VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
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

February 18, 2025

Jane Samuelsen, Manager
Maple Ridge Memory Care
6 Freeman Woods
Essex Junction, VT 05452

Dear Ms. Samuelsen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 17, 2025**. 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
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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: An unannounced onsite complaint investigation of five facility report incidents and one complaint investigation was conducted by the Division of Licensing and Protection on 1/13/25 and completed on 1/17/25. Regulatory deficiencies were identified as a result of the investigation. Findings include:	R100		
R145 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to ensure care plans were developed to describe the necessary care and services to aid in maintaining independence. Per record review of 5 resident records, 4 out 4 records failed to have care plan developed and updated to aid in assisting with necessary care and services. The facility policy titled "Service plans" states, "... 1. The initial service plan will be completed on or before move in and is based on the initial resident assessment. 2. The service plan is based on initial assessment, medical clearance, and	R145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R145	Continued From page 1 interview with the resident and responsible parties. 3. The service plan is individualized to identify tasks required for daily care needs. 4. The service plan will include the need medication management, diagnosis, allergies, medication and dietary needs. 5. The service plan is reviews as least annually and must be signed by a RN. 6. The service plan will be revised, as needs change. When a service plan is updated the Resident Aide Assignment sheets will be updated to reflect changes." Resident #1 was admitted to the RCH on 10/4/24 the plan of care was developed on 11/1/24. The resident record revealed Resident #1 to account for behavioral expressions to include wandering, in which staff were observed to walk with resident, maintain whereabouts and aide in activity engagement. The care plan provided upon request, indicated an assessed problem with interventions to prevent Resident #1 from leaving the building without an escort. The plan did not include problem area(s) and intervention(s) to assist Resident #1 with behavior management as identified in the progress notes, care assistance required, and/or medication administration and utilization of as needed medication to support behavior expressions. Resident #2 plan of care was developed on 11/30/23 and edited on 11/13/24 and 12/18/24. The progress notes reviewed from 11/1/24 to 12/20/24 indicate Resident #2 to have a behavioral expression and demonstrations of changes in condition related to behaviors. The record indicates Resident #2 to present with being found on the floor, behaviors at mealtimes, and behaviors during care assistance toward staff. The care plan was updated on 11/13/24 to identify a problem area of presenting on the floor,	R145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R145	Continued From page 2 identified as the resident to place self on floor, the care plan was updated on 12/18/24, in which the resident was transferred to the emergency department that evening and discharged. In the time period from 11/13/24-12/18/24, Resident #2 experienced an increase in behavioral expressions toward staff and residents, increased incontinence within common areas, and medication adjustments, titrations and new orders for behavior modifying treatment. The care plan was not updated during this period of time, to identify the change in condition in which Resident #2 demonstrated and experienced nor were interventions developed to provide necessary care needs, approaches, and measures to for staff to implement. Resident #3 the plan of care does not include a date in which it was developed. Through observation, Resident #3 presented with expressive aphasia, speaking in soft tones, and walking through out the unit(s). Per interview on 1/13/24 at 11:00 AM, the Executive Director confirmed Resident #3, can be challenging to understand with verbal expression. They continued to describe Resident #3 to seek companionship, enjoys 1:1 with staff, and enjoys listening to rock style music, they note Resident #3 experiences behavior expressions to include exit seeking, agitation, and refusals of medication and care with staff. In review of Resident #3 record, progress notes documented from 11/1/24- 1/13/24 account for the behaviors exhibited toward staff, wandering/exit seeking behaviors, refusal of medication and care, and agitation. Resident #3's plan of care does not include problem areas or interventions to support	R145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R145	Continued From page 3 Resident #3 with communication deficit, individualized approaches to redirection, approached to refusals in medication and care. Per interview on 1/16/24 at 11:30 AM the Executive Director confirmed the plan of care was not updated to identify areas in which Resident # 1, #2, and #3 required additional care planning and implementation of interventions for care and services. Per Resident #4 record review, the resident was admitted on 10/28/24 and discharged on 11/21/24. The resident record did not include a developed plan of care. Per interview on 1/13/24 at 11:30 AM, the Executive Director confirmed a care plan was not available to be reviewed for Resident #4.	R145		
R167 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents	R167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R167	Continued From page 4 the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse (RN) failed to develop written care plans to demonstrate the use of as needed (PRN) psychoactive medications for 2 out 4 residents of the applicable sample. Findings include: Per record review Residents #1 and #2 were prescribed psychoactive medication to be administered as needed to modify behaviors. Resident #1 orders include prescribed Lorazepam 1 mg, take 1 tablet by mouth daily as needed for agitation/combative behaviors. Resident #2 orders include prescribed Risperidone 0.5 mg tablet, take 1 tablet by mouth as needed daily for agitations, which was then reduced to Risperidone 0.25 mg, take 1 tablet by mouth as needed daily for agitation, and also an order for Quetiapine 25 mg, take 1 tablet by mouth in evening at hours of sleep as needed for 14 days for agitation. Resident #3 orders include Olanzapine 5mg, take 1 tablet by mouth twice daily as needed for agitation. Per interview on 1/16/24 at 12:15 PM the Executive Director, confirmed a care plan has not been developed for unlicensed staff to reference prior to the administration of the PRN psychoactive medication for Resident #1 and #2.	R167		
R183 SS=F	V. RESIDENT CARE AND HOME SERVICES	R183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R183	Continued From page 5 5.11 Staff Services 5.11.f There shall be at least one (1) staff member on duty and in charge at all times. In homes with more than fifteen (15) residents, there shall be at least one (1) responsible staff member on duty and awake at all times. There shall be a record of the staff on duty, including names, titles, dates and hours on duty. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to ensure records of staffing schedules were maintained to reflect the staffing adjustments to meet resident's needs. Per review of facility polices, a policy for "Aggressive Resident", initiates a 1:1 staff to resident ratio, when a resident presents with indicated behaviors initiated by the nurse. The resident progress notes revealed Resident # 1 was assigned to a 1:1 ratio of staff on 12/13/24 and 12/15/24, Resident #2 was assigned to a 1:1 ratio on 12/17/24 and Resident #3 was assigned to a 1:1 ratio of staff on 12/18/24. Per interview on 1/16/25 at 12:00 PM the Executive Director (ED) confirmed when a resident presents as a potential threat/harm to self or others, the facility response plan is to initiate 1:1 staff to resident ratio, explaining additional staff are assigned to the shift The ED confirmed the documentation of encounters when 1:1 was initiated for Resident #1, #2, and #3 and confirmed the staffing schedules are to be updated to account for the 1:1 assignment . The ED confirmed the schedules do not reflect the	R183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R183	Continued From page 6 assignment of a 1:1 assignment on 12/13/24, 12/15/24 and 12/17/24. Additionally, through the interview, the ED confirmed a staffing policy is not established by the RCH, they explained staffing adjustments occur based on census, acuity, and determined by management.	R183		
R208 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the RCH failed to report an occurrence of Resident to Resident incident to the licensing agency within 48 hours of incident. In review of facility self report, two resident to resident incidents occured on 12/13/24 and 12/15/24, in which both reportable occurances were reported greater than 48 hours to the licensing agency. The event on 12/13/24 was reported via email on 12/19/24 and the incident on 12/15/24 was reported via email on 12/18/24. Per interview on 12/16/24 at 12:30 PM, the	R208		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R208	Continued From page 7 Executive Director confirmed the reporting occured greater than 48 hours to the licensing agency.	R208		
R224 SS=G	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview there was a failure to ensure the right to be free of abuse for 1 applicable resident (Resident #3.) Findings include: 1. On 12/13/24 Resident #2 and Resident #3 were involved in a resident to resident incident. Per Resident #3 record review an incident report documented on 12/13/24 at 9:14 PM indicates Resident #3 was sitting in a common area and approached by Resident #2. The facility incident report documented staff witnessed Resident #3 to have received three quick hits to the back and arm from Resident #2. There are no additional progress notes in Resident #2's record on additional actions taken in response to the interaction. Per Resident #2 record, the incident report documented on 12/13/24 at 9:10 PM, indicates Resident #2 was cursing and mumbling at Resident #3 and staring sternly. Resident #2 was given a prn medication for the demonstrated behavior. There are no additional progress notes	R224		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R224	Continued From page 8 in Resident #2 record to capture the incident in the same text as documented in Resident #3 record, nor is there follow up documentation for follow up care intervention implemented to support Resident #2. 2. On 12/16/24 Resident #2 and #3 were involved in a resident-to-resident incident. Per Resident #2 record review an incident report documented on 12/16/24 at 7:36 PM indicates Resident #2 was witnessed punching Resident #3. Staff quickly intervened, stepping in between both residents. Resident #2 was sent to the emergency department for evaluation of mental status change. A progress note written on 12/17/24 at 6:10 AM, noted Resident #2 on 1:1, resident to be using profanity with staff and had not slept through the shift. A new order was received, Quetiapine 25 mg, give 1 tablet as needed at night for agitation for 14 days. Per Resident #3 record review, documenation was not completed to account for the incident on 12/16/24. A progress note written on 12/17/24 at 6:29 AM noted Resident #3 to paced the halls throughout the shift, trying to enter other residents rooms, returning to room at 2:00 AM and rested in bed. 3. On 12/18/24 Resident #2 and Resident #3 were involved in a resident-to-resident incident. Per Resident #2 record review an incident report documented on 12/18/24 at 9:55 PM indicates Resident #2 was in a great mood, was escorted to the theater room, as the staff then approached another room, heard yelling. Care staff indicated Resident #2 had hit Resident #3. The incident report noted Resident #2 to be agitated, with use	R224		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R224	Continued From page 9 of profanity. Resident #3 was observed for injury. Resident #2 was sent to the emergency department. Per Resident #3 record review, there is no documentation to account for incident at the time of occurrence. A progress note written on 12/18/2024 at 5:07 PM, states "Nursing judgement- 30 mins checks are in place for res [sic] safety." A progress note written on 12/19/24 at 11:26 AM states "Res seems sad today and MT let this nurse know that [Resident] has made a statement about dying today ... remains on 30 min checks.[sic]" An additional progress note written on 12/19/2024 at 11:56 AM stated " .... Resident is reporting symptoms of sadness today and discussing dying. The resident was involved in a resident-to-resident altercation the night of 12/18/24. Resident being monitored closely by memory care staff. Altercation involved getting hit by another resident in bilateral arms with verbal insults." Additionally, Resident #3 progress notes did not include notations by staff from 12/13/24 through 12/16/24, following the incident on 12/16/24 the record includes documentation of behaviors exhibited by Resident #3, to include pacing hallways, agitation toward staff and residents, attempting to enter other resident rooms, the progress notes were charted on 12/17/24, 12/18/24, 12/20/24, 12/21/24, 12/22/24, 12/23/24. Resident #3 plan of care does not include a date of initial development, or updated problems areas with interventions to support Resident #3 with change of condition and presentation with behaviors that are accounted for in the progress notes.	R224		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R224	Continued From page 10 Per interview with the LPN on the afternoon of 12/13/24 confirmed Resident #2 was experiencing and demonstrating an increase in behaviors over a period, confirming at least the past 2 months. The LPN indicated to have communicated with Resident #2 physician(s) with concerns of behaviors requesting medication adjustments to aid in behavior management. The LPN confirmed the care plans are updated by the overseeing Registered Nurse. Per review of Resident #2 care plan, the plan was updated on 11/13/24 indicating the resident behaviors of being found on floor and on. The care plan was not updated after the incidents occuring on 12/13/24 or 12/16/14, the plan was however updated on 12/18/24 with interventions to support acute episodes of behavior, with interventions to escort away from other residents, providing 1:1 support, speak in calm voices the plan does not identify the use of as needed medications to support behavioral expression when indicated. Resident #2 was sent to emergency department after incident on 12/18/24 and did not return as the resident was approved for emergency discharge. Per interview on 12/13/24 at 11:00 AM the ED explained Resident #2 behaviors were escalating over time, they began presenting in early November, with being found on the floor frequently, where it was identified Resident #2 would place self on floor. The ED continued noting behaviors began to include removal of clothing such as shoes, behaviors at meals with pouring drinks out, incontinence presented in public areas. The ED continued to explain Resident #2 then began to focus on Resident #3. Staff were unsure to the cause of the focus, however explained, to be under the impression	R224		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE MEMORY CARE	6 FREEMAN WOODS ESSEX JUNCTION, VT 05452

(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
R224	Continued From page 11 the Director of Nursing at that time to be overseeing the medication adjustments occurring in the similar time frame of the resident-to-resident incidents. The ED confirmed that the Facility Aggressive Resident policy initiates a 1:1 support model, in which additional staff are assigned to the resident and the assignment is accounted for on the staffing schedule. The Executive Director (ED) confirmed Resident #2 was discharged from the community following the occurrences on 12/18/24, Resident #2 was sent to the ED and has not returned to the facility, as an approval for emergency discharge was granted. The ED confirmed the care plan for Resident #2 was not updated through the course of behavioral changes related to the documented incident nor was Resident #3 care plan updated to aid in supporting demontrated behavioral expressions after the occurance begining 12/13/24. The staffing scheduled reviewed for the incidents documented on 12/13/24 and 12/16/24 did not indicate a 1:1 assignment for Resident #2. Upon review the ED confirmed the schedules do not reflect the assignment.	R224		

Deficiency Statement Plan of Correction (POC)

Survey Date: 01/17/2025

Facility Name: Maple Ridge Memory Care

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R145 SS=F	Care Plan audit was completed for the community for dates of admission, updated problems and interventions, and annual updates. Nursing is ensuring that all care plans are updated and accurate to provided the best interventions and outcomes for the residents.	4/1/25 for all care plans to be updated	Training done for all nursing staff by Regional VP of Resident Services regarding process for new admission care plans, updating care plans and focus on interventions. Training included how to communicate all changes to staff in the community.	Resident Care Director Overseen by Executive Director R 145 Accepted Jenielle Shea, RN 2/18/24
R167 SS=F	All residents with PRN psychoactive medication have a behavior plan to indicate what behaviors the medication is for and what to look for in regards to this behavior. Non-pharmacological interventions, risks and when to use PRN medication.	3/1/25	Resident Care Director to create a behavior plan for all residents who are admitted on a psychoactive PRN medication and who are prescribed a PRN psychoactive medication. Training with all Med Tech's to ensure they understand the behavior plans and their responsibility in regards to ensure they are following prior to giving any PRN psychoactive medication.	Resident Care Director Overseen by Executive Director R167 Accepted Jenielle Shea, RN 2/18/25
R183 SS=F	Schedules to reflect whenever a 1:1 is scheduled for a resident. Separate section of the schedule to show that staff are scheduled for the 1:1. Policy created for staffing ratios and adjustments.	2/21/25	Scheduler had training with ED regarding updates on the schedule specific to 1:1 and ensuring the staffing schedule reflects accurate numbers. Staff training on new policy regarding staffing ratios and adjustments for staffing numbers.	Resident Care Director and Executive Director R183 Accepted Jenielle Shea, RN 2/18/25
R208 SS=F	Resident Care Director was trained by Executive Director regarding the regulation on reporting abuse, neglect and exploitation. Executive Director ensured Resident Care Director understands the importance of reporting within 48 hours regardless of day of the week.	2/18/25	Nurse and Med Tech meeting scheduled to educate the regulations and importance of reporting any resident-to-resident incident (or any suspected abuse, neglect or exploitation) to the Resident Care Director immediately. Resident Care Director will report to the Executive Director	Executive Director R208 Accepted Jenielle Shea, RN 2/18/25

R224 SS=G	Residents who still live in the community had updated care plans and behavior plans regarding interventions to help with behaviors.	2/21/25	Training has been scheduled for nursing staff regarding documentation, incident reports, interventions, resident-to-resident altercations, notifying upper management, care plans, resident changes, and abuse, neglect and exploitation and resident rights.	Resident Care Director and Executive Director R224 Accepted Jenielle Shea, RN 2/18/25