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

May 22, 2026

Katy Munzir, Manager
The Residence At Shelburne Bay
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Ms. Munzir:

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

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
	1009	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 SHORES 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 An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on April 20 and 21, 2026 during which one facility reported incident and one complaint were investigated. The following deficiencies were identified:	R100		
R358 SS=F	6.10 Resident's Rights The resident's right to privacy extends to all 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 staff interview and observation, there is a failure to ensure the right to privacy for all residents of the facility related to the storage of personal health information. Findings include: The facility's HIPPA Policy is consistent with the licensing rules. During a tour of the facility commencing at 10:05 AM on 4/20/2026, personal health information was observed to be unprotected and accessible. The Med-Tech Station on the second floor was observed to be unattended and there was no door present to secure the room. Findings in this room include, but are not limited to, resident care	R358		

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R358	Continued From page 1 plans and resident emergency information (ex. code status, care providers, diagnosis information). This Med-Tech Station is in an area of the facility that is open and accessible to residents and guests. Additionally, there was a resident list with room and phone numbers visible on a desk in the therapy office used by outside health providers. This was confirmed by the Executive Director on the morning of 4/20/2026.	R358		
R370 SS=C	7.1.a.(2) Menus and Nutritional Standards Menus for regular and therapeutic diets must be planned and written at least one (1) week in advance. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to ensure the menus for regular and therapeutic diets are planned and written at least 1 week in advance. Findings include: The facility's Menus procedure states, "Quarterly menus will be utilized while also verbally communicating our specials at each meal period." During a tour of the facility, commencing at 10:05 AM on 4/20/2026, the weekly menu was observed to be posted on the wall outside of the dining room. The menu included multiple instances of "Chef's Choice" in place of defined menu items, but did not specify what foods were being served. This included lunch soups and lunch sides throughout the week, as well as some entrée selections.	R370		

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R370	Continued From page 2 This was acknowledged by the Executive Director on the afternoon of 4/21/2026.	R370		
R381 SS=F	7.2.a Food Safety and Sanitation Each home must procure food from sources that comply with all laws relating to food and food labeling. The home must ensure that all food is safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks must be rejected and kept separate until returned to the supplier. This STANDARD is not met as evidenced by: Based on observation and staff interview, there is a failure to ensure all opened goods are labeled with the date they were opened. Findings include: The provided policies and procedures do not specifically address dating goods when they are opened. During a tour of the facility, commencing at 10:05 AM on 4/20/2026, the goods observed to be opened and undated include, but are not limited to: 1. Kitchen in East building: A half-gallon of Hood fat free milk, a carton of Lactaid reduced fat milk, 2 cans of Sommer Maid Creamery whipped cream, a tub of Chobani plain green yogurt, a carton of Hood half & half, and 2 three-gallon tubs of Hood ice cream. 2. The Bistro in the East building: 2 pitchers of	R381		

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R381	Continued From page 3 juice, a bottle of Heinz ketchup, a bottle of French's yellow mustard, a quart container of potato chips, a bag of elbow macaroni, and a large bag of Riverhead garbanzo beans. 3. Main kitchen in West Building: multiple tubs of Hood three-gallon ice cream, a gallon of Kikkoman teriyaki sauce, 2 cartons of Chobani coffee creamer, a bottle of Sweet Baby Ray's buffalo wing sauce, and a bottle of Sweet Baby Ray's barbeque sauce. This was acknowledged by the Executive Director during the tour on the morning of 4/20/2026.	R381		
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 there is a failure to ensure cleaning products are stored in a separate locked compartment within the food storage area. Findings include: The facility's policies regarding chemical storage is consistent with the licensing rules. During a tour of the home commencing at 10:05 AM on 4/20/2026, cleaning products were observed stored in multiple locations where food is either stored or prepared.	R394		

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R394	Continued From page 4 1. Kitchen in East building: A bottle of Sun Spray foaming citrus degreaser on open shelving adjacent to food products. 2. Bistro in East building below the sink: a bottle of Sun Spray foaming citrus degreaser, a bottle of Ecolab antibacterial all purpose cleaner, a bottle of Ecolab Oasis multi-quat sanitizer, a bottle of Ecos Pro stainless steel cleaner/polish, a can of Swell stainless steel polish, a gallon of ZEP heavy-duty citrus degreaser, and a bottle of Ecolab gel degreaser. 3. Kitchen in West building below the sink: multiple ZEP sprayer bottles with various cleaning products and 2 gallons of Super Clean cleaner/degreaser. This was confirmed by the Executive Director during the tour of the facility conducted on the morning of 4/20/2026.	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 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, there is a failure to ensure the secure storage of chemical agents and that the resident environment remains	R403		

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R403	Continued From page 5 as free of accident hazards as possible. Findings include: The facility's policies and procedures are consistent with the licensing rules. During a tour of the facility, commencing at 10:05 AM on 4/20/2026, the hazardous items observed to be unsecured and accessible to residents include, but are not limited to: 1. The unlocked art room of the second floor was observed to have Elmers Craft bond multi-purpose spray adhesive, 91% Equate isopropyl alcohol, Sanidry disinfectant wipes, and Lysol disinfectant spray in unlocked cabinets. 2. A resident's bathroom on the third floor was observed to have 2 tubs of Clorox disinfectant wipes, a bottle of Clorox disinfecting bleach, Lysol gel toilet cleaner, Oxiclean stain remover, Clorox cleaner with bleach, and Tide travel liquid detergent packets. The resident was noted to have cognitive impairment and was not assessed for their ability to safely handle chemicals. Per record review, there are residents with varying levels of cognitive impairment in the facility with access to the art room. These findings were confirmed by the Executive Director on the afternoon of 4/21/2026.	R403		

Deficiency Statement Plan of Correction (POC)

Survey Date: 4/21/26

Facility Name: The Residence at Shelburne Bay- Assisted Living

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
R358 SS=F R358 Accepted 5/21/2026. Yasmin Alvarado, RN	All personal resident information was removed from all med tech stations. The therapy office had a lock put on the door and will have the door remain always shut. Therapists were counseled by Executive Director to have doors always remain closed due to protect residents' information.	Any resident with personal information on file could have been affected. All information has been stored and protected.	5/1/26	All med tech rooms have been removed from each floor. Nurses station has all residents' information and a keypad lock on it so the door is closed and is always locked. Therapy room has a keypad lock on it and is always closed. All leaders, when doing walk through each day of the community, will ensure resident information is not out and visible.	Resident Care Director and Executive Director
R370 SS=C R370 Accepted 5/21/2026. Yasmin Alvarado, RN	Weekly menus were immediately adjusted to be specific as to what the Chef's Choice is each day. Chef is ensuring that all required nutritional components are met.	None	5/26/26	Food Service Director has been given a copy of the VT Assisted Living Regulations to ensure nutritional components of the menu are met each week. Specific food for the menu will be listed going forward and approved by ED.	Food Service Director Overseen by Executive Director
R381 SS=F R381 Accepted 5/21/2026. Yasmin Alvarado, RN	Food Service Director did a walk-through audit of East, West and Bistro kitchen to ensure that all food that needed a label had one. All appropriate culinary staff were educated on the	None	5/26/26	Food Service Director or designee will do a walk each morning in all three kitchens to ensure all appropriate products are labeled and dated. All leaders were educated on what to look for when doing their daily walk of the community to help ensure	Food Service Director Overseen by Executive Director

	importance of dating and labelling open products.			proper labeling. New hire culinary associates will be educated on dating and labeling products.	
R394 SS=F R394 Accepted 5/21/2026. Yasmin Alvarado, RN	Food Service Director did a walk audit of each kitchen and removed any chemicals that were out near areas that stored or prepared food.	None	5/26/26	Locked cabinets were purchased for all three kitchens to keep all chemicals locked up with a key. All culinary associates have been educated on the importance of keeping all chemicals locked up in the cabinet and away from food.	Food Service Director Overseen by Executive Director
R403 SS=F R403 Accepted 5/21/2026. Yasmin Alvarado, RN	Chemicals were removed from the resident's apartment and from the art room.	Possible danger to other residents who could access any of the chemicals. Removing them removed this risk.	4/23/26	All existing residents are assessed by the RN to determine if they safely can have chemicals/cleaning supplies in their apartment unlocked. All new residents will be assessed for this need on admission. During annual re-admission or change of conditions, each resident will be re-assessed to determine if it is still appropriate. Art room had a lock placed on the cabinet and key given to engagement associates. All chemicals will be locked for safety.	Engagement Director, Maintenance Director and Resident Care Director Overseen by Executive Director