shall be kept at 41 degrees F or cooler.</p>	T 127		

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T 127	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the Manager failed to ensure all perishable foods and drinks were labeled and dated.</p> <p>Per observation of Kitchen at 10:20 AM, the refrigerator was observed to have prepared and perishable food stored with out proper labeling of the item and or dates of preparation. Items include prepared chocolate cake, vegetable frittata, cinnamon buns, prepped foods in storage containers: watermelon and red beans, tomatoes, lettuce.</p> <p>Per observation of the dry storage area at 10:35 AM , the pantry stored food items that were removed from the original delivery packaging. The items were removed from the packaging and stored on shelving. The items were observed to not include properly labeling to identify the items and/or include expiration dates, items include packaged bags of cereals and dry packaged bags of baking goods (Jello and pudding). Within the dry storage area a storage freezer was observed to have multiple varying frozen packages stored within (chicken, fries and ravioli) all of the packaged items observed were not labeled to identify item and or use by dates/dates of expiration. The Kitchen Coordinator confirmed the observation at the time of the findings.</p> <p>Per interview on 10/11/23 at 10:35 AM the Kitchen Coordinator confirmed all the items observed were not properly label to identify the items and or date of preparation. The kitchen Coordinator acknowledged the unpackage the items are removed from the original packaging due to limited storage space within the dry storage room and freezer.</p>	T 127	<p><i>please see attached.</i></p>	
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T 141 SS=F	<p>VII.7.3.i Nutrition and Food Services</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the Facility failed to ensure cleaning chemicals were properly stored within the kitchen. Findings include:</p> <p>Per observation of the Kitchen at 3:10 PM, a counter area with shelving above for food storage and the cabinets under the counter were observed to store cleaning products, Multi surface cleaner Containing bleach, Ecolab grease strip plus and lime away cleaner. The cabinets were in poor repair, the cabinet was a two door system, the doors open at the middle of the cabinet system the left cabinet door was not attached and the chemicals were readily accessible and not stored in a secure locked compartment.</p> <p>Per interview on 10/11/23 at 3:20 PM the Kitchen Coordinator confirmed the area is designated as the handwashing sink, the counter counterspace is used for storage of kitchen items and food and the left cabinet door is broken (not attached to function) and the chemicals were accessible and not secured.</p>	T 141	<p><i>Please see attached.</i></p>	
T 146 SS=F	IX.9.1.a Physical Plant	T 146		

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T 146	<p>Continued From page 4</p> <p>9.1 Environment</p> <p>9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the TCR failed to ensure a safe and functional environment within the kitchen. Findings include:</p> <p>Per observations during the facility tour commencing at 10:35 AM, the Kitchen was observed to have an unorganized, cluttered and not as functional as possible environment. The cupboards were utilized for dry storage, packaged items were stacked haphazardly on top of the other, through observation items became unbalanced and falling from the cabinets and/or within the cabinets. The counter area below the cabinetry for storage was identified as the "prep/cooking" area, the counterspace was utilized as a storage area for perishable items, to include fruits and vegetables. The area was disorganized food items were stacked amongst another the counterspace was limited for proper use of a prep area for food. The prep area was adjacent to the refrigerator, a mop and wheeled bucket used for mopping of the kitchen floor areas, was stored with the mop handle leaning on the counter prep area and with the wheeled bucket acquiring a partial amount of the walkway area from the refrigerator to the prep area.</p>	T 146	<p><i>please attached.</i></p>	
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T 146	<p>Continued From page 5</p> <p>An additional observation of the Kitchen commenced at 3:10 PM, through the observation an alternate area of the kitchen, identified as the handwashing sink, presented as a storage area for tableware items. Serving trays were on the counters and covered the access to the handwashing sink, the trays contained plateware and cups, the items were identified to be utilized for the next meal. The cabinetry below the counterpace was in poor repair, a cabinet door was missing from a section of the cabinetry.</p> <p>Per the initial interview with the Kitchen Coordinator at 10:40 AM confirmed the observations of the cluttered areas on the counterspace and confirmed the mop and bucket is stored within the food prep area and within a walkway of the kitchen. During the follow-up observation at 3:20 PM an interview with the Kitchen Coordinator acknowledged the kitchen has limited storage space and the counters are utilized for storage of perishable items and dry goods. The Kitchen manager confirmed that when raw foods are prepared for meals on the prep counter areas, the perishable food and dry goods stored on the counterpace remain on the counterspace and are not removed.</p>	T 146	<p><i>Please see attached.</i></p>	
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### Plan Of Correction from 10.11.23 Survey

**T 100:** New question added to Medical Record Asking if patient wants education related to Advanced directives, patient will be given the IHI conversations starter kit. These questions have been moved from the screening to the nursing admission. The advanced directive information is now part of our electronic health record and will stay in the record, so that we are able to keep track of acceptances or denials of the advanced directives.

T100 accepted by Carol Scott LTCM 11-8-23

**T 127:** Corrective actions taken: Immediately after the survey was conducted new labels, bulk quantities of zipper seal bags and plastic airtight Tupperware storage containers were purchased.

The labeling process was reviewed and signed with kitchen staff and the following process has been put in place: A new label gun has been purchased, all items received are checked for expiration date, anything outdated upon delivery will be rejected and noted for credit. Any items received in bulk requiring packaging to be broken down will be labeled with current date and expiration date. Any items removed from the original packaging will be transferred into an approved sealable bag or Tupperware, labeled with description of contents and current date and date of expiration.

In addition to above corrective actions The Facilities Director & Administrative Contact for HCSG has created a computer-based Kitchen Maintenance Calendar Schedule with reminders set to include labeling checks and deep cleaning in the kitchen, dry storage, refrigerator/ freezer and dining area at different intervals. Creating a sign off sheet for these checks would better help the Food Services Director monitor this process.

T127 accepted by Carol Scott LTCM 11-8-23

**T 141:** Corrective action taken: Immediately after the survey, ALL cleaning chemicals were removed and relocated to either the laundry room or the housekeeping closet. In reference to cabinetry: The confined space of the kitchen area has led to the damage and removal of the cabinet doors. Hand washing counter/ cabinet: Will no longer be used to store chemicals.

Section A: The countertop space to the left of the Handwashing sink will be recognized, as well as the shelving above. Designated areas will be established for "Next Meal" tableware items. If additional shelving is required, more will be purchased.

T141 accepted by Carol Scott LTCM 11-8-23

*Katei Lowell Program Director 11/8/23*



**T 146:** Corrective actions taken: Immediately after the survey, cleaning and organization of the kitchen and dry storage area began. This process is ongoing and will be completed by March 31, 2024. It has been discussed that if mopping is needed that the cleaning may still take place, however the mop and mop bucket are to be removed as soon as the floor cleaning is finished.

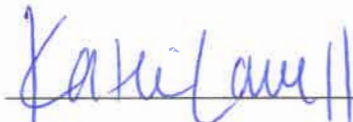
Functionality: It has been determined that the upper cabinets to the right of the freezer, left of the stove, will be removed and replaced with metal shelving to create more storage and free up the prep table area. Upright freezers will be placed into the budget, 1st quarter of 2024 for the dry storage area, freeing up floor space for an additional free-standing shelving and wall racks.

A Commercial kitchen faucet and wall mount pre-rinse sprayer was installed 10/25/23. A new Kitchen All stove and deep fryer are currently on site and ready for install, date March 31,2024. During this process the wall to the right of the entry door from hall will also be repaired.

Please refer to T141, Section A: for corrective measures referencing the Handwashing sink area. A sign placed above the sink stating” do not place items on the sink, handwashing sink”

T146 accepted by Carol Scott LTCM 11-8-23

T100, 127,141, and 146 accepted by Carol Scott LTCM 11-8-23

 11/8/23

Katie Lowell, Program Director