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
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 12, 2026

Heather Lambert, Manager
The Residence At Shelburne Bay
185 Pine Haven Shore Road
Shelburne, VT 05482-7805

Dear Ms. Lambert:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 21, 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

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 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY	185 PINE HAVEN SHORE ROAD SHELBURNE, VT 05482

R142, R148, R165, R342, R366, R372, R378, R401, and R999 Accepted 5-12-26 Susan Gregoire RN

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R100	Initial Comments An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on April 20 and 21, during which two facility reported incidents and one complaint were investigated. The following deficiencies were identified:	R100		
R142 SS=G	5.5.d General Care A home must provide each resident with adequate supervision and must facilitate obtaining assistive devices sufficient to prevent accidents, and/or to mitigate risk of injury due to accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the licensee failed to providing adequate supervision to prevent accidents and/or mitigate the risk of injury for one applicable resident (Resident #1). Findings include: The licensee's Special Care Unit "Care Program" policy states that the unit provides 24-hour staffing by personnel who are specially trained to offer reassurance, assistance and ongoing monitoring of each resident's emotional and physical well-being. The policy further indicates that such staffing includes consistent support and oversight to ensure resident safety. Per record review conducted on the morning of April 20, 2026, of Resident #1's care plan, Resident #1 is identified as residing in the Special Care Unit with cognitive and physical impairments and requires the use of a walker for ambulation. The care plan indicates the Resident requires	R142		

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R142	Continued From page 1	R142		

assistance to maintain safe mobility, including support to and from activities and participation in scheduled walks with assigned staff. The care plan further identifies behavioral concerns including exit seeking, searching, and wandering and outlines interventions to reduce the risk of elopement including routine safety checks. Additional interventions include the provision of supervision and assistance as needed to manage behaviors and ensure resident safety.

Per record review conducted on the morning of April 20, 2026, of Resident #1's documented progress notes and incident reports, the following incidents were identified:

a. October 25, 2025, at 2:30 PM Resident was documented as missing/wandering, having last been seen within the residence at 12:00 PM. The Resident was located at 2:30 PM behind a hotel dumpster, observed sitting in a pile of sticks. Documentation indicated the Resident stated they were afraid they would be outside for the remainder of the night before they were found. Upon discovery, the Resident's skin was noted to be "cool to touch". Subsequent observation identified an abrasion to the Resident's right knee.

b. October 27, 2025, at 7:30 AM documented skin tear to the right leg following an unwitnessed fall in the bedroom.

c. October 28, 2025, at 10:00 PM documented fall in apartment.

d. October 31, 2025, at 8:45 AM reported an unwitnessed fall and complained of pain in the left arm.

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R142	Continued From page 2 e. November 3, 2025, documented pain in left shooulder and injury on left hand from the fall on October 27, 2025. f. November 17 and 19, 2025, documentation indicates that a large area of bruising on right forearm (unknown origin) and documented elbow to fingers location with protruding bruise centrally located, "tender to touch". This bruising was first observed during evening care on November 16, 2025, with additional bruising noted during morning care on November 17, 2025, no bruising was documented prior to November 16, 2025, these findings prompting transfer to the emergency department for a further evaluation. Emergency department records indicate that diagnostic testing, including a CT scan revealed a subarachnoid hemorrhage and a comminuted fracture of the proximal third of the left clavicle. g. December 14, 2025, 2:00 PM, documented unwitnessed fall, found seated on the floor with back against bedroom door jam in room. h. January 9, 2026, at 1:00 AM documented unwitnessed fall, staff heard resident "yell out" and was found on floor and bleeding from the back of head, documented head injury with pain and a laceration and redness to the right eye i. February 23, 2026, at 9:21 AM experienced an unwitnessed fall, found on the floor in the shower of another resident's room and self-reported striking their head and complaining of ankle pain and neck pain. Documentation from Nurse indicated "difficulty determining the presence of new bruising due to multiple preexisting areas of bruising". The Resident reported hitting their head and experiencing ankle pain and was transported via ambulance to the hospital for further	R142		

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R142	Continued From page 3	R142		

evaluation.

j. April 6, 2026, at 5:30 AM, a resident was heard yelling because Resident #1 had entered another resident's room and engaged in a physical altercation resulting in injury to the other resident who required transfer to the emergency department for evaluation and treatment. Resident #1 appeared to be attempting to remove the resident from the room which Resident #1 appeared to believe was their own. Care staff responded after hearing yelling coming from the room. Documentation indicated that prior to this incident, the Resident had been observed ambulating in the unit and attempting to enter other residents' rooms. Per record review conducted on the morning of April 20, 2026, of the staff scheduled for April 6, 2026, at 5:30 AM, it was determined that two certified nursing assistants (CNAs) and one medication technician were assigned to the unit at the time of the incident.

Per staff interview conducted with the Registered Nurse on the afternoon of April 20, 2026, it was confirmed that the Special Care Unit implemented one-to-one supervision for Resident #1 following a resident-to-resident physical altercation. The Registered Nurse further confirmed that this one-to-one supervision was subsequently discontinued, and Resident #1 did not have one-to-one supervision in place at the time of the survey on April 20, 2026.

Per staff interview conducted on the afternoon of April 20, 2026, a Medication Technician confirmed that Resident #1 requires close and ongoing supervision due to safety concerns.

Per staff interview conducted on the afternoon of

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R142	Continued From page 4 April 21, 2026, these findings were acknowledged by the Manager. Based on the above findings, Resident #1 experienced multiple falls resulting in injuries including bruising, skin tears, and documented pain.	R142		
R148 SS=C	5.6.f Special Care Units A home must make all special care unit proposals and training curricula available for review by residents, legal guardians and family members, and the State Long Term Care Ombudsman ' s Office. The home must post a notice about the availability of the proposal and the training curricula in a prominent public place within the special care unit(s). This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to make special care unit proposals and training curricula available for review by residents, legal guardians, family members, and the State Long Term Care Ombudsman's Office, as the home did not post a notice of its availability in a prominent public place within the special care unit. Findings include: The licensee was unable to provide a policy addressing the requirement to make special care unit proposals and training curricula available for a review including the posting of a notice of availability in a prominent place. Per observation, during a tour of the facility's	R148		

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R148	Continued From page 5 special care unit conducted on the morning of April 20, 2026, no notice of the availability of special care unit proposals and training curricula was observed posted in a prominent public place within the special care unit. Per staff interview conducted with the special care unit Manager on the morning of April 20, 2026, the Manager confirmed that no notice of the availability of special care unit proposals and training curricula was posted in a prominent public place within the special care unit.	R148		
R165 SS=D	5.9.c (8) Nursing Services For each resident requiring nursing overview, administration of medication, or nursing care, the registered nurse must: Ensure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken and proper documentation of ongoing follow-up; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the Registered Nurse responsible for the special care unit failed to ensure that symptoms or signs of illness for one applicable resident (Resident #2) who required nursing overview and nursing care were recorded at the time of occurrence including documentation of actions taken. Findings include: Per the licensee's policy titled, "Change of Resident Status," when there is a noticeable but not life threatening or emergent change in the mental, medical, or functional status of a resident, the resident care director or designee will assess	R165		

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R165	Continued From page 6	R165		

and document the resident's condition.

Per the licensee's, "Observation by Staff" policy, staff shall monitor for changes in resident status, report any changes observed to the nurse, and provide appropriate documentation in a timely manner according to established procedures. It goes on to include examples of resident changes that staff may observe including rashes, bruising, skin tears, or any change in the condition or color of the skin. Staff should report any changes to the nurse and document the changes in the resident service notes. Additionally it states that when staff report changes in a resident's condition to the nurse, they must determine that action should be taken and interventions that might be appropriate including additional evaluation by the nurse/and or other health care professional.

Per observation in the special care unit of the facility, on the afternoon of April 20, 2026, Resident #2 approached the nursing station and reported symptoms, including stinging associated with a rash, expressed concern regarding a potential illness with possible communicable risk, and requested evaluation by staff at that time.

Per observation on the afternoon of April 20, 2026, a photograph taken by staff of Resident #2's skin condition was reviewed. The photograph depicted a raised red rash with clustered lesions.

Per record review conducted on the morning of April 21, 2026, revealed no documentation in Resident #2's record reflecting the reported symptoms, action taken, or any follow-up.

Per staff interview conducted with the Registered Nurse on the afternoon of April 21, 2026, the Registered Nurse acknowledged that Resident #2

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R165	Continued From page 7 had reported symptoms and acknowledged that no documentation had been completed at that time or thereafter.	R165		
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 interviews and record review the home failed to ensure the development and implementation of written policies and procedures governing all services provided by the home, specifically related to the cleaning and sanitation of kitchen work surfaces, equipment, and utensils after each use and proper storage of such items. The home further failed to ensure that this required policy was available for review upon request by the licensing agency. Findings include: The licensee's kitchen policies failed to include provisions addressing the cleaning and sanitization of work surfaces after each use, as well as the cleaning, sanitation, and proper storage of equipment and utensils after each use. Per staff interview conducted on the morning of April 21, 2026, the licensee was requested to provide written policies governing dietary kitchen services, including, but not limited to, the cleaning and sanitizing of work surfaces after each use	R342		

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R342	Continued From page 8 and cleaning of food service equipment. During the afternoon April 21, 2026, of the Manager acknowledged there was not a written policy related to the cleaning and sanitation of kitchen work surfaces, equipment, and utensils after each use and proper storage of such items.	R342		
R366 SS=C	6.18 Resident's Rights The enumeration of residents ' rights will not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen. A copy of the Residents Rights set forth in this section must be written in clear language, large print (font size 18), given to residents on admission, and posted conspicuously in a public place in the home. The home's grievance procedure and directions for contacting the Office of the Long-Term Care Ombudsman and Disability Rights Vermont also must be written in the same font size, provided to each resident, and posted in the same location as the statement of Residents ' Rights. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home's grievance procedure was not posted in any form, as it is required to be displayed in a conspicuous public location, in the same location as the statement of Residents' Rights. Findings include: The licensee's policies and procedures governing the posting of required documents conspicuously	R366		

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R366	Continued From page 9 in a public area are consistent with the licensing rules. During a facility tour conducted on the morning of April 20, 2026, it was observed that the area of the home where the statement of Residents' Rights was posted did not include a copy of the facility's grievance procedure. This finding of no copy of the grievance policy posted anywhere in the Special Care Unit was acknowledged by the Manager on the morning of April 20, 2026.	R366		
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 the current week's regular and therapeutic menu was posted in a public place for residents and other interested parties in its special care unit. Findings include: The licensee's "Menus" policy states that the home must follow the written posted menus and that any substitutions must be recorded on the written menu, and a home must keep menus including any substitutions for the previous month maintained on file and available for examination by the licensing agency. However, the policy does not include provisions to ensure that the current week's regular and therapeutic menus are posted in a public place for residents and other	R372		

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R372	Continued From page 10 interested parties as required by state rules. During a tour of the special care unit conducted on the morning of April 20, 2026, an outdated menu was observed to be hanging in the common dining room. Per staff interview conducted on the morning of April 20, 2026, the Manager acknowledged that the menu posted in the special care unit was from the previous week and was not current.	R372		
R378 SS=F	7.1.a (10) Menus And Nutritional Standards The home must provide or obtain appropriate education and training for its chief food service staff to ensure the proper preparation and storage of all food items. The training provided to each staff must be documented by the home. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the home failed to ensure that appropriate education and training was provided or obtained for chief food service staff to ensure the proper preparation of all food items and failed to ensure that such training was documented. Findings include: The licensee's "Dining Services Department Checklist" policy includes provisions for dining room setup and cleanliness, menu accuracy, pantry and kitchen cleaning temperature monitoring of refrigeration, dishwashing, and equipment, staff hygiene, and timeliness of meals. However, the policy did not include provisions addressing the provision or attainment	R378		

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R378	Continued From page 11 of staff training to ensure the proper preparation of all food items as required by state rules. Per observation in the main kitchen on the morning of April 21, 2026, the dietary staff were observed preparing and handling multiple food items requiring proper preparation, for which staff training would be necessary to ensure safe food handling practices. The main kitchen was observed to provide food for all areas of the facility, including the Special Care Unit. Per staff interview conducted on the morning of April 21, 2026, the licensee was requested to provide training documentation and written policies governing training requirements for the chief kitchen staff. However, upon request, the licensee did not provide documentation demonstrating that kitchen staff had received training to ensure the proper preparation of food items. This finding was acknowledged by the Manager on the afternoon of April 21, 2026.	R378		
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, the licensee failed to ensure that areas of the home including all floors and walls in private rooms within the special care unit were maintained in a	R401		

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R401	Continued From page 12 safe, functional, sanitary, comfortable, and home-like environment as required by state rules. Findings include: The licensee's Housekeeping Job Description policy states that employees must have appropriate training and are responsible for cleaning resident rooms including thorough cleaning of bathrooms and vacuuming and sweeping floors. The housekeeping standards policy further states that the cleanliness of apartments, bathrooms, towels, linens and common areas play an important role in overall resident satisfaction. Per observation during a tour of all resident rooms within the Special Care Unit, including associated private bathrooms, beginning at 11:40 AM on April 20, 2026, accompanied by the Manager, multiple areas within resident rooms and private bathrooms were observed to be not maintained in a clean and sanitary condition. Bathroom floors, including areas behind toilets and in corners, were observed with visible residue and buildup. Bathroom floor surfaces, including vinyl and laminate flooring, were observed with staining, discoloration, and visible wear. Baseboard heating units and lower wall surfaces within resident rooms and associated private bathrooms were observed with visible dust accumulation and buildup. In addition, resident rooms were observed with environmental concerns, including clutter, full laundry bags containing soiled linens and clothing, and debris on the floors surfaces, including in corners and under furniture. In one resident room, a dried brown substance was observed on a wall surface.	R401		

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R401	Continued From page 13 Per record review on the afternoon of April 20, 2026, residents within the Special Care Unit of the home were identified with cognitive impairments which may limit their ability to independently identify or address environmental concerns, necessitating staff intervention to maintain a safe and sanitary environment. Per staff interview, these findings were conformed by the Manager on the afternoon of April 20, 2026.	R401		
R999 SS=C	Miscellaneous This REQUIREMENT is not met as evidenced by: 4.14.f The home must make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency. This licensing requirement IS NOT MET as evidenced by: Based on observation and staff interview, the licensee failed to post a notice of the availability of written reports resulting from inspections in a place readily accessible to residents and the public, where individuals wishing to examine the results do not have to ask to see them. Findings include:	R999		

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 04/21/2026

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
R999	Continued From page 14 The licensee did not have a written policy addressing the posting of a notice of availability of written reports resulting from inspections. Per observation during a tour of the facility's special care unit conducted on the morning of April 20, 2026, no written reports resulting from inspections or notice of the availability of such reports were observed in a place readily accessible to residents. The special care unit is a secured unit within the facility and functions as a separate living area for its residents. Per staff interview conducted with the Manager on the morning of April 20, 2026 the Manager confirmed that no written reports resulting from inspections nor a notice of the availability of such reports were posted in the special care unit of the facility. .	R999		

Deficiency Statement Plan of Correction (POC)

Survey Date: April 21, 2026

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
R142 SS=G	Training was provided for all floor associates regarding resident supervision, interventions for behaviors, and resident change of condition. All care and medication associates were assigned "Residents who wander" in Relias to be completed in May 2026.	All residents could be affected and additional training for all associates will correct this.	05/15/26	Reflections Director office was moved to the neighborhood to observe and be more readily available. Training for all associates will be ongoing, including on the spot training by Reflections Director and Resident Care Director. Policy regarding Change of Behavior was updated to include training to associates regarding new behavior and interventions.	Reflections Director and Resident Care Director Overseen by Executive Director R142 Accepted 5-12-26 Susan Gregoire RN
R148 SS=C	A sign has been posted in the Reflections neighborhood outlining the training that all associates go through prior to being on the floor with the residents. A binder has been created and placed in the unit with training documents and outlines.	None	5/7/26	Reflections Director and Executive Director will check, daily, during rounds to ensure notification is posted and binder is updated. R148 Accepted 5-12-26 Susan Gregoire RN	Reflections Director Overseen by Executive Director
R165 SS=D	Registered Nurse wrote a late entry on 4/21/26 related to the skin rash on Resident #2. All nurses were assigned	All residents could potential be affected by lack of documentation. Additional training will correct this.	5/28/26	All new nursing hires will be assigned the 2 Relias training prior to being solo in the community.	Resident Care Director Overseen by Executive Director

	"Documentation Essentials for Nurses" And "Observing, Reporting, and Documenting" on Relias to be completed by May 28th ,2026.			R165 Accepted 5-12-26 Susan Gregoire RN	
R342 SS=F	Culinary policy was updated to include cleaning and sanitizing of workplace surfaces, utensils and equipment. And storage of utensils after each use.	None R342 Accepted 5-12-26 Susan Gregoire RN	5/1/26	Restaurant Director will ensure that all culinary associates are trained in the proper cleaning and sanitization of utensils, work surfaces and equipment. All checklists for cleaning will be updated to include the proper cleaning & sanitization for checking off.	Restaurant Director Overseen by Executive Director
R366 SS=C	Grievance Procedure was hung up in the common area of the neighborhood.	None R366 Accepted 5-12-26 Susan Gregoire RN	4/21/26	Reflections Director and Executive Director will check, daily, during rounds to ensure notification is posted and binder is updated.	Reflections Director Overseen by Executive Director
R372 SS=C	Menu for the week was immediately posted.	None R372 Accepted 5-12-26 Susan Gregoire RN	4/21/26	Reflections Director, Restaurant Director and Executive Director will ensure that the menu is posted a week in advance. Checks daily during rounds will ensure the menu is kept updated.	Reflections Director and Restaurant Director Overseen by Executive Director
R378 SS=F	Policy "Dining Services Department Checklist" was updated to included training requirements for food preparation and handling.	None	5/8/26	Food Service Director will sign off on training for all culinary associates regarding food handling and preparation. Relias training will be assigned annually to all culinary associates as ongoing reminder and training.	Food Service Director Overseen by Executive Director R378 Accepted 5-12-26 Susan Gregoire RN
R401 SS=F	Audit of Reflections neighborhood was	All apartments/residents could be affected and	5/8/26	Weekly checklist for all apartments and common	Reflections Director and

	conducted and checklists completed for each apartment & common area in relation to cleanliness. Housekeeping was assigned to clean all apartments and common areas. Relias training assigned to all housekeepers to be completed.	additional cleaning was assigned		areas is completed and turned into Maintenance Director. Monthly audit for 3 months (May, June, July) done by Reflections Director and Maintenance Director if satisfactory will go to every 2 months (Sept, Nov) through the end the year.	Maintenance Director Overseen by Executive Director R401 Accepted 5-12-26 Susan Gregoire RN
R999 SS=C	Community survey binder was placed in public communal space accessible to all residents, visitors and associates.	None R999 Accepted 5-12-26 Susan Gregoire RN	4/21/26	Reflections Director and Executive Director will check, daily, during rounds to ensure notification is posted and binder is updated.	Reflections Director Overseen by Executive Director