VERMONT

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

March 21, 2025

Todd Patterson, Manager
The Residence At Shelburne Bay
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Mr. Patterson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 18, 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1009	A. BUILDING: _____ B. WING _____	C 02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY	185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482

(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: On 2/18/25 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey and an investigation of one complaint. There were no deficiencies identified during the complaint investigation. The following regulatory deficiencies were identified during the annual survey:	R100	Corrective actions submitted for all tags accepted by Jo A Evans RN on 3/21/25. Please refer to the attached document to review the accepted corrective action for all tag cited.	
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		

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R179	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and review, one out of five sampled staff failed to complete all required yearly training. Findings include: Policies and procedures included in the facility's Resident Care Guide for Vermont are consistent with this regulatory requirement. Per review of training records for a sample of five staff provided by the Executive Director on request, one out of five sampled staff did not complete the required training. This finding was confirmed by the Executive Director at 1:00 PM on 2/18/2025.	R179		
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 the facility failed to ensure completion of all required criminal record and abuse registry checks for five out of five sampled staff. On 2/18/2025, the Executive Director was asked to provide the facility's policies and procedures governing completion of staff background checks. The facility's Hiring Guidelines policy provided by the Executive Director is not consistent with the current regulatory requirements.	R190		

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R190	Continued From page 2 Per review of criminal record and abuse registry checks provided for review for a sample of five staff, all required background checks were not completed as required for five out of five sampled staff. This finding was confirmed by the Executive Director at 2:30 PM on 2/18/2025.	R190		
R222 SS=F	VI. RESIDENTS' RIGHTS 6.10 The resident's right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure each resident's right to privacy related to storage of records including private health information. Findings include: During the facility tour beginning at 9:30 AM on 2/18/2025, resident records containing personal health information were observed to be unsecured and visible in the computer rooms on the second and fourth floors of the facility. The computer room on the second floor did not have a door. The door of the computer room on the	R222		

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R222	Continued From page 3 fourth floor was closed and unlocked with residents observed freely entering and exiting. Private health information was observed to be unsecured and accessible to all visitors, residents, and unauthorized personnel in both computer rooms. The facility's Residency Agreement policy effective 5/29/2024 states, "The resident's right to privacy extends to all records and personal information". Per record review, the facility's Operations Guide includes a policy pertaining to HIPAA (Health Information Portability and Accountability Act) which states, "All Resident wellness records shall be maintained in a secure designated area." At 1:30 PM on 2/18/2025, the Executive Director confirmed resident records including personal information were unsecured and accessible in facility computer rooms and acknowledged the failure to ensure the resident's right to privacy.	R222		
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 staff interview there was a failure to ensure all perishable foods and beverages were labeled with the dates the items	R247		

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R247	Continued From page 4 were opened or prepared. Findings include: The facility's policies and procedures governing labeling and dating perishable food and drinks are consistent with this regulatory requirement.. During a tour of the facility's main kitchen commencing at 9:55 AM on 2/18/25 the following perishable foods and beverages were observed to be stored without labels indicating the date the items were opened or prepared: a. In a small freezer: multiple undated opened 3 gallon containers of ice cream. b. In the reach -in refrigerators: a large container of parmesan cheese; and multiple large containers of sour cream, salad dressings, condiments and sauces c. In a refrigerated prep unit: an opened and unsealed quart container of liquid whole eggs d. On a shelf under a small grill: large containers of a pourable butter spread and vegetable oil e. In a reach-in freezer: opened bags of vegetables and sausage, and a plastic cup containing small pieces of an unidentified meat covered with plastic wrap These findings were confirmed by the Chef on duty during the facility's main kitchen tour on the morning of 2/18/25.	R247		
R248 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and	R248		

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R248	Continued From page 5 stored properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure work surfaces and equipment are cleaned and sanitized after use. Findings include: The facility's policies and procedures are consistent with this regulatory requirement. During a tour of the facility's main kitchen commencing at 9:55 AM on 2/18/24 equipment including an air fryer, microwave oven, reach-in freezer, and a refrigerated prep unit were observed to be in need of cleaning due to dust, food crumbs, stains and spills. Additionally, kitchen surfaces including flooring, counter tops, stainless steel tables, walls, and PVC piping were also observed to be in need of cleaning. The milk crates on which the compost bucket was stored were observed with dried food spills, and there were brown stains inside a plastic tub used to store bags of ground coffee. These findings were confirmed by the Chef on duty during the tour of the facility's main kitchen on the morning of 2/18/25.	R248		
R259 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the	R259		

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R259	Continued From page 6 food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure storage of poisonous compounds are labeled for easy identification and stored in a looked compartment separate from the food storage area. Findings include: Per the facility's policies and procedures chemicals are to be labeled and stored separate from food items. During the tour of the facility's main kitchen commencing at 9:55 AM on 2/18/25 poisonous compounds including 2 types of degreaser and an unlabeled spray bottle containing an unidentified liquid were observed to be stored on a shelf directly beside large bottles of pourable butter substitute, vegetable oil, and vinegar. This finding was confirmed by the Chef on duty on the morning of 2/18/25.	R259		

Deficiency Statement Plan of Correction (POC)

Survey Date:2/18/25

Facility Name: The Residence at Shelburne Bay

POC date: 3/17/25

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R179 Plan of correction accepted by Jo A Evans RN on 3/21/25	Relias, educational software, was reviewed for errors in annual training requirements and assignment	3/17/25	Annual audit planned by BOD to ensure the annual training requirements are met for all Associates	Business Office Director
R190 Plan of correction accepted by Jo A Evans RN on 3/21/25	Background checks consistent with regulatory requirements completed for all Associates	Begun 3/17/25	Annual audit scheduled by BOD to ensure compliance with background checks consistent with regulatory requirements	Business Office Director
R222 Plan of correction accepted by Jo A Evans RN on 3/21/25	Locks were placed and in-service completed to review HIPAA requirements for community and specifically Med Tech offices	3/6/25	Intermittent, weekly audits of Med Tech offices to be completed by Resident Care Director to ensure HIPAA compliance	Resident Care Director
R247 Plan of correction accepted by Jo A Evans RN on 3/21/25	In-servicing provided to Culinary Associates to review Annual Survey deficiencies and Standard Operating Procedures	3/21/25 3/22/25 4/16/25 then Quarterly	Restaurant Operations Director and Executive Chef will alternate daily rounds of both kitchens to review overall food labeling, food safety and sanitation and to ensure that food storage practices are consistent with regulations Quarterly Mock Survey performed by Department Heads to monitor changes	Restaurant Operations Director/ Executive Chef Department Heads coordinated by ED
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