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

August 6, 2026

Carl Erickson, Manager
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on J**uly 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
	0214	A. BUILDING: _____ B. WING _____	C 07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW LIFE SKILLS CENTER	197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464

R159, R210, and R223
Accepted 8-5-26
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 July 21, 2026, the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint. The following regulatory deficiencies were 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 observation, staff interview, and record review the Registered Nurse failed to update the individualized plan of care for one applicable resident (Resident #1) to describe the care and services necessary to maintain the Resident's independence, safety and well-being by failing to include individualized interventions for safe transfers after the Resident's changing healthcare	R159		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Manager (X6) DATE 8/1/26

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R159	Continued From page 1 needs were identified. Findings include: The licensee's care plan policy states that the nurse must oversee the development of a written plan of care based on needs and abilities identified in the resident assessment. The policy also states that the care plan will describe the care and services necessary to assist the residents to maintain independence and well-being. Per record review conducted on the morning of July 21, 2026, of Resident #1's person-centered plan of care, the plan of care identified Resident #1 as able to ambulate with a walker with minimal assistance and included a goal to maintain range of motion and ambulation. However, the plan of care did not identify Resident #1's transfer needs or include individualized goals and interventions to ensure safe transfers following the Resident's fall and subsequent change in health care needs. This finding was confirmed by the Registered Nurse on the morning of July 21, 2026.	R159		
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire, provided the home maintains documentation of the training and ensures competency in the subject matter. The training must include, but is not limited to, the following:	R210		

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R210	Continued From page 2 (1)Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different cultures, belief systems, abilities, gender identities, sexual orientation; and (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the licensee failed to provide or arrange for at least 12 hours of required training upon hire and annually thereafter for one direct care staff member providing resident care, failed to document the required training, and failed to ensure competency in the required subject matter. Findings include: The licensee's "Staff Education" policy states that staff must demonstrate competencies in the skills and techniques they are expected to perform before providing any direct care to residents. The policy states that there shall be at least 12 hours	R210		

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R210	Continued From page 3 of training each year for each staff person providing direct care to residents and that all training shall be documented. The licensee's "Core Training Module" policy states that the facility will train and supervise support personnel and overnight caregivers and that all residents have an individualized program, and staff are trained to care for each individual resident. Per staff interview conducted on the morning of July 21, 2026, the Registered Nurse and Owner were requested to provide documentation of required training and documented competencies for one direct care provider who had provided direct resident care during the previous shift and who had also provided care during a documented fall incident on March 14, 2026. Per record review conducted on the morning of July 21, 2026, of the documentation provided, no evidence was identified that the direct care provider had completed the required annual training or demonstrated documented competency in resident rights; fire safety and emergency evacuation; resident emergency response procedures; mandatory reporting of abuse, neglect, or exploitation; respectful and effective interaction with residents; infection control; general supervision and care of residents; communication strategies; persons centered care; challenging behaviors and understanding dementia; recognition of and sensitivity to different cultures, belief systems, abilities, gender identity, sexual orientation; and trauma-informed care. Documentation reflected only completion of medication delegation training. This finding was acknowledged by the Registered Nurse and the Owner on the morning of July 21, 2026.	R210		

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R223 SS=D	5.12.b (2) Records/Reports The home must keep and maintain the following records. A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; licensed health care provider ' s name, address and telephone number; instructions in case of resident ' s death; the resident ' s assessment(s); progress notes regarding any accident or incident and subsequent follow-up; progress notes regarding any illness or change in condition and subsequent related follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident ' s advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the licensee failed to ensure that signs or symptoms of an accident were documented at the time of occurrence, including the actions taken and ongoing follow-up for one applicable resident (Resident #1) requiring nursing oversight. Findings include: The licensee's "Post-Fall Guidelines" policy states requirements to document the event in progress notes and includes the patient's level of injury and condition after the fall. The policy also states to	R223		

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R223	Continued From page 5 complete your nursing assessment in the progress notes and utilize the fall intervention sheet. The policy states there will be a post-fall discussion, and a review of the updated care plan and communication of the fall will be to the members of the team, including the doctor, other staff, and the Resource Nurse. Per record review conducted on the morning of July 21, 2026, of the incident report, supporting assessment notes, and follow-up physician records, Resident #1 sustained a fall on March 14, 2026, resulting in a fractured clavicle. Following the injury, Resident #1 was scheduled to undergo surgical repair. Per staff interview conducted on the morning of July 21, 2026, with one unlicensed direct care provider, the direct care provider stated they assisted Resident #1 during both the March 14, 2026 fall, and a subsequent fall that occurred before the Resident's scheduled surgery. The direct care provider stated that, during the second incident, Resident #1 fell while being transferred in the shower. The direct care provider further stated that the second fall was not documented. Per staff interview conducted with the Registered Nurse on the morning of July 21, 2026, the Registered Nurse stated they were unaware that Resident #1 had experienced a second fall in the shower during a transfer prior to the scheduled surgery. Record review identified no documentation of the second fall, including the Resident's signs and symptoms, actions taken, or ongoing follow-up. These findings were acknowledged by the Owner and the Registered Nurse on the afternoon of July 21, 2026.	R223		

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Deficiency Statement Plan of Correction (POC)

(Please use additional pages if needed)

DLP Use Only:

Survey Date: July 26, 2026

Facility Name: Riverview Life Skills Center

Deficiency Tag:	R159
How the deficiency was corrected:	Resident #1's individual plan of care was immediately reviewed and updated by the Registered Nurse on Aug 1, 2026. The updated care plan now explicitly details the resident's current transfer needs, including individualized goals and interventions required for safe transfers following the resident's changing healthcare needs and post-fall condition.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	The registered nurse performed an audit of all resident care plans and nursing assessments to ensure that any recent changes in health status, mobility, or transfer needs are accurately reflected with specific, individualized interventions. Any care plans requiring updates were revised immediately to ensure comprehensive transfer and care instructions.
System changes to ensure compliance with the regulation:	Riverview View Life Skills Center has reinstated and reinforced its policy requiring care plan reviews and updates within 14 days of admission, and following any change in condition, fall, or incident affecting resident mobility.
Date corrected:	August 1, 2026
Who will monitor to ensure compliance:	The RN will review and sign off on all resident care plans following any fall or change in condition. Riverview management will conduct monthly audits of various resident care plans to verify that care plans remain updated and compliant with State of Vermont regulations
DLP Use Only	R159 Accepted 8-5-26 Susan Gregoire RN

Deficiency Tag:	R210
How the deficiency was corrected:	The specific direct care staff member identified in the audit was immediately scheduled for and completed all required core annual training modules and documented competency evaluations in the mandated subjects (Resident Rights, Fire Safety/Evacuation, Emergency Procedures, Mandatory Reporting/Abuse, Respectful Interaction, Infection Control, General Supervision, Communication, Cultural Sensitivity, and Trauma-Informed Care).
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	The manager conducted a complete audit of all employee personnel files to verify training records for all direct care staff. A master training matrix was created to log hire dates, completed initial trainings, and annual recertification due dates for every employee.

System changes to ensure compliance with the regulation:	Established a policy that no direct care staff member will work independent shifts without documented completion of both the 12 hours of annual core training and direct-observation competency sign-offs by RN/Administrator.
Date corrected:	8/1/26
Who will monitor to ensure compliance:	Management will review employee training records to ensure all employee training are up to date.
DLP Use Only	R210 Accepted 8-5-26 Susan Gregoire RN

Survey Date:

Facility Name:

Deficiency Tag:	R223
How the deficiency was corrected:	The incident was documented in the resident's progress notes, including the history of the event, physical assessment/symptoms, interventions taken, and ongoing follow-up requirements.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	All recent direct care shift logs, progress notes, and incident reports across the facility were reviewed to verify that no other undocumented accidents, falls or changes in resident condition occurred. Direct care staff were re-educated on mandatory requirement to immediately report and document all falls, accidents, or near-misses, regardless of whether injury was immediately apparent.
System changes to ensure compliance with the regulation:	Riverview Life Skills Center Fall Policy has been rewritten. Staff have been trained on "Post-Fall Guidelines" policy. Direct care staff will complete an incident reports regarding all falls, accidents, or near-misses. Staff will also contact RN following any fall event to conduct a post-fall assessment, update progress notes, and initiate team/physician communication.
Date corrected:	8/1/26
Who will monitor to ensure compliance:	The Registered Nurse will review all incident/fall reports with 24 hours of an event to ensure progress notes, fall intervention sheets, and physician/team communications are complete.
DLP Use Only	R223 Accepted 8-5-26 Susan Gregoire RN

Deficiency Tag:	
How the deficiency was corrected:	
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	
System changes to ensure compliance with the regulation:	
Date corrected:	
Who will monitor to ensure compliance:	
DLP Use Only	