

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 <u>http://www.dail.vermont.gov</u> 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

October 10, 2024

Tara Hill, Manager Wintergreen Residential Care - North 360 New Road Brandon, VT 05733

Dear Ms. Hill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 16, 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,

Carolyn Scott, LMHC, MS State Long Term Care Manager Division of Licensing & Protection

Division of	of Licensing and Protect	ction			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
					с
		0619	B. WING		09/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	IATE, ZIP CODE	
WINTERG	REEN RESIDENTIAL CA	SE NORTH 360 NEV	N ROAD		
WINTERG	REEN RESIDENTIAL CA	BRAND	ON, VT 05733		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
R100	Initial Comments:		R100	During the fine f	hat the
				Violations accorred.	Wintegreen
	On 9/16/24 the Divisi		andre a	Violations occurred, was under a prev	10.20
		an unannounced on-site		Was Under a prec	1005
	regulatory deficiencie	complaints. The following		Manager who is	reo la la
0	regulatory denciencie	es were identified.		longer the Manage	r. , g/16/24
R114	V RESIDENT CARE	AND HOME SERVICES	R114	longer the Manage Current Managemer assure that all re	twill
SS=D			1114	assule that all le	gulatory
				Reguirements will b	e /
	5.3 Discharge and T	ransfer Requirements		Followed	
	53 a Involuntary Dis	scharge or Transfer of		torrowed	
	Residents				1
				Corrent Manuggenie	-+
		involuntary discharge or		understands all di	scharge
	transfer, the manage	r shall:		Corrent Manuggerie understands all dis and transfer regula	fions
	i Notify the resident	, and if known, a family		and has reviewed	these
		representative of the		as lations with H	o purpers
	resident, of the disch	arge or transfer and the		regulations with the and will follow a	It
		he move in writing and in a		and will tollow a	c I hab
		er the resident understands ore a transfer within the		discharge and to Regulations in the	anster alloft
		days before discharge from		Constitions in the	-fotor
		dent does not have a family		to include : notifyin	e Ala
		esentative and requests			
		e shall be sent to the Long		Resident, their tones	14 00
		nan, Vermont Protection and t Senior Citizens Law		legal representative a	of the
	Project.			transfer or discharge	the
	10 1999 - Saladaratin			Leasons for and u	orthem
		cribed by the licensing		the Carola from Annie	frances.
		tten notice of discharge or a statement in large print that		the equilibrium of the	Consons
		right to appeal the home's		If needed, for the	tions
	decision to transfer o	r discharge with the		outlined in the regul	1 11
	appropriate informati	on regarding how to do so.		notice will be sent -	to the
	iii Indudo o statema	nt in the written nation that		Long Term Care Ombod	snan,
		ent in the written notice that nain in the room or home		the Vermont Protection	and
L Division of Lic	ensing and Protection			Havocacy) and the	Vermont
		SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE	(X6) DATE
Ya	to bill			Manager	10/2/2024
STATE FORM	the second second second second		0069	UY5E11	If continuation sheet 1 of 16

	of Licensing and Prote	(X1) PROVIDER/SUPPLIER/CLIA				
	OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		0619	B. WING		С	
		1 0010			09/16/2024	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
VINTERG	REEN RESIDENTIAL CA	ARE - NORTH 360 NEW BRANDO	V ROAD DN, VT 05733			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLE	
R114	Continued From pag	le 1	R114	Senior Citizens Laws \$	Project.	
	during the appeal.			Residents will be n	ofified	
	iv. Place a copy of the	he notice in the resident's		by using the approp	riate	
	clinical record.			Form and proper o	klivery	
	This REQUIREMEN	T is not met as evidenced		Senior Citizens have & Residents will be no by using the appropri Form and proper of requirements of the to appeal the how decision to Transfer or discharge. Appropriate inform regarding how to Will be provided to resident in a ma in which they und and required in the regulations. Reside written notice the May remain in the	ir right	
	by:			to appear the how	es 1 9/16	
		iew and record review the Owner of the home failed to		decision to Transfer	and	
		g requirements related to		or discharge.	1. /	
		ns and the discharge process		Appropriate informe	ation	
	for one applicable re-	sident (Resident #1).		Counding how to	appeal	
	Findings include:			all he coulded to	the.	
r - Fander an	The home's policies	and procedures governing		Will be provided to	anor.	
		are congruent with the		resident in a tan	And I	
	licensing regulations.			in which they und	erstand	
	1. Per record review	the former Manager of the		and required in the	2	
	home failed to notify	Resident #1, the family		Constations, Reside	nts	
	member that serves a	as the resident's DPOA, and	-	igo and in the		
		prior to the resident's ome on 7/13/24. While the		will be provided o		
		issued a 30 day discharge		written notice the	it they	
		on 6/20/24 with a discharge		May remain in the during the appeal.	home	
	date of 7/20/24, follo	wed by notice of an		I have a file	1 000	
	emergency discharge	e effective 6/26/24, these		during the appeal.	H COPY	
		ealed and the home was		af it i patro, will	1 12.0.	
		ese discharges were not		placed in the fest Clinical record.	dents	
		rmation provided for review nsing requirements for		place in free fest		
		ollowing this notification by		Clinical record.		
	the licensing agency					
		ent without notice. This		R 114 Plan of Correction accep	oted by	
		d by the former Manager at		Jo A Evans RN on 10/10/24.		
		the discharge notification				
	letters provided to Re	esident #1 by the Owner of				

Division of Licensing and Protection STATE FORM

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If continuation sheet 2 of 16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	
		1	A. BUILDING:			
		0619	B. WNG	-	09/*	C 16/2024
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	NTE, ZIP CODE	99	
	REEN RESIDENTIAL CA	BE NORTH 360 NEV	N ROAD			
VINTERG	REEN RESIDEN HAL CA		ON, VT 05733			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CC		(X5)
TAG		LSC IDENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPLETE DATE
				DEFICIENCY)		
R114	Continued From page	e 2	R114			
	the home dated 6/20/	24 regarding the 30 day				
		6/27/24 regarding the				
		were not provided using				
		y the licensing agency to		9		
		use of large print for the				
		the resident's right to appeal				
		nding was confirmed by the				
	former Manager at 2:	25 PM on 9/16/24.				
	3 Per review of docu	ments in Resident #1's				
	record, the letter date				· · · · · ·	
		e of Resident #1 on 6/26/24				
		n file and available for				
		anager of the home was				
		iew Resident #1's record to				
		ument was maintained on				
		16/24 the former Manager				
		ency discharge notification				
		as not on file and available				
	for review in Resident					
R118 SS=G	V. RESIDENT CARE	AND HOME SERVICES	R118	Current manage understants the that the home	ement	
				understants the	legs lation	
	5.3 Discharge and Tr	ansfer Requirements		that the home	needs to	
	5.3.d A home must n	rovide sufficient preparation		Availed Sofficien-	preparation	n
		idents to ensure a safe and		provide S-11	1	1.1
		charge from the home.		and orientation	to the	9/16/2
				Decident to ensu	re a sake	
	This REQUIREMENT	is not met as evidenced		pesicenos to cost	frac	
	by:			and orderly tra	nster or	
	Based on staff intervie	ew and record review there		Jecheras frame	. the	
		le one applicable resident		discharge Tron	1	
	(Resident #1) sufficier	nt preparation to ensure a		home and will	do So	
	safe and orderly disch	narge from the home.		11 71	- inf	
	Findings include:	이 아이는 영영화에 살 드릴 수 있다.		that the horie provide sufficien- and orientation fesident to ensu and orderly tra discharge from home and will in the fotore an inapproprinte or discharge does	So that	
				an inappropriate	transfer	
- 1	The home's discharge	e policies and procedures		and I have done	1.10	

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If continuation sheet 3 of 16

Division of	of Licensing and Prote	ction			FORM	APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SU COMPLE	
		0619	B. WING		C 09/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
WINTERO		360 NEW	ROAD			
WINTERG	REEN RESIDENTIAL CA	BRANDO	N, VT 05733			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
				DEFICIENCY)		
R118	Continued From pag	e 3	R118		V anad	
	are congruent with th	ne licensing regulations.		All resident's need Continually be asse by the home and Management will a Compliance with a	c well	
				All pesidents need	5 00.11	
		ss Notes, on 7/13/24		continually be asse	ssed	
		leared for discharge back	non have been	complete house and		
	the home following a	Progress Note dated		by the nonce dia		
		Emergency Room staff did	and the second	Management Will a	issure	
		nt #1 "for mental" and stated		a prance worth a	11	
		gure out another place for		Compliance		
		is [s/he] is too much for our		VANANCES		
		as signed by the former		If a resident's m	eeds	
		e. An undated and unsigned e in Resident #1's record and	Construction of the second	It a residents	0	
1		our facility as we could not		exceeds the level	01	
		needs". On 4/18/24 the		exceeds the level Wintergreen's licensu the transfer or c of the feet reside Will comply with the regulations as	10.	
		variance by the licensing		Wintergreens neergu		
		ident #1 at the former		Lis To George	Inchar	9.0
		The variance approval was		the transfer or -		1 fut
1 N N		Manager's attestation the		of the fed reside	nt	a1621
		eet Resident #1's needs home's level of licensure.		in a silf	110	glib 24 Orgomy
	which exceeded the	nome a lever of licensure.		Will comply with		ancom
	During an interview of	commencing at 1:07 PM on		IL Coulations as	nd	01 -
	9/16/24, the former M	Aanager stated Resident #1		the reference		V
		al for Enhanced Residential		Requirements as		
		community Care Services		Requirements as	Late.	
	· · · · · · · · · · · · · · · · · · ·	as discharged without		ostines of .		
		ident, a family member who rable Power Of Attorney				
	(DPOA), and the lice			R 118 Plan of Correction acception Jo A Evans RN on 10/10/24.	oted by	
		#1's discharge without		50 A Evalis RN 011 10/10/24.		
	notice, the former Ma	anager stated Resident #1				
		nto another facility and no				
		her], we were stuck". On			a management of a second se	
		24 the former Manager				
		e for him/her and interfered				
		to care for other residents.				
		chedules for June and July of				
	2024, the home's est	tablished pattern of single				
Division of Lice STATE FORM	ensing and Protection		6899	1175E11	If continues	tion sheet 1 of 16

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STATE FORM

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If continuation sheet 4 of 16

Division of Licensing and Protection

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
		0619	B. WNG	C 09/16/2024
	ROVIDER OR SUPPLIER	OTDEET A		
	CONDER OR GOLT EIER		DDRESS, CITY, STATE, ZIP CODE	
VINTERG	REEN RESIDENTIAL CA	RE - NORTH 360 NEV	V ROAD ON, VT 05733	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED T DEFICIE	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE
R118	Continued From page	9 4	R118	taffing levels een has been d additional
	staffing was not incre	ased to meet the needs of	Adequate S	ratting peres
		including Resident #1. The	of interest	eer has been
		etter issued to the former	of which	1 11:12
		tification of the home's	assessed an	& additional
		re adequate staffing levels to	Staff have	hear hived
	include a sufficient nu	imber of qualified personnel to provide necessary care.	State Plave	Considerate
			to meet fl	he needs of l
		e home issued a 30 day	all fesident	5. Management
		esident #1 on 6/20/24 with a	15 NOW MORE	
		0/24 followed by notice of an	15 now more	involved in
		effective 6/26/24. On		day operations e and
		g Term Care Manager	the day to c	any open in
		ng Resident #1, a family	C 11 hours	and
		as the resident's DPOA, and me regarding the results of	of the north	
	an appeal of the 30 d		oversight of	- the staffing
	discharges. This lette			L II T
	requirements for a 30		needs to r	react the
		had not been met, and	mands DE -	the residents
		not permitted to proceed	precess or	110 11
		etter provided instructions	and couply	with all
		lecision, and included the		and require
		ote that per the Residential	regulations	
		ns Section 5.3. d A home	needs of and comply regulations neents.	
		t orientation to residents to	The second	1 11 11
		lerly transfer or discharge	Staffing Wi be assessed all resident are met au ments are t	11 Continualy
		day after this letter was	Jang	1 - 11 + 11
		as discharged from the	he assessed	30 that allo
		preparation for discharge,	11 Cocinent	to needs 11
	and arrangements for		all resident	to needs 9/16/
a y unanujat da sa		n the Emergency Room,	are met a	na regulation prog
	and the responsibility placement in another		aprile are t	ollowed.
		iental health agency. During	poterits	
		ncing at 1:07 PM on 9/16/24		
	the former Manger of			
		discharge Resident #1		
		less of the consequences;		
		16/24 the former Manger		

STATE FORM

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If continuation sheet 5 of 16

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	
***		0619			09/1) 16/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	an a	
WINTERG	REEN RESIDENTIAL C		V ROAD DN, VT 05733			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
R118	Continued From page confirmed Resident home on 7/13/24.	ge 5 #1 was discharged from the	R118		Name in Constanting of Constanting Local Constant	
		l at actual harm level due to arge resulting in the loss of				2°
R129 SS=E	V. RESIDENT CARE	EAND HOME SERVICES	R129	Current manager	rent	
	community care service a staff person respon	ed to provide assistive vices (ACCS) shall designate nsible for case management, least the following case		Current manager have reviewed the case manager regu of all Accs resu as well as the assessment and p Care of each, a 15 currently upda each assessment	e vrement dents	5
	implementation of a of care, and coordina services.	current assessment and plan ation of available community		as well as the assessment and p Care of each, a is currently upda	and and ating	
	by: Based on staff interv was a failure to desig responsible for provi services to the 4 app #2, #3, #4, and #5) of	ding case management licable residents (Residents		the home's RN. Will be completed	this 1 by	01g01
	care and services pro	res governing provision of ovided to residents receiving care Services (ACCS) have by the home.		Manager will contro update each asses and plan of care required and as r so the violation of	asreeded	
		esidents #2, #3, #4, and #5 S as of 9/16/24. During an		50 the Violation of regulation does not	- this	

Division of Licensing and Protection STATE FORM

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If continuation sheet 6 of 16

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		0619	B. WING		C 09/16/2024
AME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST		
		360 NEV			
INTERG	REEN RESIDENTIAL C	ARE - NOR I H	ON, VT 05733		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	CORRECTION (X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE DATE
R129	Continued From pag	e 6	R129	Wintergreen wi policies and pr relevant to th and Services a	Il develop
1		ng at 11:56 AM on 9/16/24			Canalance
		nance Manager confirmed a		policies and pr	ocedures
		been designated to provide or the 4 residents of the	a de la constante de	relevant to th	e care, 1 10/18
	home receiving ACC			and Services a	of residents "
	ç			Pecerving Accs	and will
R178 SS=K	V. RESIDENT CARE	AND HOME SERVICES	R178	include this in	Wintergreens
	5 44 OL 77 OL 1			Policies and pre	ocechines by
	5.11 Staff Services				
	5.11.a There shall b	e sufficient number of		Jo A Eva	n of Corrections accepted ns RN on 10/10/24
		available at all times to			
		are, to maintain a safe and	-	Staffing need and will com- assessed to M needs of all	s have been
		, and to assure prompt,			Luce to be
		cases of injury, illness, fire		and will com	
	or other emergencie	s. T is not met as evidenced		assessed to A	teet the
	by:	i le normer de condenieed		needs of all	residents.
	Based on observatio	Based on observation, staff interview, and record		Additional Sta Additional Sta recruited and recruitment and	a have been
		ailure to ensure adequate		Additional Sta	AF Marco P
		lent needs and ensure a safe		Concrited and	hired and glb
	environment. Finding	gs include:		rectoring	1 higher of
	Policies and procedu	ires governing staffing		Cectuitment ar	a mgo
Supports on annual		naintaining adequate staffing		SLAF will com	tinue. 0
		ent care needs and maintain a		Start	t in
		ve not been developed by		Corrent Manas	generit is
and the second second	the home.			110 Le Dresent 1	n the home
	1. Per interviews with	h the Owner, former and		fectuitment an Staff will con Current Manage More present in to increase sta	CC lab
		nd Staff on duty the use lever		to increase st	atting levels
	locks on the home's	exterior doors to prevent		as well and	policies,
		g the facility was in effect to		to increase sta as well and and proceedures	are being
		m exiting the home during		developed regor	ding Staffing
	periods of single stat	ung.			
	On the morning of 9/	16/24 the exterior doors of		levels to neet	all postoen
	the home were obse			needs and will	
				In the homes fo	licies and

Division	of Lice	ensina	and	Protection	
		Stroning.	and	1 101001011	

AND PLAN OF CORRECTION IDEN		CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED
	And a second	0619	B. WNG	C 09/16/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE	
VINTER	REEN RESIDENTIAL CA	BE NORTH 360 NEW	ROAD	
		BRANDO	N, VT 05733	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PROVIDE	R'S PLAN OF CORRECTION (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORF	RECTIVE ACTION SHOULD BE COMPLET RENCED TO THE APPROPRIATE DATE DEFICIENCY)
R178	mechanisms installed the doors to prevent facility. The licensing the removal of digital exterior doors to prevent the home when this r identified during a su Per record review ho Residential Care Hor operate as a special license does not perm locked facility At 10:50 AM on 9/16/ confirmed locking me the exterior doors of the residents from exiting duty is providing pers review of the Treatme on file for September provided a shower or an interview commen the current Manager of finding and stated all require assistance with At 1:11 PM on 9/16/24 home stated the locking installed for when Sta residents who were "th home, and confirmed were put on for when helping residents. Sta 9/16/24 stated the lock imes to prevent resid grounds. One Staff sta residents if the lock is	I on the interior handles of residents from exiting the agency previously required locks placed on the home's ent residents from exiting egulatory deficiency was vey of the home on 6/4/24. me is licensed as a Level III he and is not approved to care unit. The home's hit the facility to operate as a 24 the Owner of the home chanisms were installed on he home to prevent when the single staff on onal care to residents. Per int Administration Records 2024 all residents are sponge bath daily. During cing at 11:56 AM on 9/16/24 of the home confirmed this residents of the facility h personal hygiene.	Mechani Used for home has and doo being Us ensure to exit While St For the These c requirement and will of the	evior locking sms on doors or exiting the ave been removed is alarms are sed instead to resident's ability the building till accounting in Safety. hanges and ents have been I with Staff Il become part Home's Policies edores by 10/18/24 evels have been I and additional ave been employed the needs of dents while their Safety

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		0619	B. WING		09/16/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
		360 NEW			
WINTERG	REEN RESIDENTIAL C	ARE - NORTH	N, VT 05733		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	RECTION (X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION	SHOULD BE COMPLETI
TAG	REGULATURY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE / DEFICIENCY)	APPROPRIATE DATE
R1/8	Continued From pag	je 8	R178		110
	2. The residence is h	nome to 9 residents who		The need for	additional
	require care and ser	vices related to their		1. Class lede k	4205
	individual physical co	ondition, cognitive function,		Statting Icers	
	ability to independen	ntly perform activities of daily		The need for Staffing levels assessed and	additional
		view for a sample of 3			a a alarra l'
	residents (Residents	#5, #6, and #7) the following		Staff have been	a employed
		ntified in the applicable		I lained +	o provide
	resident's Resident A	Assessment and Care Plan		and training 1	
	which indicate need	for Staff support:		assessed and Staff have been and trained to adequate staff for the Safety	ng levers
	a Dogidant #5 is livi	ng with Non-Alzheimer's		CII CGI	of all
		d review his/her ability to		for the satury	
		ut tasks of daily life is		residents.	0160
		/he requires oversight and			
		nders daily and is not easily		Current Manag.	er as the
		uires cueing for safety related			er as glible
	to risk for falls. At tim	nes s/he requires a		of 9/124 is 0	
		assist for mobility in bed and		on a regular bo	sis to
		pendent on staff for dressing,		on a reput of	
		al hygiene, requires a		accist and cou	Anvally
		lan, is incontinent of urine			10/0/0
		and experiences occasional		assist and con assess staffing	levels
	fecal incontinence.				11 and the
	h Resident #6 is livir	ng with significant cognitive		Wintergreen w	ell continue
		from Vascular Dementia.			tonin
		he wanders daily, is at risk for		to employ and Staff to meet	110-11
		eing for safety. S/he requires		a of I sugat	He near
		, cueing for bed mobility,		Statt to meet	The reacts
		when eating, and is totally		of the residen	its and
		or assistance with toileting			
		thing. S/he has multiple		the required St	offing
	episodes of urinary in	ncontinence daily, occasional			
		and requires a toileting		ferels	
	schedule.			In addition, Vol	unteers and
	c Resident #7 is livin	a with advanced Demontic		interns are being to assist in Mer	recruited
		ng with advanced Dementia. he has a history of multiple		Inderna our bring	- I will a
		on with injuries including a		to assist in Men	sting the
		and an ankle injury. His/her		needs of regidents	and requirements
	- availar normatorna,	and an annue injury. I lio/lief	1		0

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UY5E11

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMPI	
		0619	B. WING			C 16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WINTERG	REEN RESIDENTIAL C	ARE - NORTH 360 NEW	ROAD			
(X4) ID	CLIMMA DV C		ON, VT 05733			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLE DATE
	ability to make decis living is severely imp understanding. S/he dressing, personal h S/he requires super- dependent on Staff f locomotion in the ho assistance with trans gait. S/he has multip incontinence and da incontinence, and re plan. Per review of Staff se September 2024 all single staffed. During Staff confirmed all st brief periods of over the afternoon of 9/16 this finding; and state Manager of the home Staff had been on sit have set schedules of the Staff schedule. Additionally, resident ability to exit the hom requiring evacuation. response plan includ the parking lot of a he property near the fac minimum of 2 staff or of residents within the evacuation site. The facility's practice immediate threat to the facility residents. Due this finding the current	ions regarding tasks of daily baired and s/he has difficulty is dependent on Staff for ygiene, bathing, and toileting. vision when eating, is for bed mobility and me, requires extensive sfers, and has an unsteady le daily episodes of urinary ily incident of fecal quires a scheduled toileting	R178	Staff schedoles been updated to accurately accounts staffing levels. Additional staff been added to the Shifts to provide the Sufety of the Part time staff been hived in add Full Time Staff Meet the Safety of the residents. to Comply with fe	to to	glible Orgon

and plan	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		0619	B. WNG		C 09/16/202
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE	
WINTERG	REEN RESIDENTIAL CA	RE - NORTH 360 NEV	ROAD		
		BRAND	ON, VT 05733		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE CON
R178	implement a plan of ir effective 9/16/24. The signed and submitted the afternoon of 9/16/ removal of the door lo door alarms at all time	nmediate corrective actions corrective action plan by the current Manager on 24 included the immediate cking mechanisms, use of es, and implementation of tain two staff on duty at all	R178	R 178 Plan of Correction Jo A Evans RN on 10/10/	accepted by 24.
SS=F	5.14 Restraints 5.14.f A home may no system which prevent exiting the building with licensing agency. This REQUIREMENT by: Based on observation, review there was a fail from the licensing age mechanisms on the hop prevent residents of th the building. Findings it Policies and procedure doorways are accessib had not been develope 9/16/24. This finding w home's Manager on th On the morning of 9/16 the home were observe mechanisms installed of	es to ensure the home's ole and remain unimpeded ad by the home as of		All locks preventiv Fesidents From leaving the building have to removed. Door alow are installed insta to ensure the safe of residents. This regulation has reviewed with st and will be added the home's policies procedores by 10/18/2 So this violation does recur. R 199 Plan of Correction and Jo A Evans RN on 10/10/2	aff to and 4 not ccepted by

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED C 09/16/2024		
		0619	B. WING			
NAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E, ZIP CODE		
VINTERG	REEN RESIDENTIAL	CARE - NORTH 360 NEV BRANDO	V ROAD ON, VT 05733			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
R199	lever locking mecha home's exterior doo moving up or down opening. Per recor obtained approval f install the locking m doors, which preve exiting the facility. At 10:50 AM on 9/1 confirmed the door mechanisms were i from exiting the hor digital locking mech by the licensing age corrective action wh be locked to preven home during a relice 6/4/24. The correcti previous Manager of identification of this relicensure survey of	anisms installed on both of the brs block the handles from to prevent the doors from d review the home has not rom the licensing agency to nechanism on the exterior nt residents from readily 6/24 the Owner of the home handle lever locking installed to prevent residents ne following the removal of anisms which were required ency to be removed as a ten the doors were found to t residents from exiting the ensure survey conducted on we actions submitted by the of the home in response to the deficient practice during the ensure survey conducted the cks preventing residents from	R199			
SS=F	V. RESIDENT CAR 5.15 Policies and P	E AND HOME SERVICES	R200			
	procedures that gov	ve written policies and ern all services provided by all be available at the home lest.				
	by:	T is not met as evidenced ovided to residents receiving				

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If continuation sheet 12 of 16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 0619		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		C 09/16/2024	
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
INTERG	REEN RESIDENTIAL CA	ARE - NORTH 360 NEW BRANDO	ROAD N, VT 05733		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLI
R200	Continued From page	e 12	R200	· ·	
	Assistive Community	Care Services (ACCS) have		Wintergreen's polic procedures manua being updated to the defiencies li	see and
	not been developed b	by the home.		Wintergreen point	lis and
	Based on staff interview and record review there			procedures planua	1 15
	was a failure to ensure development of policies and procedures governing all services provided			being updated to	address
	by the home. Findings include:			the defiencies II	sted
	0-0/16/04			the defiencies II in this report. This will include Accs casemanag requirements Resident Assessmen Care Planning Staffing patterns a Maintenance of a Staffing levels to resident care need a Safe environme Maintaining Access	
	On 9/16/24 the Manager of the home was requested to provide policies and procedures			In this report	
	related to deficient practices identified during the			This will include	
a si may ka katalak ta	investigation survey.			Acres Casemanag	ement
	On the offerneen of O			pavirements -	. \
	On the afternoon of 9 confirmed policies an	d procedures governing the		1 1 1 According	to and in [18]
	following areas of service had not been			Resident Assessme	101.1
	developed by the hon	ne:		Care planning	
	a Resident Assessm	ents and Care Planning		shaffing patterns a	and
	b. Staffing patterns to	include maintaining		supporte of a	ppropriate
	adequate staffing to n	neet resident care needs		Maincherter latake to	meet
	and maintain a safe e			Stating levels 70	sand
	d. Treatment of reside	ible exits and entryways		resident care view	ut
	individuality, dignity, a	and respect		a sate environne	- h le
	e. Posting of required			Maintaining Access	Sidie
	f. Care and services p	provided to residents pmmunity Care Services		Maintaining Access exits and entran	les
	(ACCS), including des	signation of a staff person		To treatment of	Fresidents
	responsible for provid	ing Case Management for		11 rocpect for 11	ndividuality;
	residents receiving AC	CCS.		with and larger	A.
Data				exits and entran The treatment of with respect for in dignity, and fespec	
R213 SS=F	VI. RESIDENTS' RIGI	HTS	R213	The posting of all	(equived
	6.1 Every resident sh	all be treated with		These policies and	procedures
	consideration, respect	t and full recognition of the		documents. These policies and will be reviewed on a vegular bas ensure compliance	by staff
	home may not ask a n	viduality, and privacy. A esident to waive the		on a formation has	is to
	resident's rights.			on a vegutar pas	1-

STATE FORM

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^{UY5E11} R 200 Plan of Correction ^{If continuation sheet} ^{13 of 16} accepted by Jo A Evans RN on 10/10/24.

Division of Licensing and Protection

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
				C
		0619	B. WING	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE	
VINTERG	REEN RESIDENTIAL	CARE - NORTH 360 NEV		
(X4) ID	SUMMADY		DN, VT 05733	
PREFIX	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIV	IN OF CORRECTION (X5) E ACTION SHOULD BE COMPLET
			TAG CROSS-REFERENCED	D TO THE APPROPRIATE DATE CIENCY)
R213	Continued From pa	ige 13	R213	
			Managemen	+ will continue
	This REQUIREMEN	NT is not met as evidenced	1. ANEWYE	t will continue that residents s outside. glibl not installing g devices them from
		on and staff interview there is	to ensure	That is a line
	a failure to ensure t	reatment with consideration.	Can acces	s outside. allo
	respect and full rec	ognition of the resident's	aveas by	not installing "
anno anna 1, an	access outside area	ality related to the right to as without locked doors	lasks	a devices
	prohibiting exit for a	Il residents. Findings include:	any lock	Figure Can
			preventing.	them to one
	home's residents ric	lures related to ensuring the ght to access outside areas	doing 50.	
	without locked door	s prohibiting exit have not		
	been developed by	the home.	R 213 Plan of Jo A Evans RN	Correction accepted by I on 10/10/24.
	On the morning of 9	9/16/24 the exterior doors of		
	the home were observed	erved with door lever locking		
		ed on the interior side of the this state of the the state of the stat		
	lever locking mecha	anisms block the handles from		
	moving up or down	to prevent the doors from		
	opening. Per record	I review the home is a Level III		
	Residential Care Ho	ome which is not licensed as a		
	Special Care Unit. 7	The licensing regulations for		
	the home's type and	level of licensure do not		
	permit the home to	operate as a locked facility.		
	The application of lo	ocks and barriers to prevent		
	residents from exitir	ng the home during an		
	emergency and at w violation of the resid	vill is a safety hazard and a lents' right to go outside.		
	At 10:50 AM on 9/14	6/24 the Owner of the home		
	confirmed the door l			
	mechanisms were in	nstalled to prevent residents		
	from exiting the hom	ne. At 2:29 PM on 9/16/25 the		
	previous Manager c	onfirmed the new locking		,
	mechanisms were in	nstalled residents would not		
		cility is single staffed.	이 아이는 아이는 것이 아이는 것이 같아.	
			잘 못 하는 것 같은 것을 위해 한 것 같아.	

	OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		0619	B. WING		C 09/16/2024	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST			
WINTERG	REEN RESIDENTIAL C	ARE - NOR I H	ON, VT 05733			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION (X	
PREFIX TAG	REGULATORY OF	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL	LD BE COMF	
		(Leo Benni Hing INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRC DEFICIENCY)	PRIATE DA	
R999	Continued From page	ne 1/	R999			
	continued i forr pa	ge 14	R999			
	MISCELLANEOUS		R999	On 9/9/24 the up License Certificate Mailed to the ou	dated	
SS=F				ON THINK I		
	R 999			License Certificate	was	
	4.12 License Certif	icate		Maled to the ow	mers	
	The home's current	license certificate shall be		plained to the	alupat	
	protected and appro	opriately displayed in such a		home address. On	110/01	
	place and manner a	as to be readily viewable by		IL - OWNER LOAS COM	started	
ļ	persons entering the	e home. Any conditions which		the owner were	1	
langu da a	affect the license in	any way shall be posted		about the update	d	
and the second se	adjacent to the licen	ise certificate.		here and he c	ontimed	
	This results			about the update license and he ci		
		irement is NOT MET as		he had recently fe		
	evidenced by:				all all	
	Based on obconvetiv	on, staff interview and record		it in the Mail.	The glib	
	review there was a f	failure to post the license		Current license us	25 1191	
	which accurately ref	lects the current Manager		Correct license u	0'7)	
	appointed by the ho	me's Licensees as the		retrieved from H	ne	
	individual responsib	le for the daily management		i children alula	1 and	
	of the home includin	g supervision of employees		owner on 9/16/21	1 and	
	and residents. Finding	ngs include:		inine diately poster		
	On 9/9/24 the Divisio	on of Linear-in a state		immediately postee The correct manage		
		license to the home's		The correct Mana	jer	
		e a Residential Care Home		Il argues alkon	rest	
	effective 2/1/24- 1/3	1/25 following submission of		will evisive the m		
		ting a new Manager had		will ensure the n updated license a any other require	ind	
	been appointed as re	esponsible for the daily		attest factoris	d	
	management of the I	home including supervision		any other report		
	of the employees an	d residents.		postings will be	posted	
				The the	V	
	During the tour of the	e home on the morning of		IMMediately you		
	9/16/24/24 the licens	sed posted in the home was		Growing the docum.	ents	
	observed to be the p	revious license issued to the		in the second	AY	
	Licensee, which did	not identify the current		immediately upon Receiving the documento ensure this vio	lation	
	Manager of the home	e. At 12:52 PM on 9/16/24		does not recur		
	ine Manager of the h	ome confirmed the current				
	accense provided to the	he home by the licensing		.R 999 Plan of Correction a	ccepted by	
ā	agency was not disp	layed in the home.		Jo A Evans RN on 10/10/24		

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T OF DEFICIENCIES OF CORRECTION	FICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0619		1		(X3) DATE SURVEY COMPLETED	
						C 09/16/2024
	RE - NORTH	360 NEW	ROAD	E, ZIP CODE		10/2024
(EACH DEFICIENC	Y MUST BE PRECEDED	CIES BY FULI	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE	(X5) COMPLET DATE
Continued From page	e 15		R999	an a		
This is a repeat citation	on.					
	OF CORRECTION ROVIDER OR SUPPLIER REEN RESIDENTIAL CA SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page	OF CORRECTION IDENTIFICATION 0619 ROVIDER OR SUPPLIER REEN RESIDENTIAL CARE - NORTH SUMMARY STATEMENT OF DEFICIENT (EACH DEFICIENCY MUST BE PRECEDED	OF CORRECTION IDENTIFICATION NUMBER: 0619 0619 ROVIDER OR SUPPLIER STREET A REEN RESIDENTIAL CARE - NORTH 360 NEW SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES Continued From page 15 Continued From page 15	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 0619 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 360 NEW ROAD BRANDON, VT 05733 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Continued From page 15 R999 This is a repeat citation. R999	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPL 0619 B. WING COMPL ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IREEN RESIDENTIAL CARE - NORTH 360 NEW ROAD BRANDON, VT 05733 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX Continued From page 15 R999 This is a repeat citation. R999