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 7, 2026

Wendy Beatty, Manager
Equinox Terrace
324 Equinox Terrace Road
Manchester Center, VT 05255-9253

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 20, 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
	0127	A. BUILDING: _____ B. WING _____	C 07/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EQUINOX TERRACE	324 EQUINOX TERRACE ROAD MANCHESTER CENTER, VT 05255

(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 7/20/2026 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint. The following deficiency was identified: 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, staff and resident interviews, and record review there is a failure to maintain a safe and functional environment related to the home's emergency call system. Findings include: The Health and Personal Care Services section of the home's admission agreement states, "Each resident of Equinox Terrace is provided an Emergency Call Pendant that is to be pressed by You when you believe you are in need of immediate attention by a member of Equinox Terrace's staff ...The Emergency Call Pendant should not be used by You for non-emergency requests. The home's Uniform Disclosure statement indicates an emergency call system provided in resident rooms and bathrooms is included in the standard rates charged to residents. Per interviews conducted with staff and residents on 7/20/2026, the home's emergency call system consists of a pendant provided to residents to	R100 R401	This plan of correction was written to follow state and federal guidelines. It is not an admission of noncompliance. However, it is the homes commitment to demonstrate and maintain compliance. R401 Environment The Emergency call system for Equinox Terrace has been updated as scheduled. All residents residing at Equinox Terrace have the potential to be affected by this alleged deficient practice. Nursing staff have been re-educated on the Emergency call system policy and usage of the pendant monitoring devices. Audits of response time will be conducted weekly x4 then monthly x3 to ensure compliance. Results will be reported and discussed in QAPI. Responsible: ED, HSD Date of compliance 8/13/2026	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 8.7.26

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R401	Continued From page 1 alert staff when they require assistance including but not limited to toileting, transfers, and falls. The staff on duty are provided a device which is carried and monitored by staff and intended to alert them when a resident has pressed their pendant. During interviews conducted on 7/20/2026 multiple residents stated they had experienced long response times after pressing their pendant to alert staff that they needed staff assistance. During interviews conducted on 7/20/2026 residents stated they had experienced incontinence while waiting for assistance with transfers and toileting, and lying on the floor after a fall for an extended period of time after pressing their pendant. Per record review, Resident Council Notes dated June 15, 2026 include concerns expressed by residents including: 1."RA's (Resident Assistants) seem to rush to clear the pendent, do one task and leave" 2. "RAs not coming back after they say they will." 3. "No one come to check on me. [sic]" Per review of pendant response time records provided by the Executive Director on request, during a 10 day period between June 20, 2026 and June 30, 2026 response times were documented with resident wait times between 22 minutes and one hour approximately 110 times and response times were documented with resident wait times greater than one hour approximately 30 times. Additionally, during this 10 day period there were over 135 hours when call bells were not functioning properly in the memory care center bathrooms. Per Surveyor observation on the afternoon of	R401	R401 Plan of Correction accepted by Jo A Evans, RN on 8/7/2026.	

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R401	Continued From page 2 7/20/2026, the home's pendant response system failed to alert a pendant system monitoring device currently in use when two different resident pendants were pressed within 5 feet of the device provided by the home for monitoring and responding to pendant activation. During the Surveyor's test of the pendant response system, staff were observed repeatedly updating the devices in an attempt to receive notification of pendant alerts. On the afternoon of 7/20/2026 multiple staff stated they manually update and check the devices they are provided every 15 minutes to ensure they receive resident calls for assistance. At 2:05 PM on 7/20/2026 the Executive Director confirmed the home's expected response time for resident calls for assistance is between 15-20 minutes; and confirmed the home has identified a need for a replacement for the pendant system currently in use. Per the Executive Director, the home's WiFi service, which the pendant system is dependant on in order to function properly, may also contribute to the pendant system issues. During an interview commencing at 3:50 PM on 7/20/2026 the Director of Nursing confirmed the home has not developed written policies and procedures governing pendant response times, and confirmed the home's expectation is for staff to respond to pendant calls within 15-20 minutes. At 4:27 PM on 7/20/2026 the Executive Director and Director of Nursing stated issues with the pendant response system are the result of system errors and staff errors.	R401		