VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
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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

September 28, 2026

Adelit Rukomangana, Manager
Second Spring North
1071 Vt Route 15
Underhill, VT 05489-9341

Dear Mr. Rukomangana:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 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
	0611	A. BUILDING: _____ B. WING _____	C 09/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SECOND SPRING NORTH	1071 VT ROUTE 15 UNDERHILL, VT 05489

(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 9/8/2026 the Division of Licensing and Protection conducted an unannounced on-site annual survey and an investigation of 2 complaints. Deficiencies were identified related to the annual survey and the investigation. Findings include:	R100	Corrective actions for all cited deficiencies accepted by Jo A Evans, RN on 9/27/2026. Please see the attached document to review all accepted corrective actions.	
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 there is a failure to describe care and services necessary to assist 2 applicable residents in maintaining independence and well-being related to their medical conditions; and a failure to revise	R159		

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R159	Continued From page 1 to the applicable resident's care plans in response to changing needs (Residents #1 and #2). Findings include: 1. Per record review, Resident #1 requires care for chronic wounds with a history of a recent hospitalization in August of 2026 for treatment of wound infection; and use of a medical device to stabilize, protect and promote healing of the area affected by their wounds. Additionally, Resident #1 is diagnosed with cardiac conditions including history of a cerebrovascular accident (stroke); and an identified risk for difficulty swallowing and need for food to be cut into small pieces due to risk for choking. Per staff interview and record review, the care plans on file in Resident #1's record do not address needs related to risks for pain and infection related to wounds; use of a medical device; cardiovascular disease; and difficulty swallowing. Additionally, per record review the care plans on file in Resident #1's record do not address needs related to discharge instructions for care following recent hospitalization for treatment of wound infection including, but not limited to, symptoms to monitor for and report to Resident #1's provider; and instructions for bathing and keeping the affected area dry. 2. Per record review Resident #2 requires care for medical conditions including recurring Cancer and a history Persistent Recurrent Vomiting with weight loss and dehydration; complications associated with use of a PICC line (peripherally inserted central catheter) with subsequent use of anti-coagulant medication; and use of a shunt to manage proper drainage of cerebrospinal fluid. Per staff interview and record review, the care	R159		

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R159	Continued From page 2 plans on file in Resident #2's record do not include goals and interventions to meet care needs associated with these conditions. Per staff interview, at approximately 6:00 PM on 9/8/2026 the Director of Quality Improvement and Compliance confirmed the care plans on file for Residents #1 and Resident #2 do not address identified needs related to their medical conditions.	R159		
R356 SS=D	6.8 Resident's Rights A resident may complain or voice a grievance without interference, coercion or reprisal. Each home must establish a written grievance procedure for resolving residents ' concerns or complaints that is explained to residents at the time of admission. The grievance procedure must include at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the role and contact information of the Office of the Long-Term Care Ombudsman and Disability Rights Vermont as an alternative or in addition to the home's grievance mechanism. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to provide a written response to multiple grievances submitted by one applicable resident (Resident #3). Findings include: Per record review, grievance procedures posted on the website for the organization that manages the home states residents can expect a written response to unresolved grievances within five	R356		

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R356	Continued From page 3 days. During an interview commencing at 12:09 PM on 9/8/2026 , the Director of Quality Improvement and Compliance for the organization that manages the home stated Resident #3 has filed multiple grievances regarding staff; and stated they met with Resident #3 frequently to give them space to talk about their feelings. On the afternoon of 9/8/2026 the Director of Quality Improvement and Compliance was requested to provide documentation of all grievances filed by Resident #3 and written responses provided to Resident #3. Per record review, the Director of Quality Improvement and Compliance provided copies of 5 grievances submitted by Resident #3 in September of 2025. Per record review, the Surveyor was also provided an email dated 6/15/2026 sent to the home's Program Director, Case Manager and Clinical Director which stated the Director of Quality Improvement and Compliance received numerous grievances from Resident #3 during "the last couple of weeks" regarding concerns about staff and residents, the lock on Resident #3's door, and the home's telephones. Per record review, the grievances submitted by Resident #3 referenced in this email were not provided for review on request. Per staff interview, at 4:52 PM on 9/8/2026 the Director of Quality Improvement and Compliance confirmed Resident #3 was not provided written responses to their grievances as required.	R356		
R464 SS=D	12.1.b Nursing Home Level of Care Residents who require more than nursing	R464		

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R464	Continued From page 4 overview or medication management on a short-term or temporary basis may be retained in a residential care home without a variance, provided that the home meets the requirements of subsections (I) - (5) below: (1) The nursing services required are: a . Provided fewer than three times per week; or b. Provided for up to seven days a week for no more than thirty (30) days and the resident's condition is improving during that time and the nursing service provided is limited in nature; or c. Provided by a Medicare-certified hospice program; and (2) The home has a registered nurse on staff, or a written agreement with a registered nurse or home health agency, to provide the necessary nursing services and to delegate related appropriate nursing care to qualified staff; and (3) The home is able to meet the resident's needs without detracting from services to other residents; and (4) The home has a uniform consumer disclosure that is provided to prospective residents before or at the time of admission, which explains what nursing care the home provides or arranges for, how it is paid for and under what circumstances the resident will be required to move to another level of care; and (5) Residents receiving such care are fully informed of their options and agree to such care in the residential care home. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to obtain a variance prior to retain one applicable resident who requires nursing service three times per week and as needed for longer than 30 days (Resident #1). Findings include:	R464		

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R464	Continued From page 5 Per record review, the home's Admission Agreement states, "If you require hands-on care by a nurse, such as changing a dressing ... such care will be provided if a variance is approved by the Vermont Department of Aging and Independent Living." Per staff interview and record review, Resident #1 was admitted to the home with multiple chronic stage 3 wounds which require nursing overview and care three times weekly and as needed to ensure dressings remain clean, dry and intact. Per record review, the Resident Assessment signed as completed by the Registered Nurse following admission in January 2026 indicates Resident #1 was admitted to the home with "four or more" Stage 3 ulcers; and a Registered Nurse employed by the home developed a care plan for Resident #1 following admission which included an assessment indicating Resident #1 was admitted with multiple full thickness wounds. Per staff interview and record review, as of 9/8/2026 Resident #1's needs have included nursing overview and care for chronic wounds throughout their stay at the home. Per staff interview, the Program Director and the Director of Quality Improvement and Compliance for the organization that manages the home confirmed there were no current residents living at the home with level of care variances during an interview commencing at 11:46 AM on 9/8/2026. Per staff interview, on the afternoon of 9/8/2026 the Director of Quality Improvement and Compliance confirmed the home had not obtained a level of care variance for Resident #1 as required.	R464		

Deficiency Statement Plan of Correction (POC)

(Please use additional pages if needed)

DLP Use Only:

Survey Date: September 8, 2026

Facility Name: Second Spring North

Deficiency Tag:	R159
How the deficiency was corrected:	• Resident #1 was discharged from the facility on 9/17/2026 • Resident #2's Nursing Care Plan was updated to reflect medical conditions and supports needed
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	• Reviewed and audited all residents at the facility to ensure medical conditions were part of the Nursing Care Plans
System changes to ensure compliance with the regulation:	• Updated the Nursing Care Plan template to ensure that it gave space and guidance for nursing to reflect medical conditions, interventions, and supports.
Date corrected:	• Resident #2's Nursing Care Plan was updated 9/15/2026 • Nursing Care Plan template was changed 9/14/2026
Who will monitor to ensure compliance:	• Nursing and Director of QI and Compliance
DLP Use Only	R159 Plan of Correction accepted by Jo A Evans, RN on 9/27/2026

Deficiency Tag:	R356
How the deficiency was corrected:	• Completed a formal written response, based on the verbal response, to resident #3
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	• An audit was completed to review any other grievances from residents to ensure written response.
System changes to ensure compliance with the regulation:	• Updated the grievance form to only give the option of a written response and added a date of when the written response was given to the resident.
Date corrected:	• 9/25/2026
Who will monitor to ensure compliance:	Director of QI and Compliance and Program Directors
DLP Use Only	R356 Plan of Correction accepted by Jo A Evans, RN on 9/27/2026

Survey Date: September 8, 2026

Facility Name: Second Spring North

Deficiency Tag:	R464
How the deficiency was corrected:	• Resident #1 was discharged from the facility on 9/17/2026
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	• An audit was run on all residents at Second Spring North to ensure no variance was needed for care.
System changes to ensure compliance with the regulation:	• Referral process was updated for referrals that come to Second Spring with medical conditions.
Date corrected:	• 9/11/2026
Who will monitor to ensure compliance:	• Director of QI and Compliance and Admission Coordinator
DLP Use Only	R464 Plan of Correction accepted by Jo A Evans, RN on 9/27/2026