



**Department of Disabilities, Aging and
Independent Living**
Division of Licensing and Protection
280 State Drive/HC 2 South
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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

October 20, 2025

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

Dear Ms. Munzir:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 30, 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", written over a light blue horizontal line.

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: 1009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/30/2025
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R372, R385, R387, R388, R392, R394
Accepted 10-20-25
Susan Canas Gregoire RN

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT SHELBURNE BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482
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(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 September 30, 2025, the Division of Licensing and Protection conducted an unannounced, on-site investigation in response to 2 complaints. As a result of this investigation, the following regulatory deficiencies were identified:	R100		
R372 SS=C	7.1.a (4) Menus and Nutritional Standards The current week's regular and therapeutic menu must be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that a weekly menu was posted in a location visible to residents within the Assisted Living Residence. Findings include: The home's Operations Guide Menu Policy does not address the requirement to post a weekly menu as specified in State Rules. During a tour of the Assisted Living Residence, conducted on the morning of September 30, 2025, there was no posted menu observed hanging in the home. Per staff interview with the Manager conducted on the afternoon of September 30, 2025, it was confirmed that there was no weekly menu posted at that time, though the Manager stated it was their intention to have one posted soon in the home.	R372		
R385 SS=F	7.2.e Food Safety and Sanitation	R385		

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

6899

9Z2W11

If continuation sheet 1 of 8

K. Munyir Executive Director 10/16/2025

Division of Licensing and Protection

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R385	Continued From page 1 The use of outdated, unlabeled, or damaged canned goods is prohibited, and such goods must not be maintained on the premises. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable foods were labeled and dated. Findings include: The home's policies and procedures governing the labeling and dating of perishable food are consistent with this regulatory requirement. Posted signage in their kitchens instructs staff to "please label, date, and cover all items in the frig [sic]". The home's Dinner Closing List policy directs servers to label items with name and date using masking tape and a marker. During a tour of the facility's main kitchen conducted on the morning of September 30, 2025, the following perishable foods were observed to be stored without proper identification or expiration information: 1. a plastic storage bin of muffins 2. a plastic cereal dispenser of Raisin Bran 3. a plastic cereal dispenser of Corn Flakes 4. a dry food storage bin of Oats 5. a dry food storage bin of Flour 6. a dry food storage bin of Sugar 7. an open bag of leaf lettuce 8. an open container of broccoli 9. a container of egg salad 10. 3 packages of cheese 11. 2 cylindrical plastic packages of ground beef 12. 2 bulk packages of sausages links These findings were confirmed by the Manager	R385			

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R385	Continued From page 2 on the afternoon of September 30, 2025.	R385		
R387 SS=F	7.3.b Food Storage and Equipment Areas of the home used for storage of food, drink, equipment or utensils must be constructed to be easily cleaned and must be kept clean. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the home failed to ensure that all areas of the home used for storage of food and equipment were maintained in a clean and sanitary condition. Findings include: The home's Kitchen Appearance/Sanitation policy states that the kitchen appearance is extremely important and kitchen sanitation needs to be considered at all times. The policy goes on to state that kitchen floors are clean and free from debris, garbage is removed and not overflowing and walls are clean. The facility's Kitchen Closing Duty Checklist Policy instructs staff to use a mop bucket filled with clean water and mop soap, wipe down doors inside and out, wipe down the bottom shelf under the soda/juice machine and wipe down outside of freezer. During a tour of the facility conducted on the morning of September 30, 2025, the facility's food and equipment storage areas were observed to be unclean and poorly maintained including: 1. Wall surfaces in the kitchen were observed with splashes of visible food residue.	R387		

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R387	Continued From page 3 2. The juice dispenser machine contained visible yellow and brown residue. 3. The interior surfaces of the refrigerators had food accumulation residue. 4. The buffet service cart used for meal service had visible food debris. 5. The gas range and stove top had grease and burned food particles visible. 6. The rolling utility cart with shelving had sticky buildup and debris accumulation. 7. A second serving cart used for meal service was observed to be soiled with food debris. 8. Kitchen floors were observed with food debris, sticky areas, and areas of standing water. 9. A mop bucket with dirty water was stored near food preparation areas. 10. Mousetraps located under the food preparation sinks were covered in dust. 11. The spice storage tray was covered in residue. 13. Pan handles were sticky with residue. 14. Electrical cords and tubing behind kitchen equipment were soiled with dirt and debris. 15. The exhaust hood above the stove top had visible grease and residue buildup. 16. The top surfaces of the deep fryer had grease accumulation. 17. The walk-in cooler interior and shelving had visible food residue and spillage visible. 18. Visible floor stains consistent with recent leakage were observed behind the oven. The Manager confirmed these findings during a second Main Kitchen tour on the afternoon of September 30, 2025.	R387			
R388 SS=F	7.3.c Food Storage and Equipment All Food service equipment must be kept clean	R388			

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R388	Continued From page 4 and maintained according to manufacturer's guidelines. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that food service equipment was maintained in a clean and operable condition in accordance with manufacturers guidelines. Findings include: During a tour of the home conducted on the morning of September 30th, 2025, the walk-in freezer located in the main kitchen storage area was observed to be in disrepair. Three boxes of frozen food were observed on the shelves with visible freezer burn evidenced by heavy frost accumulation and a snow-like appearance on the surface of the packaging. Per observation, the freezer burned boxes of food remained stored in the freezer and available to serve to residents of the home on the afternoon of September 30, 2025. Per interview with the Kitchen Manager, it was confirmed that the walk-in freezer seal was not working properly and that a replacement part had been ordered.	R388			
R392 SS=F	7.3.g Food Storage and Equipment Doors, windows and other openings to the outdoors must be screened against insects, as	R392			

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R392	Continued From page 5 required by seasonal conditions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that food service equipment was maintained in a clean and operable condition in accordance with manufacturers guidelines. Findings include: During a tour of the home conducted on the morning of September 30th, 2025, the walk-in freezer located in the main kitchen storage area was observed to be in disrepair. Three boxes of frozen food were observed on the shelves with visible freezer burn evidenced by heavy frost accumulation and a snow-like appearance on the surface of the packaging. According to manufacturer guidelines, food service equipment must be kept clean and maintained to prevent warm air intrusion and fluctuating internal temperatures, which can result in freezer burns and compromise food quality. Industry best practice further requires regular inspection and maintenance of door seals and gaskets to prevent leaks and ensure consistently freezing temperatures. Per observation, the freezer burned boxes of food remained stored in the freezer and available to serve to residents of the home on the afternoon of September 30, 2025. Per interview with the Kitchen Manager, it was confirmed that the walk-in freezer seal was not working properly and that a replacement part had been ordered.	R392			

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R394	Continued From page 6	R394			
R394 SS=F	7.3.i Food Storage and Equipment Poisonous compounds (such as cleaning products and insecticides) must be labeled for easy identification and must 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, the home failed to ensure that cleaning chemicals were stored separately from food preparation areas and that such chemicals were locked, secured and inaccessible to Residents of the home. Findings include: During a tour of the home conducted on the morning of September 30, 2025, an Avistat-D Spray Disinfectant Cleaner was observed hanging on a shelf at the base of the food preparation sink in the main kitchen at 9:59 AM. The main kitchen provides food for all areas of the home. The cleaner was located adjacent to the sink where a large pan of peas and carrots was being prepared for lunch. In addition, at 10:24 AM, the main kitchen storage room was observed unlocked and accessible to residents, including those with cognitive impairments living in the home. The storage room contained unsecured chemicals including Victoria Bay Foaming Oven and Grill Cleaner. These chemicals were observed not stored in a locked compartment within the food storage area as required by State Rules. Per staff interview conducted on the morning of September 30, 2025, the Cook stated that the	R394 R394			

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R394	Continued From page 7 Main Kitchen Storage Room remains unlocked during the day. Per staff interview conducted with the Manager on the afternoon of September 30, 2025, they confirmed that cleaning chemicals were not stored and secured in a locked compartment within the food storage area.	R394			

Deficiency Statement Plan of Correction (POC)

Survey Date: 9/30/2025

Facility Name: The Residence at Shelburne Bay

Deficiency Tag	How the deficiency was corrected	How other potential residents identified, and corrective action taken	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R372 SS=C	The weekly menu has been posted in a 11x17 frame in the dining room and outside the dining room as you enter.	No potential additional corrective action is needed.	10/1/2025	Front receptionist gets the updated weekly menu by Friday from the Dining Room Manager. It will be replaced in the frame on Sunday evening after the restaurant dining room closes so that Monday morning the new weekly menu is posted.	Restaurant Operations Director Overseen by Executive Director R372 Accepted 10-20-25 Susan Canas Gregoire RN
R385 SS=F	Restaurant Director did audit of the kitchen and ensured all perishable foods are labeled and dated.	No potential additional corrective action is needed.	10/3/2025	Restaurant Director does a morning checklist daily to ensure that the kitchen is following food safety/sanitation compliance. Checking items like labels and dates, storage, freezer/walk in refrigerator and sanitation. Training for culinary associates is scheduled for 10/21/25, 10/22/25, 10/27/25, and 10/28/25. Training will cover the following: labeling, perishable food audits, cleaning, storage of food and chemicals, and culinary checklists.	Restaurant Operations Director Overseen by Executive Director R385 Accepted 10-20-25 Susan Canas Gregoire RN
R387 SS=F	Basic cleaning done for the kitchen and professional cleaning service coming to do deep clean of the	No potential additional corrective action is needed.	10/1/25 and updated when cleaning	Restaurant Director does a morning checklist daily to ensure that the kitchen is following food safety/sanitation compliance. Checking items	Restaurant Operations Director

	kitchen. Restaurant Director did audit of kitchen due to areas that need deep cleaning and items that are out of place or out of compliance.		service comes	like labels and dates, storage, freezer/walk in refrigerator and sanitation. Training for culinary associates is scheduled for 10/21/25, 10/22/25, 10/27/25, and 10/28/25. Training will cover the following: labeling, perishable food audits, cleaning, storage of food and chemicals, and culinary checklists.	Overseen by Executive Director R387 Accepted 10-20-25 Susan Canas Gregoire RN
R388 SS=F	Frozen boxes of food located need the door of the freezer were disposed of and not used. Master Mechanical came to do maintenance on the freezer door. The gasket on the door was changed to ensure the door was sealing shut. The door heater was ordered on 9/24/25 by Master Mechanical as this needs replacing.	No potential additional corrective action is needed.	9/30/25 and updated once part comes in for freezer	Restaurant Director does a morning checklist daily to ensure that the kitchen is following food safety/sanitation compliance. Checking items like labels and dates, storage, freezer/walk in refrigerator and sanitation. Training for culinary associates is scheduled for 10/21/25, 10/22/25, 10/27/25, and 10/28/25. Training will cover the following: labeling, perishable food audits, cleaning, storage of food and chemicals, and culinary checklists.	Restaurant Operations Director Overseen by Executive Director R388 Accepted 10-20-25 Susan Canas Gregoire RN
R392 SS=F	Frozen boxes of food located near the door of the freezer were disposed of and not used. Master Mechanical came to do maintenance on the freezer door. The gasket on the door was changed to ensure the door was sealing shut.	No potential additional corrective action is needed	10/1/2025	Restaurant Director does a morning checklist daily to ensure that the kitchen is following food safety/sanitation compliance. Checking items like labels and dates, storage, freezer/walk in refrigerator and sanitation. Training for culinary associates is scheduled for 10/21/25, 10/22/25, 10/27/25, and 10/28/25. Training will	Restaurant Operations Director Overseen by Executive Director R392 Accepted 10-20-25 Susan Canas Gregoire RN

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R394 Accepted 10-20-25
Susan Canas Gregoire RN