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

March 27, 2026

Martha Ilsley, Manager
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 **March 16, 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
	0660	A. BUILDING: _____ B. WING _____	C 03/16/2026

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

R151 and R487 Accepted
3-27-2026 Susan C 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 March 16, 2026, the Division of Licensing and Protection conducted an unannounced on-site investigation of two complaints. The following deficiencies were identified:	R100		
R151 SS=D	5.7.c Assessment Each resident must also be reassessed annually and at any point in which there is a significant change in the resident's physical or mental condition, as defined in the instructional guide with the assessment instrument, available on the DLP website. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the licensee failed to ensure that a reassessment was completed, in accordance with the required assessment instrument and instructional guide, following a significant change in physical condition for one applicable resident (Resident #1). Findings include: The home's Memory Care Residency Agreement states that the community will provide observation, assessment, monitoring, supervision, or provision of nursing services, rendered by a licensed nurse in accordance with the Person-Centered Service Plan (PCSP). The policy further states that evaluations are completed at the following intervals: when a significant change in the resident's level of function is identified and prior to transition to or from memory care. The home's policy further states that subsequent resident re-evaluations are completed in accordance with state	R151		

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R151	Continued From page 1 regulations unless otherwise specified. Per record review conducted on the morning of March 16, 2026, documentation indicated that Resident #1 transitioned to the special care unit of the home on November 20, 2025. Following this transition, Resident #1 experienced a significant change in condition. Resident #1's reassessment had not been completed using the required assessment instrument following this change, and the service plan had not been revised to reflect Resident #1's current needs and abilities. Per staff interview conducted with a Registered Nurse on the afternoon of March 16, 2026, the Registered Nurse confirmed that a reassessment of Resident #1 had not been completed following a significant change in physical condition.	R151		
R487 SS=D	13.4.g Resident Care and Services Care Plans. The licensee, the resident, and/or the resident 's legal representative must work together to develop and maintain a written resident care plan for those residents who require or receive care. The care plan must describe the assessed needs and choices of the resident and must support the resident 's dignity, privacy, choice, individuality, and independence. The licensee must review the plan at least annually, and whenever the resident's condition or circumstances warrant a review, including whenever a resident ' s decision, behavior, or action places the resident or others at risk of harm or the resident is incapable of engaging in a negotiated risk agreement.	R487		

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R487	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the licensee failed to ensure that a written care plan was maintained for one applicable resident (Resident #1), in that the care plan did not reflect the resident's assessed needs and choices, did not support the resident's individuality and independence, and was not updated following a change in condition that warranted a review. Findings include: The home's Memory Care Residency Agreement states that the community will provide observation, assessment, monitoring, supervision, or provision of nursing services, rendered by a licensed nurse in accordance with the Person-Centered Service Plan (PCSP). The home's Resident Service Planning Policy for Resident Care Health Services, applicable to assisted living and memory care, states that a resident service plan is an individualized, person-centered document which details the services requested, required, and provided to each resident. The policy further states that a resident service plan is developed based on an evaluation and reevaluation and includes activities of daily living, instrumental activities of daily living, medication assistance, and other personal needs. The residents, their family members, and/or responsible parties are involved in the service planning process. The policy further states that the service plans incorporate the residents' goals, strengths, and preferences. The service planning process includes the development of the service plan and specifies that a service plan is developed or updated based on the outcome of a resident evaluation, which is completed by the resident	R487		

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R487	Continued From page 3	R487		

care director or licensed nurse. The policy further states that evaluations are completed at the following intervals: when a significant change in the resident's level of function is identified and prior to transition to or from memory care. The home's policy further states that subsequent resident re-evaluations are completed in accordance with state regulations unless otherwise specified. The content of the resident service plan includes the resident's areas of need and concern, the services to be provided, by whom, when, how often, the duration of services, as well as goals and time frames.

Per record review of Resident #1's documented service plan conducted on the morning of March 16, 2026, the service plan identifies Resident #1 as having an unsteady gate, impaired safety awareness, cognitive impairment, and being at risk for falls. The service plan further indicates that Resident #1 requires the use of a front-wheeled walker for ambulation, supervision during mobility and transfers, and verbal prompting and cueing to ensure safety. The service plan also includes interventions requiring staff to remind Resident #1 to slow down, provide assistance with activities of daily living, including toileting, and implement safety checks every two hours.

Per staff interview conducted on the morning of March 16, 2026, two care staff reported that Resident #1 was independent with ambulation and did not require the use of a walker. Staff stated that the walker had been discontinued and was no longer used; however, there was no documentation in the record to support that the walker had been discontinued. Staff further reported that Resident #1 independently engaged with other residents and did not require safety

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R487	Continued From page 4 checks every two hours. Additionally, staff indicated that Resident #1 wore shoes while ambulating for safety. While the documented service plan directs staff to ensure Resident #1 has proper footwear while ambulating, it does not specify the use of shoes. These reported conditions and care practices are inconsistent with the service plan which identifies Resident #1 as requiring the use of a walker, supervision, and defined fall risk interventions. Per staff interview conducted with the Registered Nurse on the morning of March 16, 2026, the Nurse reported that Resident #1 experienced a change of condition and acknowledged the Service Plan had not been revised to reflect the change, as required by state rules. Per interview conducted on the afternoon of March 16, 2026, the Manager confirmed that Resident #1's person-centered plan of care was not complete and had not been updated to reflect the Resident's current needs and condition.	R487		

Deficiency Statement Plan of Correction (POC)

Survey Date: 3/16/2026

Facility Name:

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
R151	Resident #1has moved out.	Resident Tracking Meeting was conducted on 3.18.26 to review current residents' functional status and verify care needs. Residents identified as having a change in condition will be reassessed. Regional Director of Resident Care will provide reeducation on Tracking and Community Required Meetings policy with Department Heads. Regional Director of Resident Care will complete an education on the Assessment Instructional Guidelines, and Resident Evaluation/Evaluation Policy with Resident Care Director / Designee.	4/17/2026	Resident Tracking Meeting will be held weekly to identify resident changes in condition. Residents will be reassessed annually and at any point in which there is a significant change in the residents' physical or mental condition as outlined in the Assessment Instructional Guidelines for significant change. Resident Care Director / Designee will audit 20% of residents each month for the next three months to ensure ongoing compliance. R151 Accepted 3-27-2026 Susan C Gregoire RN	Resident Care Director / Designee
R487	Resident #1 has moved out	Resident Tracking was conducted on 3.18.26 to identify current residents service plan changes. Residents identified as having a change in	4/17/2026	Resident Tracking meeting will be held weekly. Resident Care Director / Designee will audit 20% of residents each month for the	Resident Care Director / Designee

		condition will be reassessed. Going forward the service plans will be reviewed at least annually, and whenever the resident's condition or circumstances warrant a review, including whenever a resident's decision, behavior, or action places the resident or others at risk of harm or the resident is incapable of engaging in a negotiated risk agreement. Regional Director of Resident Care will provide education on Resident Service Planning Requirements with Resident Care Director / Designee.		next three months to ensure compliance. R487 Accepted 3-27-2026 Susan C Gregoire RN	

Note: The filing of this Plan of Correction does not constitute an admission regarding the alleged findings, deficiencies or violations. The Plan of Correction is filed in compliance with applicable law and demonstrates the community's continuing commitment to q uality care.