VERMONT

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

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Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

February 5, 2026

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 **January 12, 2026.** 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 01/12/2026

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

R342, R358 and R401
Accepted 2-5-26
Susan Canas 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 January 12, 2026, the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey and an investigation of one complaint. The following deficiencies were identified:	R100		
R342 SS=F	5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy must be available at the home for review upon request by residents and their representatives, advocacy organizations and the licensing agency. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the home failed to develop and implement policies and procedures governing resident alcohol use, including procedures for monitoring and securing alcohol, and failed to follow the alcohol management expectation described in its own admissions agreement. Findings include: The home's Resident Agreement included a section titled "Alcohol," which states that if a resident wished to consume alcohol, a physician's order authorizing alcohol use and specifying an approved daily amount. The agreement further states that alcohol cannot be kept in a resident's room and must be given to staff for storage in a locked area, and that the resident is required to request alcohol from staff. During the survey conducted on January 12, 2026, the home was requested to provide policies and procedures governing alcohol consumption	R342		

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R342	Continued From page 1 and storage within the residence. On the afternoon of January 12, 2026, the Manager confirmed that the home had not developed formal policies or procedures addressing alcohol consumption or storage and further stated that the alcohol-related language contained in the admissions agreement was not currently followed. Per observation conducted during a tour of the home on the morning of January 12, 2026, at approximately 11:36 AM, three empty alcohol bottles were observed on the dresser in Resident #1's room. Per staff interview conducted on the afternoon of January 12, 2026, staff reported that there was no established process for monitoring residents who leave the facility to purchase alcohol, for tracking when alcohol has brought into the residence, or for monitoring alcohol use. Staff further stated that they did not consistently know where or when residents consumed alcohol, and that empty alcohol bottles were sometimes discovered during routine room checks. Per record review conducted on the afternoon of January 12, 2026, the home did not maintain physician orders authorizing alcohol use for any residents including documentation specifying approved daily amounts or instructions regarding storage or staff oversight. On the afternoon of January 12, 2026, the Manager acknowledged these findings.	R342		
R358 SS=F	6.10 Resident's Rights The resident's right to privacy extends to all	R358		

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R358	Continued From page 2 records and personal information. Personal information about a resident must not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records are subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT Is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure resident's right to privacy related to records, including private health information. Findings Include: Per the home's Resident Rights Policy, which is posted on the wall in a common area of the home, residents' right to privacy extends to all records and personal information. Per observation during the home tour on the morning of January 12, 2026, the paper Medication Administration Record was found unsecured and unattended in the first- floor common entrance hall. This record contained individually labeled pages identifying residents prescribed medications, including each resident's name, the specific medication, dosage, scheduled administration times and staff signatures verifying administration. Additionally, after visit summaries for specific residents which included identifying information and details of medical appointments were also observed to be unsecured and unattended. In these instances, private health information was	R358		

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R358	Continued From page 3 accessible to residents, visitors and unauthorized personnel, constituting a failure to safeguard protected health information in violation of State Rules. Per interview conducted on the afternoon of January 12, 2026, the Nurse confirmed these findings.	R358		
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 there was a failure to ensure care in a safe, functional, sanitary, homelike and comfortable environment. Findings include: The facility's Safe Environment Policy states that the home is committed to maintaining a safe and secure environment which includes the safe storage of knives, scissors and other sharp instruments. The home's chemical storage policy states that chemicals are stored in a locked room without resident access. The home's Resident Agreement states that alcohol cannot be kept in a resident's room and must be given to staff where it will be stored in a locked room. During a tour of the home conducted on the morning of January 12, 2026, the following environmental deficiencies were identified:	R401		

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R401	Continued From page 4 1. At 9:42 AM, an unsecured stairway leading to an upstairs area was observed. The passageway was openly accessible with no door, barrier, or locking mechanism restricting access. Within this area, multiple hazardous household cleaning products were observed to be stored openly on shelves and accessible without restriction. These products included, but were not limited to, Scrubbing Bubbles, Clorox products, and Pledge Multi Surface Cleaner. 2. At 9:53 AM, oxygen canisters were observed stored on their sides directly on the floor. The canisters were not maintained in an upright position and were not secured in an appropriate storage device or containment system. 3. At 10:06 AM, two separate kitchen drawers, one containing more than ten sharp knives and another containing two pairs of scissors, were observed to be unsecured and accessible. Both drawers were located in low pull-out compartments within the kitchen area, allowing unrestricted access to sharp objects. 4. At 11:35 AM, three empty bottles of Kahlua Alcoholic Beverage were observed in a resident's room. The bottles were observed stored openly and were not secured. Upon record review on the afternoon of January 12, 2026, no physician orders authorizing the provision of alcoholic beverages for any resident in the home were identified. These findings were confirmed by the Manager during the afternoon of January 12, 2026.	R401		

Deficiency Statement Plan of Correction (POC)

Survey Date: 1/12/2026

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
R342	Residents will be required to lock alcohol in a cabinet in their room or in the locked pantry room.	Alcohol bottles removed from resident's room	1/13/2026	*Locking up alcohol per individual care plans. *Monitoring alcohol being brought into the home	Med techs/ caregivers/ nursing
	Policy put into place to establish risk and safe alcohol consumption practices	Review alcohol policy with residents	End of week 2/6/26	Policy implementation	Nursing
	Implement an alcohol use risk assessment	Perform alcohol risk assessment on residents who wish to consume alcohol	End of week 2/6/26	Alcohol assessment implementation R342 Accepted 2-5-26 Susan Canas Gregoire RN	Nursing
R358	Resident paper MAR moved to a secured location	R358 Accepted 2-5-26 Susan Canas Gregoire RN	1/12/2026	MAR binder moved to secure location	Med techs/nursing
R401	Knives and scissors moved out of kitchen drawer into locked pantry		1/12/2026	Cooks and caregivers will make sure knives and scissors are locked in the pantry	cooks/nursing/care givers
	Lock placed to door of 3rd floor storage area		1/14/2026	Will be locked when staff is not getting supplies	nursing/all staff
	Unused Oxygen canisters were removed by the oxygen company. Remaining oxygen tanks secured in crates		1/14/2026	Staff will make sure O2 tanks are secured in crates or in an O2 stand	All staff
	Alcohol bottles removed from resident's room and placed in locked pantry		1/12/2026	R401 Accepted 2-5-26 Susan Canas Gregoire RN	All staff