VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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AGENCY OF HUMAN SERVICES

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

May 12, 2025

Lisa Charbonneau, Manager
Lenny Burke's Farm, Inc.
Po Box 75
Wallingford, VT 05773

Dear Ms. Charbonneau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 14, 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

PRINTED: 05/02/2025
FORM APPROVED

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
	0061	A. BUILDING: _____ B. WING _____	04/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENNY BURKE'S FARM, INC.	PO BOX 75 WALLINGFORD, VT 05773

(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 on-site relicensure survey and a follow up to survey to survey condcuted on 4-1-24 was conducted by the Division of Licensing and Protection on 4/14/25. The follow up survey resulted in no deficiencies identified, however the re-licensing survey found the following regulatory deficiencies:	R100		
R184 SS=E	5.10.a (6) Medication Management Each home must have written policies and procedures describing the home's medication management practicies. The policies must cover at least the following: Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to establish procedures for monitoring and documenting potential side effects for facility residents who are receiving scheduled psychoactive medications. Findings include: Per interview on 4/14/25 at 11:50 PM the Manager confirmed the facility to utilize an assessment tool to monitor side effects of psychoactive medication. Per record review Resident #1 psychoactive assessment for medications Escitalopram and Trazodone was completed on 7/20/24. Resident #2 psychoactive assessment for medications Risperidone was completed on 8/5/24. Resident #3 psychoactive assessment of medications Sertraline and Zoloft was completed on 6/19/24.	R184	R184 Accepted 5/8/25 Susan Gregoire RN	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE License (X6) DATE 5/7/25

PRINTED: 05/02/2025
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R184	Continued From page 1 After review of the psychoactive assessments, the Manager confirmed to have completed the assessments for Resident #1, #2 and #3, and confirmed them to be the most recent review for monitoring the side effects of psychoactive medications. The Manager confirmed to have not been delegated this task by the overseeing Registered Nurse, however, is aware they are to be completed. On the afternoon of 4/14/25, the Owner was requested to produce the facilities policy and procedures for monitoring side effects of psychoactive medications. The facility policy was not provided upon request. A follow up to request was made prior to exit and the Manager confirmed to be unaware of a facility policy for monitoring side effects of psychoactive medications.	R184		
R401 SS=F	9.1.a Environment The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This includes outdoor areas that are used by residents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain a safe, sanitary and functional environment for their residents, as required by state regulation. Findings include: During a facility tour conducted at 9:30 AM on 4/14/25 with the House Manager, a moderate	R401	R401 Accepted 5/8/25 Susan Gregoire RN	

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R401	Continued From page 2 amount of water was observed pooling on the floor of the utility room that housed the hot water heater. Per observation, water was visibly leaking from the ceiling, with droplets observed above the utility room door and in the center of the room, resulting in the saturation of the wooden ceiling boards. A white plastic waste receptacle had been placed near the hot water heater, and discolored brown water was observed draining into and leaking out of the receptacle. Organic matter was visibly present on the ceiling and along the ceiling boards above the doorway, consistent with prolonged water exposure. Additionally, water was observed leaking from beneath the utility room door and seeping into the adjacent hallway, resulting in a mud-like appearance on the floor surface. Per staff interview, at 9:35 AM, the Manager confirmed the presence of water drainage and stated they would call the facility's plumber. The Manager further reported that the facility had contacted the facility's contracted plumbing professional the previous week concerning the same issue; however, no corrective action had been taken to address the leak or identify its source. Per interview at 10:17 AM, the Manager and the Owner confirmed an increase amount of water drainage, visible saturation of the ceiling boards, and progression in the extent of water damage from the previous week. Per observation and staff interview, the facility's contracted plumbing professional investigated the source of the water infiltration and, at 12:07 PM, identified the leak as originating from the refrigerator located on the floor above after it was pulled away from the kitchen wall.	R401		

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R430	Continued From page 3	R430		
R430 SS=F	9.6.d Plumbing Hot water temperatures must not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, there was a failure to ensure water temperatures did not exceed 120 degrees Fahrenheit in resident areas per regulatory requirements. Findings include: Per observation during the facility tour on April 14, 2025 at 9:18 AM, the water temperature in the common area kitchen sink measured 126.5 degrees Fahrenheit, and the water temperature at the main bathroom sink, used by all residents, measured 127.6 degrees Fahrenheit. Per interview on the morning of April 14, 2025, the Manager and Contracted Plumber observed and confirmed the elevated water temperatures. The Contracted Plumber took corrective action to reduce the temperatures in accordance with regulatory requirements. Per staff interview and record review at 2:18 PM, the Manager and Owner confirmed they did not have a written policy regarding acceptable hot water temperature parameters; however they reported the existence of a log book, used to record water temperatures. The Manager also stated that the thermometer in use at the time was not functioning properly and that a replacement had been ordered.	R430	R430 Accepted on 5/8/25 Susan Gregoire RN	

Deficiency Statement Plan of Correction (POC)

Survey Date: 4/14/2025

Facility Name: Lenny Burke's Farm Inc

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R184 R184 Accepted 5/8/25 Susan Gregoire RN	This RN had talked with Manager re: AIMS assessments – [redacted] stated that [redacted] understood the above assessments and had completed them. I advised that in the future, I would be doing above assessments or delegating them to another RN. There is a written policy addressing above. The policy will be given to all Manager and kept in each house MAR.	5/20/25	RN will complete assessments every 6 months and PRN changes in Residents presentation or baseline if psychotropic ordered by PCP. There will be specific psychotropic care plans for each client on med (psychotropic). We list behaviors on MAR for administration of PRN psychotropics and have policy in each house MAR. These will be in each house by 5/20/25	RN will monitor
R401 R401 Accepted 5/8/25 Susan Gregoire RN	Licensee had paid plumber to address this on 3/27/25. Unfortunately, they did not identify source of leak on that service call. Licensee also contacted carpenter on Tues April 8th to follow up and correct water issues. On 4/14/25 Licensee was made aware that the leak had not resolved and called plumber again. They came as detailed in survey and corrected issue.	5/10/25	Checking the utility room has now been added to sign off sheet. Manager has full permission to call plumber with whom we maintain a strong rapport.	Licensee and Manager will monitor
R430 R430 Accepted 5/8/25 Susan Gregoire RN	Licensed plumber was called immediately to correct water temp. There was a discrepancy between facility thermometer and surveyor thermometer. New thermometer in place 4/14/25.	4/14/25	Policy regarding all physical plant issues refined and placed in binder with temp records and new thermometer is in place for daily use and survey review. Plumber and Manager created diagram for Staff to be able to correct immediately if not in range. Plumbers phone number is immediately available for Staff to call with any issues.	Licensee and Manager will monitor

Pronouns redacted by DLP 5-8-25

05/07/2025 03:21PM 8024463780 HIS/LENNY BURKES PAGE 05/06