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

November 25, 2025

Melissa Byrne, Manager
Sterling House At Rockingham
33 Atkinson Street
Bellows Falls, VT 05101-1502

Dear Ms. Byrne:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 29, 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
	0609	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT ROCKINGHAM	33 ATKINSON STREET BELLOWS FALLS, VT 05101

(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 onsite complaint investigation was conducted by the Division of Licensing and Protection on 10/29/2025. The following deficiencies were identified during the investigation:	R100		
R119 SS=D	5.3.a (2) Discharge and Transfer Requirements In the case of an involuntary discharge or transfer, the manager must: i. Notify the resident, and if known, a legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from home. If the resident requests assistance, the notice must be sent to the Office of Long Term Care Ombudsman and Disability Rights Vermont. With the consent of the resident, a family member also may be notified of the pending discharge or transfer. ii. Include a statement in any legible font, size 18, that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. iii. Include a statement in the written notice that the resident may remain in the room, unit or home during the appeal. iv. Include the name, address and telephone number of the Office of the State Long Term Care Ombudsman. v. Place a copy of the notice in the resident's clinical record. vi. Ensure that the facility or location to which the resident will be discharged or transferred is appropriate to meet the assessed needs of the resident. To determine whether the new facility or	R119		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Director (X6) DATE 11/25/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0609	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT ROCKINGHAM	33 ATKINSON STREET BELLOWS FALLS, VT 05101

(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
R119	Continued From page 1 location is appropriate, the manager must consider the assessed needs of the resident and the ability of the proposed facility to meet those needs. The manager must take into consideration the resident's wishes, the resident representative's input, when appropriate, and the proximity of the proposed facility to the current home. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that a resident was provided 30 day notice, and informed of their right to appeal an involuntary discharge. Findings include: Per record review Resident #1 was transferred to the hospital on 8/11/2025 due to weakness and increased confusion. Per hospital discharge summary dated 8/12/2025, the Resident was diagnosed with a urinary tract infection and cellulitis of the left leg and was treated with antibiotics therapy. Per facility policy titled Discharge and Transfer Requirements "In the case of an involuntary discharge or transfer, the manager shall: 1. Provide the resident and, if known, a family member and or legal representative written notice of the discharge or transfer in a language and manner that the resident understands, 72 hours	R119		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0609	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT ROCKINGHAM	33 ATKINSON STREET BELLOWS FALLS, VT 05101

(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
R119	Continued From page 2 before the transfer and 30 days before involuntary discharge from Sterling House. 2. Use the form prescribed by the licensing agency to provide written notice of involuntary discharge or transfer. The form informs the resident of his/her right to appeal and the process for doing so. 3. Place a copy of the written notice in the resident's clinical record. 4. Allow the resident to remain at Sterling House in his/her room during an appeal." Per review, the Sterling House Resident Agreement states "A 30-Day notice is required when: i. The resident's care needs exceed those which the home is licensed or approved through a variance to provide... or ii. the home is unable to meet the resident's assessed needs, or iii. the resident presents a threat to the resident's self, or the welfare of other residents or staff that cannot be managed through care planning or interventions." Per interview on 10/29/2025 at 11:15 AM, the facility Owner stated that they do not issue 30 day notices. Instead, the home works with the resident and family to find appropriate placement. Resident #1 was unable to ambulate, required a wheelchair, and had fallen. The Resident's care was too much for the staff and they do not use mechanical lifts at the facility. The Owner confirmed that Resident #1 and/or their family was not provided a written 30 day notice or the right to appeal. During an interview on 10/29/2025 at 12:30 PM the Registered Nurse (RN) stated that they couldn't have the Resident back with their current care needs. The RN also stated that they had not	R119		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0609	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT ROCKINGHAM	**33 ATKINSON STREET BELLOWS FALLS, VT 05101**

(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
R119	Continued From page 3 intended to never let Resident #1 to return, but they could not return without more physical therapy.	R119		

Deficiency Statement Plan of Correction (POC)

Survey Date:10/29/2025

Facility Name: Sterling House at Rockingham

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
R119	The Sterling house will provide any resident, or legal representative, who is unable to safely return or remain at the Sterling House with a 30 day written notification per DLP guidelines	Any resident whose needs exceed what the Sterling house can safely provide	Immediately	All residents will receive a written 30 day notification if they are unable to safely remain at the sterling house. If the resident is acutely unable to safely return, an emergency discharge will be provided to the resident per approval from the DLP.	Director and Nurse manager
				R119 accepted by LTCM	
				on 11-25-25	