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

August 20, 2026

Ashley Hudson, Manager
Four Seasons Care Home, Inc
135 South Main Street
Northfield, VT 05663-5603

Dear Ms. Hudson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 22, 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
	0129	A. BUILDING: _____ B. WING _____	C 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS CARE HOME, INC	135 SOUTH MAIN STREET NORTHFIELD, VT 05663

(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 7/21/2026 and 7/22/2026 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident and one complaint. The following deficiencies were identified.	R100	See attached AL	
R173 SS=D	5.9.d Nursing Services The Manager must ensure unlicensed staff only perform nursing tasks and medication administration under the delegation of a registered nurse currently employed by the home. Upon a change in the delegating registered nurse, the incoming registered nurse must follow professional standards of nursing practice regarding delegation of nursing tasks to unlicensed staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to ensure unlicensed staff only perform medication administration under the delegation of the registered nurse for 1 applicable resident (Resident #1). Findings include: The facility's Medication Policies and Procedures policy is consistent with the licensing rules. Per staff interview conducted on the morning of 7/22/2026, the Manager of the facility stated that Resident #1 received medications from staff that were not prescribed to Resident #1 on 4/07/2026. On the evening of 4/07/2026 the Medication Technician (Med Tech) on duty was offered help with administering medications by another unlicensed staff member. The Med Tech did not give permission to administer medications to this	R173		

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R173	Continued From page 1 staff member. The unlicensed staff member proceeded to dispense medication to Resident #1. During evening medication administration, Resident #1 was prescribed to receive aripiprazole 5mg, atorvastatin 10mg, benztropine mesylate 0.5mg, clonazepam 0.5mg, clozapine 500mg, docusate sodium 100mg, ferrous gluconate 324mg, glycopyrrolate 1mg, and magnesium oxide 400mg. The medications incorrectly given to Resident #1 included atorvastatin 10mg, buprenorphine HCL 6mg, mirtazapine 15mg, clonidine 0.2mg, and morphine sulfate extended-release 15mg. The Med Tech noted the medication error within the hour, while administering Resident #1's scheduled medications, and immediately notified the on-call Registered Nurse. The Registered Nurse notified the on-call physician of medication error, and the physician ordered one dose of Narcan to be given to Resident #1 intra-nasally. Resident #1 received the Narcan and remained asymptomatic prior to being transferred to the emergency room. Additionally, during this interview, the Manager of the facility acknowledged that the unlicensed staff member was not delegated by the facility's Registered Nurse for medication administration and no longer works at the facility. These findings were confirmed by the Manager and Registered Nurse of the facility on the at approximately 2:00 PM on 7/22/2026.	R173		
R217 SS=D	5.11.f Staff Services The licensee must ensure that no staff persons perform any duties when their judgment or	R217		

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R217	Continued From page 2 physical ability is impaired to the extent that they cannot perform duties adequately or be held accountable for their duties. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to ensure that no staff persons perform any duties when their judgement or physical ability is impaired. Findings include: The facility's policies and procedures regarding staff fitness for duty are consistent with the licensing rules. Per interview on 7/21/2026, another staff member observed the transport staff seated in the driver's seat of their vehicle with the door open, which was unusual, on 7/10/2026 while waiting for the resident they were transporting (Resident #2) to exit the building. The transport staff was also observed with their head lowered, appearing as though they may have fallen asleep; however, this could not be confirmed because they were wearing sunglasses. This staff member approached the transport staff to check on their well-being, and the transport staff member jumped awake stating they were "fine". The Registered Nurse on-site was made aware of the interaction and concerns. Per interview with the Administrator conducted on the afternoon of 7/22/2026, they were made aware of concerns with the transport staff member and proceeded to assess the situation. The Administrator observed transport staff walking in through the main entrance and inquired whether they were able to safely	R217		

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R217	Continued From page 3 transport residents. The Administrator did not note anything unusual about the transport staff member's presentation or signs of impairment and was reassured that they would not transport residents if they were not feeling "100%". Additionally, the Manager noted this staff member has previously called out of transport shifts citing that they were not feeling "100%". During an interview on the morning of 7/21/2026, Resident #2 stated they feared for their safety as they observed the staff member swerving multiple times and almost "side swiping" another vehicle during this incident. Additionally, Resident #2 stated the staff member was observed sliding out of their chair in the waiting room of the medical office, appearing to be falling asleep. This raised concerns of the medical office staff and prompted the medical office staff to assess the transport staff prior to leaving the office. The staff member stopped at a park & ride during the ride back to the facility, stating they required a break to "pull themselves together." During an interview conducted on the morning of 7/21/2026, the Manager and Resident #2 stated on 7/10/2026 a transport staff member was observed by law enforcement driving erratically and pulled over while bringing Resident #2 to/from a medical appointment. The staff member registered a blood alcohol concentration of over 0.29 and was arrested for driving under the influence (DUI) on-site. Resident #2 was then transported back to the facility by law enforcement. The manager stated the transport staff member was terminated by the facility after this incident. These findings were acknowledged by the Manager of the facility on the afternoon of	R217		

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R217	Continued From page 4 7/22/2026.	R217		
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 there is a failure to ensure progress notes of an incident regarding 1 applicable resident were documented in the Resident's record. Findings include: The Documentation Guidelines section of the Four Seasons Care Home Employee Policies and Procedures document states that a note entry is	R223		

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R223	Continued From page 5 required in the resident's record when an event is "out of the ordinary" or a change takes place in the resident's condition. Per staff interview, an incident occurred on 7/10/2026 during the transport of Resident #2 to a medical appointment. Per review of Resident #2's record, no documentation related to this incident was entered into the Resident's progress notes. These findings were acknowledged by the Manager of the facility on the afternoon of 7/22/2026.	R223		
R232 SS=D	5.12.c (5) Records/Reports Any reports, allegations, or incidents of abuse, neglect, exploitation of residents or misappropriation of resident property must be reported to the licensing agency. i. The licensee and staff must report any case of suspected abuse, neglect or exploitation of a resident to Adult Protective Services (APS). A separate report must also be made to the licensing agency. APS may be contacted by calling toll-free 1-800-564-1612. The licensing agency may be contacted by calling toll-free 1-888-700-5330. The home must make the reports to APS and to the licensing agency immediately but not later than within 48 hours of learning of the suspected, reported or alleged incident. ii. In addition to filing the reports as described above, a home must conduct its own investigation and must take immediate steps to	R232		

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R232	Continued From page 6 prevent further abuse, neglect or exploitation from occurring. The results of the home ' s investigation must be reported to the licensing agency within 5 business days from the date of the initial report of the allegation. The home's investigation and determination must not delay reporting of the alleged or suspected incident to Adult Protective Services and to the licensing agency. iii. Incidents involving resident-to-resident abuse must be reported to the licensing agency any time a resident alleges, or the licensee or staff observe or suspect, verbal, physical or mental abuse; sexual abuse, if an injury has resulted; or if there is a pattern of abusive behavior. (A) All resident-to-resident incidents, even minor ones, must be recorded in the resident ' s record. (B) The home must notify legal representatives and families (if permitted) about the incident(s) and must document the report and the plan the home developed to address the behaviors. the following reports with the licensing agency: This REQUIREMENT is not met as evidenced by: Per staff interview and record review, there is a failure to ensure an alleged staff-to-resident abuse incident was reported to the Licensing Agency within 48 hours. Findings include: The facility's Reporting Policy is consistent with the licensing rules. Per staff interview conducted the morning of 7/21/2026, the Manager stated they were made aware on 7/10/2026 of an alleged incident of staff to resident abuse that occurred earlier the same	R232		

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R232	Continued From page 7 day. Per review of the Adult Protective Services (APS) report submitted by the facility on 7/11/2026, Resident #2 was being transported by a staff member to a medical appointment on 7/10/2026. During this transport, the staff member was pulled over after being observed driving erratically by law enforcement. At 10:13 AM on 7/21/2026, the Manager of the facility confirmed that this incident was not reported to the Licensing Agency. These findings were acknowledged by the Manager of the facility at approximately 2:00 PM on 7/22/2026. *See R217	R232		

Deficiency Statement Plan of Correction (POC)

(Please use additional pages if needed)

DLP Use Only:

Survey Date: 7/22 & 7/23/26

Facility Name: FOUR SEASONS CARE HOME, INC

Deficiency Tag:	R173 R173 Accepted by YA on 8/20/2026
How the deficiency was corrected:	The medication error was immediately recognized by the Medication Technician, who notified the Registered Nurse without delay. The Registered Nurse contacted the on-call physician, implemented physician orders, administered Narcan as ordered, and arranged for Resident #1 to be transferred to the emergency department for evaluation. The unlicensed employee involved was immediately removed from medication-related duties and is no longer employed by the facility. The incident was investigated, documented, and reported in accordance with facility policy. All Medication Technicians and unlicensed staff received immediate re-education regarding medication delegation requirements and the prohibition against administering medications without Registered Nurse delegation and authorization.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	The Registered Nurse and Administrator reviewed all employees authorized to administer medications to verify current delegation, competency validation, and documentation of medication administration training. Facility-wide education was provided to all employees regarding medication delegation, scope of practice, medication error reporting, resident identification, the "Rights" of medication administration, and staff responsibilities when assistance is requested during medication pass. Medications must always be in hand, within eyesight or secured, so only the medication delegated staff has access to them. Reminded med delegated staff that they are ultimately responsible for all medications. So, in the event another staff member or a resident takes them, the onus is on them. Allowing this to occur will result in disciplinary action up to and including termination of their employment.
System changes to ensure compliance with the regulation:	The facility revised its Medication Administration and Delegation Policies to clearly prohibit any employee who has not been delegated by the Registered Nurse from preparing, administering, or assisting with medication administration. A current list of RN-delegated Medication Technicians will be maintained in the medication room and verified at the beginning of each shift. Medication carts and medication rooms will remain secured and accessible only to authorized personnel during medication administration. Medication pass observations will be completed by the Registered Nurse or Administrator monthly for all Medication Technicians. Annual competency validation, medication administration observations, and delegation reviews will be required for all Medication Technicians. Any medication error or deviation from delegation requirements will result in immediate investigation, retraining, and competency reassessment prior to resuming medication administration duties.
Date corrected:	8/16/26

Who will monitor to ensure compliance:	DNS
DLP Use Only	

Survey Date: 7/21 & 7/22/26

Facility Name: FSCH

Deficiency Tag:	R217 R217 Accepted by YA on 8/20/2026
How the deficiency was corrected:	The employee involved in the incident was immediately removed from resident transportation duties following notification of the arrest and was subsequently terminated. Resident #2 was safely returned to the facility by law enforcement. The Manager completed an internal investigation, reviewed the incident with the Administrator, and verified that no impaired employee continued providing resident care or transportation services.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	Despite FSCH performing all appropriate background checks, law enforcement shared that employers can request DMV records for employees driving for businesses. FSCH administration will now perform DMV record requests for any individuals providing transportation of residents. The facility reviewed all staff responsible for resident transportation and reiterated the expectation that employees must immediately report any condition that may impair their ability to safely perform assigned duties. Staff received education regarding fitness-for-duty expectations, mandatory reporting of suspected impairment, and the responsibility of supervisors to immediately remove any employee from duty when impairment is suspected pending further assessment. Transportation procedures and incident reporting processes were reviewed with all employees.
System changes to ensure compliance with the regulation:	The facility revised its Resident Transportation policy to require immediate removal from resident care or driving responsibilities whenever impairment is suspected until the employee is medically cleared or otherwise determined fit for duty.The facility also implemented a requirement that any employee arrested for DUI or whose driver's license is suspended must immediately notify administration and is prohibited from transporting residents until authorized by administration.
Date corrected:	8/16/26
Who will monitor to ensure compliance:	DNS & Administrator
DLP Use Only	

Survey Date: 7/21 & 7/22/26

Facility Name: FSCH

Deficiency Tag:	R223 R223 Accepted by YA on 8/20/2026
How the deficiency was corrected:	Resident #2's medical record was immediately reviewed. A late entry documenting the transportation incident that occurred on 7/10/2026 was completed in accordance with facility documentation standards and clearly identified as a late entry. Licensed nursing and management staff were re-educated on documentation requirements, including the requirement that all incidents, unusual events, changes in resident condition, and events occurring outside the facility be documented promptly in the resident's progress notes.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	The Administrator and Registered Nurse conducted a retrospective audit of resident records for the previous 90 days to verify that all reportable incidents, accidents, hospitalizations, emergency department visits, falls, transportation incidents, and other unusual events were documented in the residents' progress notes. Any identified omissions were corrected through appropriate late entries when permissible. All employees responsible for documentation received education on the facility's Documentation Guidelines and Vermont Residential Care Home documentation requirements.
System changes to ensure compliance with the regulation:	The facility revised its Incident Reporting and Documentation Policy to require that every incident report be reconciled with the resident's medical record before the end of each shift. A Documentation Checklist has been implemented requiring the supervisor to verify that an incident report, physician notification (when applicable), family/legal representative notification (when applicable), and a corresponding progress note have been completed. Documentation compliance will be incorporated into new employee orientation and annual competency training. The Registered Nurse or designee will complete weekly audits of all incident reports to ensure corresponding progress notes have been entered into the resident record.
Date corrected:	8/16/26
Who will monitor to ensure compliance:	DNS
DLP Use Only	

Survey Date: 7/21 & 7/22/26

Facility Name: FSCH

Deficiency Tag:	R232 R232 Accepted by YA on 8/20/2026
How the deficiency was corrected:	Management staff received immediate re-education regarding mandatory reporting requirements and applicable reporting timeframes under Vermont Residential Care Home Regulations. Administration wrote a new policy to detail exactly what needs to be reported and to whom.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	Administration conducted a retrospective review of all reportable incidents occurring during the previous 12 months to verify that required reports had been submitted to all appropriate agencies, including the Licensing Agency, APS, law enforcement, and other regulatory entities when applicable. No additional unreported incidents were identified. Administration reviewed education regarding mandatory abuse, neglect, exploitation, injury, and incident reporting requirements, including agency-specific reporting timelines, in accordance with the newest regulations.
System changes to ensure compliance with the regulation:	The facility revised its Reporting Policy to clearly identify what needs to be reported and identifying each agency that must be notified, required reporting timeframes, responsible staff, and documentation requirements was generated. A Regulatory Reporting Log has been implemented to track all reportable incidents from initial notification through final reporting. The Administrator or Nurse Manager will review every incident report within 24 hours to determine whether reporting to the Licensing Agency, APS, law enforcement, or other agencies is required. Incidence in which administration is unsure to report, will reach out to licensing directly.
Date corrected:	8/16/26
Who will monitor to ensure compliance:	DNS
DLP Use Only	