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 19, 2024

Amy Croteau, Manager
The Residence At Shelburne Bay West
185 Pine Haven Shore Road
Shelburne, VT 05482-7805

Dear Ms. Croteau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 13, 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 Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0589	A. BUILDING: _____ B. WING _____	02/13/2024

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

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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 02/13/24. The following regulatory violations were identified:	R100		
R176 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Nurse failed to ensure the disposal of outdated or unused medication in accordance with Section 5.10h of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000. Findings include: Per observation of the facility medications, it was noted that expired medication, and creams, were observed to be in use. These medications included: Preparation H 4 ounce tube expired on 5/2022, Saline wound spray expired 12/18/2022, 20 packets of Bacitracin zinc ointment 0.03 ounces expired on 11/2022, Probiotics gummy 70 ct expired on 1/2024, Tylenol 500 mg 500 count bottle expired 7/2023, a controlled medication, Morphine concentrate 20 mg/mll, 10 pre-filled 0.25 ml syringes expired on 11/14/23 .	R176		

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R176	Continued From page 1 The facility policy titled 1.7 Disposal of Medications states " Medication must be disposed of when it is refused by a resident, becomes outdated, (ie. expired), or a discontinuation by the resident's physician." Per interview on 2/13/24 at 11:20 AM , the nurse confirmed the outdated medication identified and confirmed the policy in place in proper disposal of outdated medications including controlled substances. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to potential negative impact on resident's health related care and maintenance and effectiveness of potential use of expired medications.	R176		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the RCH failed to ensure a policy and procedures was established to account for expired foods maintained on the premises in storage areas. Findings include: During the facility tour commencing at 9:30 AM, all facility storage areas for dry goods were	R200		

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R200	Continued From page 2 observed. Perishable food items and drinks were identified as expired within the kitchen of the memory care and facility's dry storage pantry. Per record review of the Standard Operating Procedure guide, no identifiable process were in place to ensure the facility does not maintain expired perishable foods on the premises. Per interview on 2/13/24 at 11:15 AM the Executive Chef confirmed a policy and procedure is not in place to monitor for expired food items within the storage areas. The deficient practices is a risk for more than minimal harm, as policy and procedures identify processes the facility staff can reference to ensure all regulatory requirements are adhered to. Refer to Tag 250.	R200		
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 food and drinks were labeled and dated. Findings include:	R247		

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R247	Continued From page 3 Per observation during the facility tour, perishable food and drinks were observed not properly labeled and dated with preparation dates or dates of opening. The items were (4) bags of rice crispie cereals, (1) bag corn flakes, (2) bags granola, Hard boiled eggs, jars of strawberry and grape jelly, (2) 28 ounces of cream of wheat, 1 gallon of soybean oil, (2) lbs container of cottage cheese, (1) gallon of mayonnaise, 32 ounce block of Vermont cheddar cheese, (2) 1 gallon containers of premade juice. The facility's Standard Operating Procedure (SOP) titled Date Marking Ready-to-Eat Hazardous Food, states " 3. Label all ready-to-eat, potentially hazardous foods that are prepared on-site and held or stored, 4. Label any processed, ready-to-eat, potentially hazardous foods when opened." Per interview on 12/13/14 at 9:55 am the Manager confirmed the observations of items not labeled and dates indicating initial use or preparation of items. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to risk of food contamination and foodborne illnesses.	R247		
R250 SS=E	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.	R250		

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R250	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the RCH failed to ensure food items that were expired were removed from storage areas within the facility available for use. Findings include: Per observation during the facility, a kitchen on the memory care and a dry food storage area were observed to store out of date food items available for use. Within the kitchen of the memory care, a bottle of sugar free syrup expired on 12/8/23. (2) 6.25 ounces sugar cookie mix, expired on 7/23/23, (5) 14 ounce cans of sweetened condensed milk, expired on 8/2023, an 11 ounce bag of Carmel bits expired on 10/24/23, and a 12 ounce package of Peanut Butter meltables expired on 1/21/23. Within the dry storage panty the item observed were 2 cases of Ruby Krisp grape juice 5.5 fl ounces expired on 5 /13/23. The observations were confirmed at the time of finding by the Manager. In review of the facility's Stand operating Procedure, a process is not established to monitor the storage for out of date perishable and dry storage goods. In the refrigerators prepared food items were observed to be dated outside of facilities polocy. Per the facility SOP, items prepared are to be used within 3 days of preperation these findings include plated salad with varying dates of 2/6 and 2/9; Chicken 2/9, and Shrimp dated 2/8. In review of the facility's Standing Operating Procedure states. Serve or discard refrigerated, ready-to-eat, potentially hazardous foods within 3	R250		

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R250	Continued From page 5 days after opening or preparing. Per interview on 2/13/24 at 11:15 AM the Executive Chef confirmed a policy is not in place for monitoring expired items within the storage areas of the facility.	R250		
R251 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure food and drinks were stored in a manner as to protect them from dust, insects, rodents, and overhead leakage. Findings include: Per observation of the main kitchens food storage areas, the refrigerator, freezers and dry storage pantry food items were observed open to air, and not covered to prevent from sources of contamination. Items within the refrigerator observed uncovered included a tray of meat (not identified), hot dogs, baked apples, a frosted cake, container of garlic butter with spoon inside, and a bottle of Sweet Baby Rays Buffalo Sauce with no lid. Within the freezer containing ice cream, (3) 3 gallon ice cream containers were observed with the lids not sealed. Within the dry storage pantry, a 50 lb bag of oatmeal quick cereal had two areas of the packaging were	R251		

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R251	Continued From page 6 observed to be open to air. Within a kitchenette located on memory care observations of (7) Cereal bags were open to air. The cereals bags were of varying types, additional the bags were not labeled to identify item, date of opening, or the date of use by. This observation was confirmed by kitchen staff at the time of finding. The facility's Standard Operating Procedures Preventing Cross-Contamination During Storage and Preparation states "11. Place food in covered containers or packages and store in the walk-in refrigerator or cooler." The deficient practice is a potential risk for more than minimal harm for all facility residents as it provides opportunistic sources of contamination of procured food served to residents.	R251		
R253 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure of the Residential Care Home (RCH) to ensure all food service equipment was kept clean and the environment was free from sources of contamination. Findings include: Per observation on the morning of 2/13/24 the facilities kitchen stoves were observed to be poorly maintained with food, and grease build up.	R253		

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R253	Continued From page 7 The hood vents presented with grease and dust buildup on the inside of the hood vents. A meat slicer was observed to have evidence of use, build-up of food on the cutting blade, and remnant pieces of cut food. In the dishwashing area of the kitchen, the wash sink was observed to have a a bucket under a the sink, to collect water from a leaking pipe, the bucket of water was observed with evidence of discolored water, presenting with mold growth. These observations were confirmed by the kitchen, chef and manager. The facility Cleaning and Sanitizing Food Contact Surfaces Standard Operating Procedures states "Wash, rinse and sanitize food contact surfaces of sinks, tables, equipment, utensils, thermometers, carts and equipment: Before each use, Between uses when preparing different types of raw animal foods, such as eggs, fish, meat and poultry, Between uses when preparing ready-to-eat foods and raw animal foods such as eggs, fish, meat and poultry, Any time contamination occurs or is suspected." Per interview on 2/13/24 at 2:00 PM the Executive Director confirmed a cleaning schedule is in place for opening and closing procedures for all kitchen staff to be completed. Training's are provided to all kitchen staff on food services and handling practices. The ED confirmed signage is posted as reference for staff; s/he further explained an example of closing expectations to include at end of shift staff wrapping labeling, putting items away, equipment cleaning, and floor cleaning at night. In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to potential risk of foodborne illnesses with contamination of food preparation	R253		

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R253	Continued From page 8 areas.	R253		
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 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 all cleaning products and other poisonous compound were stored in a locked compartment. Findings include: Per observation of the kitchen, chemicals were observed stored on a shelf under the food prep counters. The chemicals observed included Virasept Disinfectant, Grill and oven cleaner spray, and a can of Stainless steel cleaner. The facility policy titled "Storing and Using Poisonous or Toxic Chemicals" indicates on the instruction lists #6.) Store all chemicals in a designated secured area away from food and food contact surfaces using spacing and partitioning and #7.) Limit access to chemicals by use of locks, seals, or key cards. Per interview on 12/13/24 the Chef confirmed the observation of chemicals not stored in a secure locations within a food service area.	R259		

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R259	Continued From page 9 The deficiant practices poses more than minimal harm due to the potenital of cross contaminiation of food and poisonous compounds.	R259		
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 staff interview, there was a failure of the ALR to provide and maintain care in a safe environment for residents residing on the Memory Care Unit. Findings include: During the environmental tour of the ALR's Memory Care Unit on 2/13/24 beginning at 10:30 AM and accompanied by the Executive director, a housekeeping cart was observed unlocked and unattended outside of a resident's room. The cart contained the following cleaning agent of concern: Bnc 15C Disinfectant SDS lists warnings of causing skin burns and serious eye damage. Instructions with contact include, in the case of skin contact, take off immediately all contaminated clothing, rinse skin with water or shower. Washing contaminated clothing before reusing. In case of contact with eyes, care instruction include, rinse cautiously with waster for several minutes. Storage recommendation: secured.	R266		

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R266	Continued From page 10 Also,within the housekeeping cart included Clorox urine remover 32 fluid ounces, Pledge Mulitsurface 25 fluid ounces, Mint bowl cleaner. An additional observation at 11:10 AM, a bottle of XCelente was observed on the kitchen counter of the memory care unit, easily accessible to residents of the memory care unit. Per the SDS, Xcelente is a cleaning agent, with listed warning that may cause serious eye irritation, rinse cautiously with water for several minutes. Remover contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical attention. Per interview on 2/13/24 at 11: 15AM the housekeeper confirmed, the housekeeping carts are to be secure with a lock, however indicated the lock was broken. These observations were confirmed by staff who had accompanied the surveyors at the time of the tour. The Memory Care unit is the residence for individuals with dementia who ambulate and wander throughout the unit. Presently the ALR utilizes a housekeeper cart that can not be locked resulting in unsafe storage of harmful cleaning agents, allowing accessibility to vulnerable residents, which has the potential for harm.	R266		

PLAN OF CORRECTION

The Residence at Shelburne Bay

March 2024

ID PREFIX

TAG

V. RESIDENTIAL CARE AND HOME SERVICES R 176

PROVIDER'S PLAN OF CORRECTION

5.10.h (4) Medication Management

Action: Review with Medication Technicians and Wellness Nurses regarding disposal of expired medication 3/8/24

Systemic Change: Begin monthly audit checklist 3/11/24

Begin monthly Continuing Education meetings Medication Technicians/ Wellness Nurses 3/8/24

Monitoring: Monthly Medication Cart audit Wellness Nurse

Weekly Narcotic audits by Resident Care Director

Completion Date: Begins 3/8/24

R176 Accepted on 3/19/24. Sherry Ross, RN

5.15 Policies and Procedures R 200

Action: Establish policy and procedure to monitor for expired food items in Dry Good storage

Systemic Change: Review of Survey findings with Culinary Associates in monthly meeting 3/2/24

Emailed copy of Survey findings with expectations to Culinary Associates 3/4/24

Ongoing monthly review of Culinary SOP in team meeting

Monitoring: Culinary Director and Executive Chef responsible to walk kitchen storage and monitor daily 3/2/24

Quarterly mock survey by Department Leaders 3/15/24

Completion Date: 3/15/24

R200 Accepted on 3/19/24. Sherry Ross, RN

VII. NUTRITION AND FOOD SERVICES R247

PROVIDER'S PLAN OF CORRECTION

7.2b Food Safety and Sanitation

Action: Review of Standard Operating Procedures and Survey findings with Culinary Associates 3/2/24

Emailed copy of Survey findings with expectations to Culinary Associates 3/4/24

Systemic Change: Each Culinary Associate responsible to comply with SOP regarding labeling, dating and daily spoilage monitoring 3/2/24

Ongoing monthly review of Culinary SOP in Culinary Associate meeting

Monitoring: Reflections Director/ Executive Chef/ Culinary Director to walk kitchens daily to review contents and standards 3/2/24

Quarterly Mock Survey by Department Leaders 3/15/24

Completion Date: 3/15/24

R247 Accepted on 3/19/24. Sherry Ross, RN

R250

7.2e Food Safety and Sanitation

Action:
Review of Survey findings with Culinary and Reflections Associates

Emailed copy of Survey findings with expectations to Culinary Associates 3/4/24

Systemic Change: Each Culinary Associate responsible to comply with SOP regarding monitoring of best by food dates 3/2/24

Monitoring: Reflections Director, Culinary Director and Executive Chef responsible to walk kitchens daily to review contents and standards 3/2/24

Quarterly mock survey by Department Leaders 3/15/24

Ongoing monthly review of Culinary SOP in Culinary Associate meetings

Completion Date: 3/15/24

R250 Accepted on 3/19/24. Sherry Ross, RN

R251

7.3.a Food Storage and Equipment

Action:
Review of Survey findings with Culinary Associates 3/2/24

Emailed copy of Survey findings with expectations to Culinary Associates 3/4/24

Systemic Change:
Each Culinary Associate responsible to comply with SOP regarding food storage 3/2/24

Additional lids for container coverage have been ordered to replace cling film 3/15/24

Ongoing monthly review of Culinary SOP in Culinary Associate meetings

Monitoring:
Reflections Director, Culinary Director and Executive Chef responsible to walk kitchens daily to review contents and standards 3/2/24

Quarterly mock survey by Department Leaders 3/15/24

Completion Date: 3/15/24

R251 Accepted on 3/19/24. Sherry Ross, RN

R253

7.3c Food Storage and Equipment

Action: Review of Survey findings with Culinary Associates 3/2/24

Emailed copy of Survey findings with expectations to Culinary Associates 3/4/24

Quarterly cleaning of vent hoods 3/9/24

Ongoing monthly review of Culinary SOP in Culinary Associate meetings

Systemic Change: Appointment of Dining Room Supervisor (East) and Team Lead (West) to enforce SOP standards regarding opening and closing procedures 3/4/24

Monitoring: Culinary Director and Executive Chef responsible to walk kitchens daily to review contents and standards 3/2/24

Quarterly mock survey by Department Leaders 3/15/24

Completion Date: 3/15/24

R253 Accepted on 3/19/24. Sherry Ross, RN

R259

7.3i Food Storage and Equipment

Action: Review of Survey findings with Culinary Associates 3/2/24

Emailed copy of Survey findings with expectations to Culinary Associates 3/4/24

Systemic Change: Obtain locked cabinets in dish pit to safely store all cleaning products in both East and West kitchens 3/22/24

Monitoring: Culinary Director and Executive Chef responsible to walk kitchens daily to review contents and standards 3/2/24

Quarterly mock survey by Department Leaders 3/15/24

Completion Date: 3/22/24

R259 Accepted on 3/19/24. Sherry Ross, RN

XI. PHYSICAL PLANT

R266

9.1a Environment

Action: Replace existing housekeeping cart with another with functioning locking mechanism 2/13/24

Add lock to Reflections kitchen cupboard where cleaning products are stored 3/4/24

Reeducation of Reflections and Housekeeping staff of need to have cabinet and cart locked at all times 3/6/24

Systemic Change: Monthly reeducation of Associates in All Associates Meeting of need to have cleaning supplies in safe storage at all times 3/27/24

Monitoring: Reflections Director and Maintenance and Housekeeping Director to monitor on daily rounds 3/15/24

Completion Date: 3/27/24

R266 Accepted on 3/19/24. Sherry Ross, RN