VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

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

June 24, 2026

Maureen Ellison, Manager
Mansfield Place
18 Carmichael Street
Essex Junction, VT 05452-3170

Dear Ms. Ellison:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 8, 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
	1011	A. BUILDING: _____ B. WING _____	C 06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANSFIELD PLACE	18 CARMICHAEL STREET ESSEX JUNCTION, VT 05452

R159 Accepted 6-24-26
Susan 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 June 8, 2026, the Division of Licensing and Protection conducted an unannounced, on-site investigation in response to two complaints. As a result of this investigation, the following regulatory deficiency was identified:	R100		
R159 SS=D	5.9.c (2) Nursing Services For each resident requiring a nursing overview, administration of medication, or nursing care, the registered nurse must: Develop a person-centered written plan of care within 14 days after admission, in accordance with the nursing process and professional standards of practice, for each resident that is based on abilities and needs as identified in the resident assessment. The resident, and if the resident chooses, resident representatives such as family or close supports, must be invited and allowed to participate in care planning meetings. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being, and must be revised as the resident?s abilities and needs change This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to ensure the revision of a person-centered written plan of care for one applicable Resident (Resident #1) as the plan of care was not updated to reflect changes in the residents' abilities and needs and lacked appropriate goals and interventions. Findings	R159		

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R159	Continued From page 1 include: The home's Service/Care Plan policy is consistent with this licensing rule. Per record review conducted on the morning of June 8, 2026, Resident #1's current service plan identifies Resident #1 as having cognitive and physical impairments and requiring hospice service. The service plan indicated that the last service plan review was completed on February 25, 2025. Per record review conducted on the morning of June 8, 2026, Resident #1's service plan did not include individualized interventions to address the resident's end-of-life care needs, including changes in food intake, symptom management, and their declining condition. Per record review conducted on the morning of June 8, 2026, hospice nurse progress notes documented concerns regarding Resident #1's end-of-life care including nutritional intake and comfort management and documented education provided to facility staff regarding these needs. Per staff interview conducted on the afternoon of June 8, 2026, the Health Services Director stated that the facility would initiate training related to care and treatment at end-of-life. The Health Services Director acknowledged that Resident #1's service plan had not been updated to reflect the Resident's needs at the time.	R159		

Facility Name: Mansfield Assisted Living and Memory Care

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
R159	**Corrective Action** Upon identification of the deficiency, immediate corrective action was taken on 06/08/2026 to address staff knowledge and documentation related to end-of-life care and hospice services. **Staff Education** On the day of survey, all caregiving staff, nurses, and medication technicians were assigned Relias education on end-of-life care, with completion required by 06/30/2026. 6/09/2026, additional in-service education was provided to caregiving staff regarding end-of-life care and hospice services. A separate session was provided to nurses and medication technicians, focusing on symptom management, PRN medication administration, monitoring, documentation, and communication with the nurse and hospice team.	**Resident Review and Audit** The Health Services Director and nursing team completed a comprehensive audit of all current hospice residents. Each resident's care plan, POC tasks, and hospice documentation were reviewed to ensure they accurately reflected: • End-of-life care needs; • Expected changes in nutritional intake; • Symptom monitoring requirements; and • Care staff notification expectations. **Corrective Action for Identified Concerns** Any identified deficiencies were corrected immediately through care plan updates, task revisions, and staff re-education. Staff assigned to residents receiving hospice services were individually counseled on expectations for monitoring, reporting, and documentation.	06/08/2026 Relias: Ongoing (full compliance by 06/30/26) 06/09/2026	**Ongoing Compliance Measures** To ensure continued compliance with R159 and prevent recurrence, the community implemented the following system changes: 1. Added end-of-life and hospice education to new employee orientation for caregivers, medication technicians, and nurses. 2. Implemented annual competency validation for all direct care staff on hospice care, end-of-life changes, resident comfort measures, nutritional and hydration expectations, and reporting requirements. 3. Established monthly audits of hospice and end-of-life resident records by nursing leadership and the Health Services Director to verify care plans, POC tasks, staff documentation, and communication practices remain compliant. 4. Required nursing staff to review all hospice admissions and significant	Health Services Director RN/Designee (RN/LPN) R159 Accepted 6-24-26 Susan Gregoire RN

	Care Plan and POC Updates Care plans for all residents receiving hospice services were reviewed and updated to accurately reflect end-of-life status and hospice-related needs. • Level of care may fluctuate as a resident approaches end of life. • Decreased appetite and fluid intake are expected during the dying process. • Residents may refuse food and fluids without this being considered abnormal. • Staff must monitor for difficulty eating and report concerns to nursing staff. Point-of-Care (POC) caregiver tasks were also updated to direct caregivers to notify nursing immediately of food or fluid refusals, difficulty eating solid foods, significant decreases in appetite, or other changes in eating and drinking patterns. **Additional Hospice Training** Hospice RN provided a comprehensive end-of-life in-service for caregivers,			condition changes within 72 hours to ensure care plans and POC tasks reflect current resident needs and physician or hospice recommendations. 5. Included hospice residents in clinical meeting discussions to support interdisciplinary communication and timely identification of condition changes, symptom management needs, and staff education opportunities. 6. Directed nurses to provide ongoing coaching and support to caregivers and medication technicians regarding recognition of end-of-life changes, resident-centered interventions, and timely communication of concerns.	

	nurses, and medication technicians on 06/17/2026.		Hospice training: 6/17/26		