



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

February 24, 2025

Peggy Degoosh, Manager
Frances Atkinson Residence For The Retired
4717 Main Street
Newbury, VT 05051

Dear Ms. Degoosh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 27, 2025**. 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", with a large, stylized loop at the end.

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: 0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/27/2025
NAME OF PROVIDER OR SUPPLIER FRANCES ATKINSON RESIDENCE FOR THE RETIRED			STREET ADDRESS, CITY, STATE, ZIP CODE 4717 MAIN STREET NEWBURY, VT 05051		
(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	
R100	Initial Comments: An unannounced onsite relicensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 1/27/25. Regulatory deficiencies were identified as a result. Findings include:	R100	The action taken to correct the deficiency:		
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 record review and staff interviews, the RCH failed to ensure staff records for criminal background checks were completed. Per record review of staff criminal background check records, 3/5 staff records did not include a completed National Background check. Per interview on 1/27/25 at 11:30 AM, the Assistant Manager confirmed national background checks were not able to be completed on the identified staff. They explained the national background checks were unable to be obtained through the vendor used by the facility due to the staff being under the age of 18. The Assistant Manager confirmed the background check was not completed for this staff member and the facility did not identify a way to meet the requirements sent forth in the memorandum issued on 10/24/2022 and 5/1/23.	R190	The company [REDACTED] was hired to conduct the National Background checks on employees 16 years to 17 years old. Three employees were identified. This deficiency was corrected on employee #1 2/3/2025, Employee #2 02/10/2025, Employee #3 2/10/2025. The changes made to ensure that the deficient does not reoccur: At the time of hire the employee will be given a form for the parental authorization for their child stating the administration may conduct a National Criminal Background check. The corrective actions will be monitored so the deficient practice does not reoccur by adding the parental authorization form to the employee application hiring package as well as the new hire completed checklist. The corrective action was completed on 2/10/2025.		

R190 Accepted
Jenielle Shea, RN
2/24/25

Division of Licensing and Protection

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

Peggy DeLoach TITLE *Director*

(X6) DATE

02-20-25

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R250 R250 SS=F	Continued From page 1 VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, RCH failed to ensure food items stored within the refrigerator were within appropriate dates of use. Per observation of the food storage areas, the refrigerator stored cooking herbs rosemary, mint, and parsley the packaging of these items expired on 1/16/25. The refrigerator also contained 7 chopped salad kits, that expired on 1/18/25. Per interview on 1/27/25 at 10:00 AM, the Manager confirmed the identified food was out of date. The Manager explained staff check the food storage weekly for out-of-date items, and acknowledged the RCH to reference the regulations in form of policy.	R250 R250	The action taken to correct the deficiency was: The identified refrigeration unit deficiency of outdated herbs and chopped salads was cleaned and all outdated items were destroyed. Measures put into place to ensure the deficient practice does not reoccur: Administration developed a daily checklist for the kitchen shift employees to sign off on by the staff working that day. The corrective actions will be monitored by the Head Cook to ensure all the staff are following safe practice policies. The Head Cook will collect the daily checklist, monitor daily operations, and report to administration. Corrective action was completed on 1/27/2025		
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	R266	R250 Accepted Jenielle Shea, RN 2/24/25		

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R266	Continued From page 2 by: Based on observation and staff interviews, RCH failed to provide care in a safe environment. Findings include: During the facility tour at 10:00 AM, oxygen was observed in use by Resident #1 while occupying their room. The hallway of the room, entry to the room, and the interior of the room did not have proper signage posted. This is a safety requirement also issued per NFPA 101 Life Safety & NFPA 99 Health Care Facility Code, which states signage is needed when oxygen is in use. In addition, per Lippincott Manual 8th addition Administering Oxygen by Nasal Cannula Procedure Guideline 10-14; page 244: "Performance phase 1. Post NO SMOKING signs on the patient's door and in view of the patient and visitors". At 11:00 AM the Manager confirmed signage was not posted, and acknowledged the use of appropriate signage when oxygen in use to maintain a safe environment.	R266	The action taken to correct the deficiency : Temporary Oxygen In Use signs were downloaded and printed and hung on all entrances and the resident's door where oxygen was being used. Hard plastic Oxygen In Use signs were ordered on 1/27/25 for all outside entrances. Delivered and hung on 2/5/2025. The system changes we put in place to ensure the deficiency doesn't reoccur is additional permanent inside and outside Oxygen In Use signs were ordered so that in the event we have another resident admitted who uses oxygen we will be prepared. The Corrective date was completed on 1/27/25 and 2/5/2025. R266 Accepted Jenielle Shea, RN 2/24/25	
R291 SS=F	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures did not exceed 120 degrees Fahrenheit in resident areas of the Residential Care Home (RCH).	R291	The action taken to correct the deficiency was that the facility contractor/maintenance personnel was onsite and immediately turned the hot water heater down, checked all of the other water heaters to ensure they were in the right range. On 1/28/25 a new thermometer was purchased. The system changes to ensure compliance were: all cooking staff were trained in how to take a water temperature correctly.	

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R291	Continued From page 3 Findings include: During observation at 12:45 PM on 1/27/25 water temperatures were observed to exceed 120 degrees Fahrenheit in two resident areas of the facility including: 1. The water temperature in the shared resident restroom located on the ground level was 127 degrees Fahrenheit. 2. The water temperature in a resident room on the second floor was 125 degrees Fahrenheit. Per interview on 1/17/25 at the time of finding, the Manager confirmed the readings, the thermostat was adjusted and the water returned to below 120 degrees F. The Manager confirmed a process was in place to monitor temperatures by staff, and acknowledged due to change in staff, to ensure the process is being followed.	R291	This will be monitored by a daily temperature water sheet that was developed for staff to record their findings on the daily sheet and signed off. Staff will report any temperature above 118 degrees Fahrenheit. They will immediately report the findings to maintenance and administrators so that it can be corrected to a safe level. This corrective action was completed 1/27/2025 by maintenance by turning the water down and 1/28/2025 a new thermometer was purchase and the checklist was created 1/27/2025. R291 Accepted Jenielle Shea, RN 2/24/25		

Deficiency Statement Plan of Correction (POC)

Survey Date: 1/27/2025

Facility name: Frances Atkinson Residence for the Retired

Deficiency: R190

How was the deficiency corrected:

Hired a company [REDACTED] to conduct National Criminal Background check on underage employees.

Company name removed by DLP 2/21/25

Date Corrected: 2/3/25 – 2/10/2025- 2/10/25

System Changes to ensure compliance of regulation:

Administration will give hired employees under the age of 18 a form for the employee's parents to provide authorization for the administrators permission to conduct the National Criminal background check.

Who will monitor to ensure compliance:

Manager/Assistant Manager

Deficiency Regulation: R250

How the deficiency was corrected:

The refrigerator identified as holding out dated herbs and salad kits was cleaned of outdated items and destroyed. A daily kitchen checklist was implemented and monitored by the Head Cook and will report to the manager.

Date corrected: 1/27/25

System changes to ensure compliance of the regulations:

Administration met with all the cooks to ensure they understood that all outdated goods were to be checked at the end of their shift and destroyed. Administrators developed a checklist to be followed by staff for their assigned shift. The staff will sign off as being completed and then given to the administrators.

Who will monitor to ensure compliance:

Manager/Assistant Manager, Head Cook

Deficiency regulation: R266

How the deficiency was corrected:

Temporary *Oxygen In Use* signs were downloaded, printed and then hung on the entrance of the resident's room that is using oxygen. Two hard plastic *Oxygen In Use* signs were ordered for the outside doors on 1/27/2025 and hung on all outside entrances on 2/5/2025.

Date corrected: 1/27/2025 and 2/5/2025

System changes to ensure compliance of the regulation:

Permanent inside and outside *Oxygen In Use* signs were ordered in the event of having another resident admitted who uses oxygen.

Who will monitor to ensure compliance:

Manager/Assistant Manager

Deficiency Regulation: R291

How the deficiency was corrected:

*Maintenance was on sight and turned the water heater down to a safe temperature.

*A new thermometer was purchased 1/28/2205

Date Corrected: 1/27/2025-1/28/2025

System changes to ensure compliance of the regulation:

All cooking staff were retrained on how to take a water temperature correctly and then record on a daily temperature sheet. Staff were instructed to report any temperatures above 118 degrees Fahrenheit.

Who will monitor to ensure compliance:

Administration and maintenance