



**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

January 4, 2024

Mr. Luis Marin, Manager  
Vista Residential Living  
5709 Us Route 4  
Mendon, VT 05701

Dear Mr. Marin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 5, 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.

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".

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>0669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/05/2023</b>
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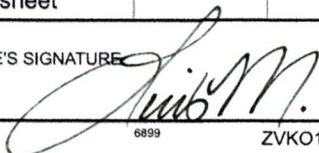
NAME OF PROVIDER OR SUPPLIER  <b>VISTA RESIDENTIAL LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5709 US ROUTE 4 MENDON, VT 05701</b>
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R100	<p>Initial Comments:</p> <p>An unannounced on-site re-licensure survey was conducted for the Residential Care Home (RCH) on 12/5/23 by the Division of Licensing and Protection. The following regulatory violations were identified:</p>	R100		
R161 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility manager and Wellness Director failed to ensure staff were following the policies and procedures regarding the management of controlled substances. Findings include:</p> <p>Per review of the facility policy Controlled Substances F-146 states "4....at the end of each shift, Controlled substances will be counted by two staff members, one from each shift for accuracy. If there is a discrepancy, the nurse in charge will be notified immediately"</p> <p>Per observation on the medication cart, the narcotic log was observed to have account for Oxycodone, the controlled substance count sheet was documented with misaccounted administrations per the physician orders for Resident # 1. The order states Oxycodone 5 mg, give 1 tablet four times daily. Per the count sheet</p>	R161	<p>R161 Medication Management</p> <p>RN will keep a bound controlled substance log book in each medication cart for controlled substance accounting.</p> <p>RN will train delegated staff on controlled substance accounting policy and procedure.</p> <p>RN will implement controlled substance counts at shift change in accordance with facility policy and procedure.</p> <p>RN to perform weekly QA checks on narcotic count/log book RN to perform monthly cart audit to ensure discrepancies do not recur</p> <p>All corrective actions will be completed by 1/5/2024.</p> <p style="text-align: right; color: blue;">R 161 Accepted Jenielle Shea, RN 1/3/23</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director 12/29/23

(X6) DATE

Division of Licensing and Protection

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R161	<p>Continued From page 1</p> <p>Resident #1 Oxycodone was administaerd on 12/3/23 at 8:32 PM with a remaining count of 14. The next documentation on the controlled substance count sheet, indicated an administration on 12/4/23 at 3:08 PM with a count of 12. In review of the Medication Admistration Record, Oxycodone was documented as administered for all scheduled times on 12/3/23 through 12/5/23.</p> <p>Per interview 12/5/23 at 11:50 AM the Medication Tech noted to have observed the documentation of accounting the Oxycodone during the morning medication pass, but had yet to report the concern of meducation count to the Wellness Nurse. The medication tech also confiremd that facility is not performing narcotic/controlled substance counts, when change of shift or a new staff is assuming responsibility of the medication cart. Further the Medication Tech confirmed the documentation to demonstrate error in proper accounting of the medication, and administrations per the physician orders.</p> <p>Per interview on 12/5/23 at 1:20 pm the Wellness Nurse was made aware of the observation of the controlled substance count sheet. The Wellness Nurse confirmed the Medication Tech did notify him/her since the observation was made. The Wellness Nurse confrimed to have assumed the role in the later weeks of October (2023), and was unaware a controlled/narcotic count was not being performed during shift chnages or staffing changes in assumption of responsibility of the medication cart. The Wellness Nurse confirmed a policy is in place to identify the procedures for controlled/narcotic medication counts to occur.</p> <p>See Tag 177.</p>	R161		

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R164	Continued From page 2	R164		
R164 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure of the RN (registered nurse) to delegate the responsibility for the administration of specific medications to designated staff for designated residents: Findings include:</p> <p>Per interview on the afternoon of 12/5/23 the Acting Wellness Director and supervising RN disclosed the Wellness Director who was previously responsible for the delegation of specific staff to administer medications to the designated residents has been out on leave since mid October. Presently, the process to re-delegate all staff by the newly employed supervising RN has not been conducted, resulting in 7 staff performing medication administration under the license of the RN who is presently on leave.</p>	R164	<p>R164 Medication Management</p> <p>Acting Wellness Director/RN to re-delegate designated staff to perform medication administration.</p> <p>The Wellness Director will add "medication delegation of staff" to the orientation packets for all per-diem nurses acting as Wellness Director.</p> <p>Wellness Director will create a log and record all RN employed by Vista along with delegations and place it in the delegation binder.</p> <p>This corrective action will be completed by 1.5.2024</p>	
R177 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p>	R177	<p>R 164 Accepted Jenielle Shea, RN 1/3/23</p>	

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R177	<p>Continued From page 3</p> <p>5.10.h</p> <p>(5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by interview, there was a failure to account for narcotics on a daily basis and other controlled drugs to be accounted for on a weekly basis. Findings include:</p> <p>Per observation of the medication cart, the count sheet for Oxycodone was noted to be in transcription error to accurately account for the medication. On 12/3/23 at 8:32 PM indicated the count to be 14 and at 12/4/23 at 3:08 PM indicated to be 12. The medication is ordered to be administered four times daily.</p> <p>Per interview on 12/5/23 atm 12:00 PM the Medication Tech confirmed the transcription error and admitted to observing the error on the count sheet during the morning medication pass. The medication tech confirmed to not have performed a controlled substance count upon coming on shift, the medication tech stated, "We don't perform count on the narcotics/controlled medications."</p> <p>Per interview on 12/5/23 at 1:20 PM the Wellness Nurse was unaware narcotics and controlled medications were not being accounted for with each shift change by medication delegated staff.</p>	R177	<p>R177 Medication Management</p> <p>RN will keep a bound controlled substance log book in each medication cart for controlled substance accounting.</p> <p>RN will train delegated staff on controlled substance accounting policy and procedure.</p> <p>RN will implement controlled substance counts at shift change in accordance with facility policy and procedure.</p> <p>RN to perform weekly QA checks on narcotic count/log book</p> <p>RN to perform monthly cart audit to ensure discrepancies do not recur</p> <p>All corrective actions will be completed by 1/5/2024.</p> <p style="text-align: right; color: blue;">R 177 Accepted Jenielle Shea, RN 1/3/23</p>	

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R177	Continued From page 4  Per review of the facility policy Controlled Substances F-146 states "4....at the end of each shift, Controlled substances will be counted by two staff members, one from each shift for accuracy. If there is a discrepancy, the nurse in charge will be notified immediately"	R177		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179	R179 Resident Care and Home Services  RN will conduct remedial in-service training with all staff to ensure compliance with annual requirements.  RN will develop and implement employee education tracking tool to ensure that all staff receive the required minimum twelve hours of training annually.  RN to perform monthly QA to ensure ongoing staff compliance with annual requirements  These corrective actions will be completed by 1/5/2024.  <b>R 179 Accepted Jenielle Shea, RN 1/3/23</b>	

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R179	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure of the facility to ensure staff who provide direct care services receive the required 12 hours of yearly training: Findings include:</p> <p>During the course of survey on 12/5/23, evidence to validate the 12 hours of required training to include: resident rights; fire safety and emergency evacuation; resident emergency response procedures and first aid; mandatory reporting of abuse, neglect and exploitation; respectful and effective interaction with residents; infection control measures/ blood borne pathogens and universal precautions; and general supervision and care of residents had not been provided. Review of 5 staff members identified only one had received the required training.</p>	R179	<p>R190 RESIDENT CARE AND HOME SERVICES</p> <p>Executive Director will conduct personal criminal and abuse background checks for all Vista employees and new hires; will enforce adherence to PP and Vermont's state regulations.</p>	
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure by the facility to demonstrate criminal and abuse checks were conducted for all employees hired. Findings include:</p> <p>At the time of survey, the Administrative staff was requested to demonstrate proof of the required</p>	R190	<p>The Executive Director will update the hiring packet and will work with HR to ensure all criminal background checks are completed on any candidates prior to being considered for employment with Vista.</p> <p>All criminal and abuse records will be stored inside the employee files.</p> <p>This has been completed.</p> <p style="color: blue; text-align: right;">R 190 Accepted Jenielle Shea, RN 1/3/23</p>	

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R190	Continued From page 6  criminal and abuse checks. Upon review, only 2 of the 5 employees randomly chosen had adult and child abuse screenings and none of the 5 employees had criminal records completed, as required. Surveyors were informed further research of the corporation files was required and evidence would be provided. No further evidence was provided.  This is a repeat citation.	R190		
R247 SS=E	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 interview, there was a failure to label and date all food stored in the walk-in refrigerator. Findings include:  1. During a tour of the kitchen commencing at 9:30 AM a variety of cold cuts stored in the walk-in refrigerator were found opened and unlabeled to include turkey, chicken and ham. There was also a large container of shredded cheese without a date.  The observation was confirmed by the Kitchen manager and Resident Liason at time of finding.	R247	R247 NUTRITION AND FOOD SERVICES  Dietary Manager will develop and implement a daily monitoring log to ensure all foods are labeled and dated. This will be located outside walk-in refrigerator and freezer.  Dietary Manager will provide an in-service to all dietary staff and new hires on food safety and sanitation techniques.  Dietary Manager will monitor these logs on a daily basis.  These corrective actions will be completed by 1/5/2024  <b>R 247 Accepted Jenielle Shea, RN 1/3/23</b>	



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R252  R252 SS=F	<p>Continued From page 7</p> <p><b>VII. NUTRITION AND FOOD SERVICES</b></p> <p><b>7.2 Food Storage and Equipment</b></p> <p><b>7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean</b></p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure equipment in the kitchen was maintained and kept clean. Findings include:</p> <p>During a tour of the kitchen on 12/5/23 commencing at 9:30 AM the following observations were made:</p> <ol style="list-style-type: none"> <li>1. Within the ice machine and sitting directly below the ice cube dispenser, an undetermined amount of brackish water was observed in close proximity to where ice cubes are accessed. Attached behind the ice machine was a hose dripping slightly. Per interview of the cook at the time of observation, stated s/he was unaware if the hose attached to the ice machine was suppose to drain the brackish water that remained stagnant. Also noted, the drain behind the ice machine with other tubing from unknown sources were all covered in dust and debris.</li> <li>2. On a side wall beside the ice machine was an air vent approximately 2 feet wide and 3 feet long covered in thick dust. This vent is located opposite were meal tray preparations are conducted.</li> <li>3. The drain located near the dishwasher was covered in dirt and other debris.</li> <li>4. The shelf located under the stove was covered</li> </ol>	R252  R252	<p><b>R252 NUTRITION AND FOOD SERVICES</b></p> <p>Dietary Manager will update the kitchen cleaning log to include and reflect the ice machine, all drains, all vents and under/ behind the food prep area.</p> <p>Dietary Manager will provide an in-service to all dietary staff and new hires on food safety and sanitation techniques.</p> <p>Dietary Manager will monitor these logs on a daily basis.</p> <p>These corrective actions will be completed by 1/5/2024</p> <p><b>R252 NUTRITION AND FOOD SERVICES</b></p> <p>Maintenance department will secure all ceiling tiles in place to prevent any dust particles, vectors, and/or debris.</p> <p>Maintenance department will create a maintenance log to place in the kitchen where kitchen staff can note any issues that require work or attention.</p> <p>Maintenance Department will perform weekly walkthroughs and repairs of any noted items in this log.</p> <p>These corrective actions will be completed by 1/5/2024</p> <p style="text-align: right;"><b>R 252 Accepted Jenielle Shea, RN 1/3/23</b></p>	

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R252	Continued From page 8  with food crumbs and debris. 5. A vent located in proximity to the dishwashing area was covered in thick dust and debris. 6. A tile near the ceiling and adjacent to the food preparation location was opened and hanging, exposing the kitchen to unwanted elements to include dust, particle debris and possible victors.  Per interview with the facility cook at the time of observations the surveyors were informed a cleaning schedule is not utilized and confirmed s/he only washes the floor.	R252		
R258 SS=D	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, there was a failure to ensure trash in the kitchen area was covered. Findings include:  Based on observation during a tour of the kitchen on 12/5/23 at 9:45 AM found a container which included 3 divided bins. Trash and garbage was being disposed of within the 3 bins, however no covers were being utilized, as required.	R258	R258 NUTRITION AND FOOD SERVICES  Dietary Manager will ensure the garbage container is covered at all times and will in-service and instruct all dietary staff to cover the garbage bin at all times.  Signage will be placed above waste and compost bins as a reminder to remain these containers closed.  Dietary Manager will monitor and enforce compliance on a daily basis.  These corrective actions will be completed by 1/5/2024  <b>R 258 Accepted Jenielle Shea, RN 1/3/23</b>	
R259 SS=F	VII. NUTRITION AND FOOD SERVICES	R259		

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R259	<p>Continued From page 9</p> <p><b>7.3 Food Storage and Equipment</b></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 confirmed by staff, there was a failure to properly store cleaning products; failure to label cleaning products and keep floor mop and buckets separated from the food preparation area. Findings include:</p> <p>During a tour of the kitchen commencing at 9:30 AM on 12/5/23 the following observations were made:</p> <p>1. Underneath a sink near the dishwasher and adjacent to the food preparation area were undetermined amounts of cleaning products, several plastic gallon containers, some unmarked or without a cover, all sitting on the kitchen floor.</p> <p>2. A mop and bucket was found sitting beside the stove area where food is prepared for residents.</p>	R259	<p><b>R259 NUTRITION AND FOOD SERVICES</b></p> <p>Dietary Manager will ensure all cleaning chemicals and supplies are stored in a designated room away from the food preparation area.</p> <p>Dietary Manager will in-service all dietary staff on proper chemical labeling and storing.</p> <p>Dietary Manager will monitor enforce compliance on a daily basis.</p> <p>These corrective actions will be completed by 1/5/2024</p> <p style="color: blue; text-align: right;">R 259 Accepted Jenielle Shea, RN 1/3/23</p>	
R304 SS=D	<p><b>X. PETS</b></p> <p>10.1 Pets may visit the home providing the following conditions are met:</p> <p>10.1.a The pet owner must provide evidence of current vaccinations.</p>	R304		

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NAME OF PROVIDER OR SUPPLIER  <b>VISTA RESIDENTIAL LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5709 US ROUTE 4 MENDON, VT 05701</b>
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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
R304	Continued From page 10  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide evidence of vaccination records for 2 of the 3 cats that reside at the facility. Findings include:  Per review of the vaccination records of 3 cats that reside in the home, 2 out of 3 records were out of date of immunizations. The Resident Liason confirmed the records at time of record review.	R304	R304 PETS  All residents, either permanent or visiting, who own pets will be required to provide a clean bill of health and current vaccination record for their pet prior to being considered for residency or respite stay.  Resident Liaison will obtain vaccination records from all pet owners residing in our community.  Resident Liaison will create a designated binder for all pet records to place vaccinations and bills of health for all residing pets.  These corrective actions will be completed by 1/5/2024	
R999 SS=C	MISCELLANEOUS  4.14.f The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency.  This requirement was NOT MET as evidenced by:  Based on observation and staff interview there was a failure to ensure a current written report with results of inspection was readily available to residents. The residence shall make current written report results from inspection readily	R999	R 304 Accepted Jenielle Shea, RN 1/3/23	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/05/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISTA RESIDENTIAL LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5709 US ROUTE 4 MENDON, VT 05701</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
R999	<p>Continued From page 11</p> <p>available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. Findings include:</p> <p>On the afternoon of 12/5/23, when asked to show surveyors where the written reports with inspection results that should be available to the public and residents where posted the Resident Liason was unable to locate the reports. Initaly, the Resident Liason thought they were in a draw, then over in another section of the entrance to the facility. However, no posting were confirmed.</p> <p>4.12 The home's current license certificate shall be protected and appropriately displayed in such a place and manner as to be readily viewable by persons entering the home. Any conditions which affect the license in any way shall be posted adjacent to the license certificate.</p>	R999	<p>R999 MISCELLANEOUS</p> <p>Resident Liaison will place a survey report where it's readily accessible to residents and where individuals wishing to examine the results do not have to ask to see them.</p> <p>A copy of the report will be placed anywhere our license is displayed.</p> <p>Resident Liaison will perform weekly checks to ensure these records are in place at all times.</p> <p>These corrective actions will be completed by 1/5/2024</p> <p style="text-align: right; color: blue;">R 999 Accepted Jenielle Shea, RN 1/3/23</p>	