VERMONT

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

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

June 12, 2026

Ms. Melissa Greenfield, Manager
Meadows At East Mountain
240 Gables Place
Rutland, VT 05701-8811

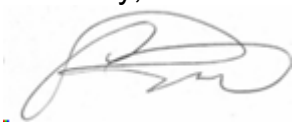
Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 27, 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
	1002	A. BUILDING: _____ B. WING _____	C 05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	240 GABLES PLACE RUTLAND, VT 05701

(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 May 27, 2026, the Division of Licensing and Protection conducted an unannounced, on-site annual re-licensure survey, as well as an investigation of one complaint and two facility reported incidents. The following regulatory deficiencies were identified:	R100	Correction for Tags 148 and 358 are accepted by C. Scott, LTCM, on 6-12-26	
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 licensee 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: Per observation, during a tour of the facility's special care unit conducted on the morning of May 27, 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 Registered	R148		

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R148	Continued From page 1 Nurse on the morning of May 27, 2026, the Registered Nurse 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		
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 observation, staff interview and record review the facility failed to ensure resident's right to privacy related to records, including private health information. Findings include: The home's Residents' Rights Policy posted in a common area of the home states that the residents' right to privacy extends to all records and personal information. Per observation conducted during the facility tour on the morning of May 27, 2026, a nursing station in a common area of the home was observed without a door and contained an unlocked cabinet housing accessible resident records. The resident records included, but were not limited to, resident	R358		

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R358	Continued From page 2 names, individualized care plans, diagnoses, medication information, physician orders, assessments, and additional personally identifiable health information. Per additional observation conducted on the afternoon of May 27, 2026, an administrative nursing office was observed with the door open, and no staff present in the office. The office contained visible resident-related documentation, including resident-identifiable testing records and additional records containing resident-identifying health information. The open and unattended condition of the office allowed unrestricted access to the area and exposed resident information to individuals passing by the office including residents, visitors, staff and other people within the home. Per additional observation conducted at the entrance of the facility on the afternoon of May 27, 2026, an unsecured elopement tracking binder was observed in a common lobby area. The binder included resident photographs, resident names, physician names and documentation identifying residents at risk for elopement-related behaviors. The binder was visible and accessible to individuals entering or passing through the lobby area, including residents, visitors, and staff. Per staff interview on the afternoon of May 27, 2026, the Nurse acknowledged the elopement tracking binder was accessible in the lobby entrance area of the home. Per interview conducted with the Human Resources Director on the afternoon of May 27, 2026, the Director acknowledged the requirements of the applicable state rule	R358		

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R358	Continued From page 3 pertaining to the protection of resident health information. Per interview conducted with the Manager of the facility on the afternoon of May 27, 2026, the Manager acknowledged the applicable nursing station was open and without a door or other barrier and the cabinet containing resident records was unsecured. The Manager additionally stated the home had discussed plans to secure the cabinet.	R358		

Deficiency Statement Plan of Correction (POC)

Survey Date: 5/27/2026

Facility Name: Meadows at East Mountain

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
R148 5.6.f Special Care Units	A notice of availability of the Special Care Unit proposal and curriculum has been posted in a prominent public location within the Special Care Unit. The proposal and curriculum are available for review by residents, resident representatives/legal guardians, family members, and the State Long-Term Care Ombudsman. Availability and posting of the Special Care Unit proposal and curriculum has been incorporated into the Facility Operations Policy. An audit will be completed to verify compliance with the above.		6/4/2026	The facility will maintain the notice and supporting documentation to ensure ongoing compliance with regulatory requirements. Members of management will conduct weekly audits for three months to verify that the notice of availability of the Special Care Unit proposal and curriculum remains posted in a prominent public location within the Special Care Unit and that the documents are available for review upon request. Audit findings will be documented and maintained by the facility. The citation and plan of correction will be discussed during quality assurance meetings (QAPI) in July and October to ensure continued compliance. An Inservice was completed with staff to review the change in process. Any identified concerns will be addressed immediately through corrective action and staff re-education as needed.	Executive Director Director of Nursing Assistant Director of Nursing

R358 6.10 Resident Rights	To ensure the confidentiality and security of resident information, all resident records containing protected and personally identifiable information, including resident names, individualized service plans, diagnoses, medication information, physician orders, and assessments, will be maintained in a locked cabinet at each nurses station when not in use. Administrative nursing office doors will remain closed when offices are unattended to prevent unauthorized access to records. Additionally, the elopement tracking binder has been removed from the common lobby reception area. The two remaining elopement tracking binders will be located in a locked cabinet. The locked cabinet will be accessible only by authorized personnel. Availability and location of the elopement tracking binders is specified in the		6/4/2026	The facility will continue to monitor compliance with these practices to safeguard resident privacy and maintain regulatory compliance. Members of management will conduct weekly audits for three months to verify that resident records containing protected health information are stored in locked cabinets when not in use, administrative nursing office doors are closed and locked when unattended, and confidential documents are not accessible in public areas. Audit findings will be documented and maintained by the facility. The citation and plan of correction will be discussed during quality assurance meetings (QAPI) in July and October to ensure continued compliance. An Inservice was completed with staff to review the change in process. Any identified concerns will be addressed immediately through corrective action and staff re-education as needed.	Executive Director Assistant Director Director of Nursing

	Unexplained Absence of a Resident Policy. An Inservice was completed with staff to review the above.				