VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

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

July 30, 2025

Ms. Martha Ilsley
The Village At White River Junction
101 Currier Street
White River Junction, VT 05001

Dear Ms. Ilsley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 9, 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

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
	0660	A. BUILDING: _____ B. WING _____	C 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001

R142 and R196 Accepted 7-30-25
Susan Gregoire RN

(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 July 9, 2025, the Division of Licensing and Protection conducted an unannounced on-site follow-up survey to a survey conducted on May 20, 2025, as well as investigations of one facility reported incident and one complaint to determine if the facility was back in substantial compliance with the Residential Care Home and the Assisted Living Residnce Licensing Rules. The follow-up survey showed the facility to be back in substantial compliance with the Rules. However, as a result of the investigations, the following regulatory deficiencies were identified:	R100	The Village at WRJ neither admits nor denies the Deficiencies set forth in this Statement of Deficiencies. The facility alleges compliance with the Deficiency cited by The Division of Licensing and Protection by the alleged compliance date.	
R142 SS=D	5.5.d General Care A home must provide each resident with adequate supervision and must facilitate obtaining assistive devices sufficient to prevent accidents, and/or to mitigate risk of injury due to accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, there was a failure to ensure care in a safe environment including adequate supervision to prevent accidents, and/or to mitigate risk of injury for one applicable resident who sustained injuries. Findings include: The home's Memory Care Residency Agreement, states that the community will provide observation, assessment , monitoring and supervision. It goes on to state that the community provides a separate and distinct memory care program to meet the needs of residents.	R142	The Village will provide each resident with adequate supervision and will facilitate obtaining assistive devices sufficient to prevent accidents, and/or to mitigate risk of injury due to accidents. Resident #1 is on hourly checks. Staff have been re-educated regarding residents plan of care regarding providing hourly checks to the resident.	7.9.25 7.9.25 7.9.25 7.29.25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0660	A. BUILDING: _____ B. WING _____	C 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001

(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
R142	Continued From page 1 Per record review during the morning of July 9, 2025, the facility's Service Plan for Resident #1 directs staff to monitor the resident every hour while in bed for safety. The plan also states that Resident #1 is not oriented to person, place or time, and requires ongoing safety monitoring. Additionally, the plan states that the nurse is responsible for overseeing all aspects of care delivery to Resident #1 each shift. Per interview conducted the morning of July 9, 2025, Staff reported that it was common for Resident #1 to have small amounts of blood observed on their bed sheets during linen changes or while the bed was being made. Per record review, a facility incident report documented that on June 30, 2025 at approximately 6:15 AM, Staff entered Resident #1's room to provide morning care and observed the Resident with blood on their hands, around the mouth, and behind the left ear. The caregiver then notified the Nurse to assess the findings. Per interview conducted with the Nurse that worked the morning of July 9, 2025, the Nurse stated that during the 2:00 AM rounds, Resident #1 was resting and exhibited no behavioral concerns. The Nurse further reported being called to the Resident's room at approximately 6:15 AM during second rounds. This timing does not comply with the Service Plan required for hourly safety checks while the Resident is in bed. At that time, Resident #1 was exhibiting combative behavior and was observed with blood on their nose, left hand and behind the left ear. The Nurse stated they were unaware of how the injury occurred.The Nurse reported that bleeding was controlled, gauze was applied to the area and the Director of Nursing was notified. Resident	R142	All residents on the memory care unit will have individualized plans of care specific to providing observation, monitoring and supervision specific to meet each residents needs. The care plans will be audited by the Director of Health Services and their designee to ensure that they are updated to meet the current needs of each resident. Memory Care Staff will be updated on any changes to the plan of care for residents as changes occur. The Director of Health Services or designee will audit care plans monthly and present the audit results to the Quality Assurance Performance Improvement Committee monthly for 3 months for further review and action. R142 Accepted on 7-30-25 Susan Gregoire RN	7/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0660	A. BUILDING: _____ B. WING _____	C 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001

(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
R142	Continued From page 2 #1 was subsequently transported to the hospital where the laceration was treated with adhesive closure. Per observation conducted on the afternoon of July 9, 2025, Resident #1 had a 1.5 inch closed injury behind their left ear. This incident was confirmed by the Manager and Director of Nursing the afternoon of July 9, 2025.	R142		
R196 SS=D	5.10.d (5) Medication Management Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; identifies any known triggers for the behaviors; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to develop and implement a written PRN psychoactive plan for one Resident (Resident #1). Findings include: The Facility's Medication Management Policy under the section titled, As Needed (PRN) Medications: states that "Only licenced nursing personnel will administer as needed medication (s) per resident request or by noting signs and symptoms exhibited by the resident","All as	R196	The facility has developed a written prn psychoactive plan for resident #1, to include a plan specific to the administration of the prescribed Lorazepam 0.5 mg every 6 hours by mouth as needed for anxiety. nurses and medication assistants were re-educated regarding the plan All residents receiving	7.9.25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0660	A. BUILDING: _____ B. WING _____	C 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001

(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
R196	Continued From page 3 needed medication (s) will be recorded in the MAR along with the reasoning for giving the medication and the effectiveness of the medication", and "If a resident is cognitively impaired and has a PRN order for medication, nursing personnel will note signs and symptoms exhibited by the resident prior to administering the medication". Per record review conducted on the morning of July 9, 2025, the facility did not have a written plan specific to the administration of psychoactive medication for Resident #1 and Resident #1 was prescribed Lorazepam 0.5 mg by mouth every 6 hours as needed for anxiety. Per record review of the facility's Service Plan for Resident #1, under the section titled, Pain and Discomfort, staff are directed to "Encourage meds as ordered for pain/anxiety" and "encourage medications as ordered by primary care provider to minimize/control pain and anxiety." Also, to "follow Primary Care Provider's orders to help minimize and control these symptoms". Resident #1's care plan states, "medication as ordered" and includes a prescription for a psychoactive medication to be administered every 6 hours as needed (PRN) for anxiety. Per interview with the Nurse conducted the morning of July 9, 2025, the Nurse stated that Resident #1 is commonly agitated during early morning care particularly around 6:00 AM when staff perform AM care tasks. Despite this known pattern of agitation, a record review revealed that PRN psychoactive medication, which is prescribed to address behaviors, had not been administered prior to morning care.	R196	prn psychoactive medications will have a written plan in place specific to the administration of psychoactive medications, reason for administering the medication, and the administration of these medications will be documented on each residents specific Medication Administration record, along with documenting the reason the medication was given, the effectiveness of the medication , and signs and symptoms resident was experiencing prior to the administration of the medication and ensuring that the medical providers orders are being followed . Licensed nurses and Medication Assistants were re-educated regarding this on July 9, 2025 An audit will be conducted of residents on a psychoactive medication monthly for 3 months to ensure that the written plan is in place and the the appropriate documentation is occurring	7.9.25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0660	A. BUILDING: _____ B. WING _____	C 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001

(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
R196	Continued From page 4 Per recorded review, Resident #1's chart documents multiple incidents of agitation and combative behavior during which the prescribed medication was not administered. These incidents occurred on June 27, 2025; June 30, 2025; July 7, 2025; and July 8, 2025, and were confirmed by the Manager the afternoon of July 9, 2025.	R196	regarding the signs and symptoms exhibited by the resident prior to administering, the reason for administering, and the effectiveness of the medication. The result of this audit will be reviewed by the Quality Assurance Performance Improvement Committee for further action and review. The DIrector of Health Services or Designee will monitor R196 Accepted 7-30-25 Susan Gregoire RN	7.29.25