VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

Survey and Certification Voice/TTY (802) 241-0480
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Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

October 24, 2025

Amy Croteau, Manager
The Residence At Shelburne Bay
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 **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,

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 _____	C 09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY	185 PINE HAVEN SHORE 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 September 29, 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, R385, R387, R388, R392, R394, R403 Accepted 10-23-25 Susan Canas Gregoire RN	
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 Residential Care Home. 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 Residential Care Home, conducted on the morning of September 30, 2025, there was no posted menu observed hanging in the home. Per staff interview conducted with the Manager 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		

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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 storge 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 required by seasonal conditions. This REQUIREMENT is not met as evidenced	R392		

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R392	Continued From page 5 by: Based on observation and staff interview, the home failed to ensure that openings to the outdoors in the main kitchen were effectively screened against insects, as required by State Rules. Findings include: During a tour of the main kitchen of the home conducted on the morning of September 30, 2025, it was observed that the exterior kitchen door leading to the backyard was open, and the attached screen door was not intact. The screen material was observed detached from the frame, leaving a large portion unsecured and moving freely in the wind. This condition resulted in the screen door not being properly affixed to the door frame, creating an unobstructed opening to the outdoors. This finding was confirmed by the Manager on the morning of September 30, 2025	R392		
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	R394		

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R394	Continued From page 6 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 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		
R403 SS=F	9.1.c Environment The home must ensure that the resident environment remains as free of accident hazards as possible. Maintaining a safe environment must include the safe storage and clear labeling of chemical agents, which must include secure	R403		

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R403	Continued From page 7 storage of such agents if the home has residents with cognitive impairment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that the resident environment in the Memory Care Unit was maintained free of accident hazards, resulting in unsafe conditions for residents with cognitive and physical impairments. Findings include: The home Operations Guide: Move-In to Reflections policy states that determinations regarding admission to the Special Care Unit will consider whether a prospective resident has a diagnosis of Alzheimer's disease or related disorders and may require assistance and/or supervision due to cognitive decline, i.e. confusion, disorientation, memory loss, behavioral needs including wandering and altered sleep patterns. During the tour of the Memory Care Unit conducted on the morning of September 30, 2025, a steam table was observed positioned within arm's reach of residents with cognitive and physical impairments. The surface of the steam table was very hot to the touch and presented a burn hazard. The steam table was observed turned on and operating without continuous staff supervision at the time of observation. Per interview with the Manager at 11:00AM on September 30, 2025, they confirmed that the steam table was hot and a burn risk. The Manager stated they would relocate the steam table to prevent the risk of resident access.	R403		

Deficiency Statement Plan of Correction (POC)

Survey Date: 9/30/25

Facility Name: The Residence at Shelburne Bay: RCH

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.	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 10-23-25 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 10-23-25 Susan Canas Gregoire RN
R387 SS=F	Basic cleaning done for the kitchen and professional cleaning service coming to do deep clean of the kitchen	No potential additional corrective action is needed.	10/1/25 and 10/23/25 & 10/24/25	Restaurant Director does a morning checklist daily to ensure that the kitchen is following food safety/sanitation compliance. Checking items	Restaurant Operations Director

	on 10/23/25. Restaurant Director did audit of kitchen due to areas that need deep cleaning and items that are out of place or out of compliance.			like labels and dates, storage, freezer/walk in refrigerator and sanitation. Training for culinary associates is scheduled for 10/21/25, 10/23/25, 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 10-23-25 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 10-23-25 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 10-23-25 Susan Canas Gregoire RN

	The door heater was ordered on 9/24/25 by Master Mechanical as this needs replacing.			cover the following: labeling, perishable food audits, cleaning, storage of food and chemicals, and culinary checklists.	
R394 SS=F	Audit of kitchen was completed regarding chemicals not stored properly and having accurate labels for identification. All chemicals were removed and stored appropriately and labeled for identification. Chemical closet in dry storage room was repaired, and new padlock was added to keep the closet always locked.	All leadership trained to check the dry storage closet when walking by the room to ensure that the chemical closet is always locked to prevent any resident from having access to them due to the danger for any resident to consume on accident or use improperly.	10/1/25	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 R394 Accepted 10-23-25 Susan Canas Gregoire RN
R403 SS=F	Steam table was moved to the other side of the kitchen wall where no access for residents is available. A wall is being put up to protect the residents and allow the steam table to be moved back to the original location.	No incidents have occurred due to safety concerns, but an injury to a resident who is reaching over the countertop not aware of the hot steam table is potential. Steamtable has been moved to prevent this while work is completed.	10/1/25 Wall completed by 10/24/25	Reflections director did audit of the entire Reflections unit along with the Executive Director to ensure no other safety hazards were observed. Any changes were immediately corrected. Audits are done daily in all resident rooms and common areas as Safe Haven checks to ensure continued safety.	Reflections Director & Director of Maintenance Overseen by Executive Director R403 Accepted 10-23-25 Susan Canas Gregoire RN