



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

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

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 12, 2024

Brittany Cavacas, Manager  
Woodstock Terrace  
456 Woodstock Road  
Woodstock, VT 05091-9759

Dear Ms. Cavacas:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 12, 2024**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

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:  1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/12/2024
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NAME OF PROVIDER OR SUPPLIER  WOODSTOCK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091
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R100	Initial Comments:  On 6/12/24 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following regulatory deficiencies were identified:	R100		8/1/2024
R180 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to maintain documentation of completion of all required training on file and available for review on request for 2 out of 5 sampled staff. Findings include:</p> <p>The home's Employee Education Program policy and procedure effective 9/30/2024 state, "The home shall provide at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents." The home's policies and procedures include the required trainings listed in the Vermont Residential Care Home Licensing Regulations effective 10/3/2000. This policy and procedure further states, "All training to meet the requirements of 5.11.c shall be documented."</p> <p>On the morning of 6/12/24 the Executive Director was requested to provide training records for a sample of 5 Staff. At 4:51 PM on 6/12/24 the</p>	R180	<p>R180 5.11: All trainings will be completed by no later than August 1, 2024. HSD will review staff trainings on a monthly basics and will follow up with staff to complete trainings.</p> <p>Tag 180-accepted 7-12-24-LTCM</p>	

Division of Licensing and Protection

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

TITLE

(X6) DATE

*Brittany O'Carroll* Executive Director 7/13/24

STATE FORM

8809

EXG211

If continuation sheet 1 of 8

*Brittany O'Carroll* Executive Director 7/12/24

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R180	Continued From page 1  Executive Director confirmed training records indicating 2 out of 5 sampled Staff did not have required yearly training on file and available for review.  This deficient practice is a potential risk for more than minimal harm for all facility residents due to the failure to ensure adequate staff education and training to provide resident care safely and effectively; and to ensure documentation of staff training is maintained on file and available for review.	R180		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review all required criminal background checks were not on file and available for review on request for 5 out of 5 sampled staff. Findings include:  The home's Residents' Rights and Abuse Management policy and procedures effective 9/30/2024 state, "To ensure Resident safety and reduce risk of abuse within the Community, the following Employee screening will be completed prior to hire ..." The list of required background checks included in this policy and procedure includes the requirement to complete National Criminal Background checks.  Per record review, the required National Criminal	R190	R190 5.12: All staff hired in 2024 will have background checks by August 1, 2024 Business office manager will complete all background checks prior to first day of work.  Tag 190-accepted 7-12-24-LTCM	8/1/2024

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R190	Continued From page 2  Background Checks were not on file and available for review for 5 out of 5 sampled staff. At 4:49 on 6/12/24 the Executive Director confirmed this finding.	R190		
R200 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure development of policies and procedures that govern all areas of service provided by the home. Findings include:</p> <p>During the annual re-licensure survey conducted at the home on 6/12/24, policies and procedures that govern the following areas of service provided by the home were not on file and available for review on request, as confirmed by the Executive Director of the home:</p> <p>1. Policies and procedures related to dented cans and ensuring dented cans are not stored in areas of the home where food served to residents is stored.</p>	R200	<p>R200</p> <p>5.15: Policies and Procedures regarding: 1) Dented cans 2) Procedure for perishable food items are protected from exposure to mold and other contaminants 3) Procedures by the home to ensure perishable food items are labeled with the dates the items were opened or prepared Have been added.</p> <p>As of 6/12/2024; all food that was unlabeled were disposed of. Going forward, all prepared food and opened containers will be labeled with date that it was opened as of July 1st. The kitchen manager will not accept dented cans upon delivery. Kitchen Manager will check dates daily on prepared/ open food or drinks and dispose of per regulations.</p> <p>Tag 200-accepted 7-12-24-LTCM</p>	6/12/2024

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R200	Continued From page 3  2. Procedures developed by the home to ensure perishable food items are protected from exposure to mold and other contaminants.  3. Procedures developed by the home to ensure perishable food items are labeled with the dates the items were opened or prepared.  In conclusion, this deficient practice is a potential risk for more than minimal harm for all facility residents due to failure to provide accessible information and clear instructions related to tasks staff are required to perform.	R200		
R246 SS=F	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure food is free of exposure to mold and other contaminants in home's refrigeration units; and a failure to ensure dented cans are rejected and not stored with the foods to be served to residents of the home. Findings include:	R246	<div style="border: 1px solid black; padding: 5px;"> R246 7.2: Policies and Procedures regarding: Policy and Procedures titled "Food Storage" &amp; "Basic Food Safety". Dietry will have polcies and applied by 7/1/2024 </div> The kitchen manager will not accept dented cans upon delivery. Kitchen Manager will check dates dally on prepared/ open food or drinks and dispose of per regulations.  Tag 246-accepted 7-12-24-LTCM	7/1/24

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R246	<p>Continued From page 4</p> <p>1. During a tour of the kitchen and food storage areas commencing at 10:52 AM on 6/12/24, the walk-in refrigerator was observed with a container of dried blueberries, a gallon jug of salsa, a large container of soy sauce, and a 4 pound container of olive mix with mold on the outside of the containers. Some of the containers in this refrigeration unit also had dried food spills on the outsides of the containers. The condition of these items exposes all perishable items stored in this refrigeration unit to mold and other contaminants. This finding was confirmed by the Food Services Director and the Regional Maintenance Director during the tour of the kitchen and food storage areas on the morning of 6/12/24.</p> <p>Following this observation the Food Services Director and Executive Director were requested to provide the home's policies and procedures governing the labeling and storage of perishable food items. In response, the Surveyor was provided a copy of the Residential Care Home licensing regulations for Food Safety and Sanitation, and Food Storage and Equipment. The document provided in response to this request did not include procedures developed by the home to ensure perishable food items are protected from exposure to mold and other contaminants.</p> <p>2. During the tour of the kitchen and food storage areas commencing at 10:52 AM on 6/12/24, 12 dented cans were observed to be stored in the dry goods food storage room with cans of food to be served to residents of the home. This finding was confirmed by the Food Services Director and Regional Maintenance Director on the morning of 6/12/24.</p> <p>At 12:10 PM on 6/12/24 the Food Service</p>	R246		

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R246	Continued From page 5  Director Service confirmed policies and procedures governing the rejection and removal of dented cans to ensure contaminated canned goods are not served to residents of the home had not been developed.  In conclusion, these deficient practices are potential risks for more than minimal harm due to food borne illness for all facility residents.	R246		
R247 SS=F	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 record review there was a failure to ensure all perishable foods and beverages are labeled and dated with the dates the items were opened or prepared. Findings include:  Following a tour of the kitchen and food storage areas of the home on 6/12/24 the Food Service Director and Executive Director were requested to provide the home's policies and procedures governing the labeling and storage of perishable food items. In response the Surveyor was provided a copy of the Residential Care Home licensing regulations for Food Safety and Sanitation, and Food Storage and Equipment. The document provided in response to this	R247	R247 7.2 Food Safety and Sanitation "Food Storage" Policy and ongoing Procedure Applied and put into place in Kitchen The kitchen manager will not accept dented cans upon delivery. Kitchen Manager will check dates daily on prepared/ open food or drinks and dispose of per regulations.  Tag 247-accepted 7-12-24- LTCM	6/12/2024 and

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R247	<p>Continued From page 6</p> <p>request did not include procedures developed by the home to ensure perishable food items are labeled with the dates the perishable food items were opened or prepared.</p> <p>1. During the tour of the Kitchen and food storage areas of the home on the morning of 6/12/24 the following perishable foods and beverages were observed without labels indicating the date the items were opened or prepared:</p> <p>a. In the freezer: 8 opened containers of ice cream</p> <p>b. In the walk-in refrigerator: a bag of peeled garlic cloves, 4 containers of soup base, 3 containers of nuts, yogurt, a large bin containing bottles of condiments, 2 bags of shredded cheese, and a plate of chopped lettuce</p> <p>c. Reach-in refrigeration unit: a half gallon of milk, a quart of half and half, bottles of apple and cranberry juice, a bottle of tomato juice, condiments, syrups, dressings, a glass jar containing an unidentified white liquid, a personal drink belonging to a staff member, 3 pitchers of prepared beverages, and 3 bottles of soda</p> <p>d. In the dry goods storage room: numerous gallon containers of oils, vinegar, and sauces; and packages of pasta and rice</p> <p>These findings were confirmed by the Food Services Director and Regional Maintenance Director during the tour of the kitchen and food storage areas on the morning of 6/12/24.</p> <p>2. During a tour of the home's Memory Care Center kitchen, perishable foods and beverages observed to be stored without labels indicating</p>	R247		



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R247	Continued From page 7  the dates the items were opened or prepared included Lactaid Fat Free Milk, orange juice, half and half, ultra pasteurized milk, and containers of 10 Year Shelf Life water; berry jam, and condiments including mayonnaise, ketchup and mustard in the refrigerator. A 3 gallon container of ice cream was observed without the date it was opened in the freezer.  These findings were confirmed by the Regional Maintenance Director during the tour of the Memory Care Center kitchen on the morning of 6/12/24.  In conclusion, these deficient practices are potential risks for more than minimal harm due to food borne illness for all facility residents.	R247		
R266 SS=F	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and record review there was a failure to ensure care in a safe environment related to the storage of cleaning supplies and chemicals in the Memory Care Center of the home. Findings include:  The home's Aspects of Resident Care policy and procedures effective 9/30/2024 states, "Any chemicals that could pose a risk to Residents by	R266	R266 9.1 Environment: "Food Storage" Policy and Procedure As of 6/12/2024: all cabinets under the MCU kitchen sink and in the MCU Spa are now locked. All chemicals are behind locked cabinets. The Memory Care Unit MT will check all locks in MCU dining room under sink and in MCU bathroom on a weekly basis. If any concerns with the locks, he/she will notify the Maintenance Director immediately. If the Maintenance Director is not available, all chemicals will be removed and stored in Maintenance Director office or laundry room until locks can be fixed.	6/12/2024 and ongoing

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R266	<p>Continued From page 8</p> <p>Ingestion, toxic if exposed to skin or any direct exposure will be kept in a secured location on memory care units. This includes cleaning solutions and care supplies."</p> <p>During the observation of lunch service in the home's Memory Care Center on 6/12/24 an unlocked cabinet under the kitchen sink was observed to contain hazardous cleaning products including Pledge furniture polish, Lysol foaming bathroom cleaner, disinfectant spray, a spray bottle without an identifying label, Weiman's stainless steel polish, a spray bottle of window spray, liquid soap, and a container of dishwasher pods.</p> <p>The door to the Memory Care Spa was open leaving this room accessible to residents. An unlocked closet in the Spa contained containers of disinfectant spray.</p> <p>The residents of the Memory Care Center are diagnosed with conditions which cause cognitive decline and impact the ability to safely manage access to hazardous substances. These findings were confirmed by the Regional Maintenance Director during the tour of the Memory Care Center at 12:33 PM on 6/12/24.</p>	R266	<p>Tag 266-accepted 7-12-24-LTCM</p>		