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

March 6, 2025

Jason Cairns, Manager
The Residence At Otter Creek
350 Lodge Road
Middlebury, VT 05753-4498

Dear Mr. Cairns:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 4, 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

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
	0596	A. BUILDING: _____ B. WING _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT OTTER CREEK	350 LODGE ROAD MIDDLEBURY, VT 05753

(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 2/3/25 and 2/4/25 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following regulatory deficiencies were identified:	R100	Corrective actions for all tags cited accepted by Jo A Evans RN on 3/2/25. Please see the attached Plan of Correction to review the accepted corrective actions for the individual tags.	
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to administer a medication as ordered for one applicable resident (Resident #1). Findings include: The home's medication policies and procedures are consistent with the regulatory requirement to administer medication as ordered. Per review of a Progress Note and a medication error Incident Report dated 1/3/25, Resident #1 was given the "wrong dose" of the medication "Carbidopa" (Carbidopa-Levodopa, for Parkinson's Disease) an undetermined number of times, including the administration of "the nighttime dose 3 times" on 12/27/24. During an interview commencing at 3:44 PM on 2/4/25, the Senior Residential Director confirmed multiple medication errors had occurred when the wrong medication was given to Resident #1. The Senior Residential Care Director stated Resident	R128		

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R128	Continued From page 1 #1 is prescribed the extended release and the immediate release formulations of Carbidopa-Levodopa to be given at different scheduled times, and the medication errors occurred when staff administered the extended release tablets at times when the immediate release formulation was ordered.	R128		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of all required background checks for 4 out of 5 applicable staff. Findings include: The home's policies and procedures governing completion of staff background checks provided for review on 2/3/25 is not consistent with this regulatory requirement. Per review of criminal record and abuse registry checks on file for a sample of 5 staff, all required background checks were not completed for 4 out of the 5 sampled staff. This finding was confirmed by the Business Manager at 3:30 PM on 2/3/25.	R190		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES	R247		

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R247	Continued From page 2 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure perishable foods and beverages are labeled with the dates the items are opened or prepared. Findings include: Policies and procedures governing labeling and storage of perishable items have been developed by the home. During a tour of the home commencing at 10:48 AM on 2/3/25 the following perishables food and beverage were observed without labels indicating the date the items were opened or prepared: 1. Undated items observed in the kitchen walk-in refrigerator and freezer included an unsealed bag with unidentified cubed meat, a container of beef stock, an uncovered tray of baked sweet potatoes, unlabeled meat that appeared to be ham covered with plastic wrap, unidentified foods wrapped in aluminum foil, an unlabeled tub of cooked cabbage, and unsealed bags of vegetables and fruit. 2. Undated items observed in a kitchen reach in refrigerator included heavy cream, olives, parmesan cheese, an unsealed bag of shredded cheese, an unlabeled tub of pasta, a gallon container of mayonnaise, and an unlabeled tub of shredded cabbage.	R247		

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R247	Continued From page 3 3. Undated items stored in a refrigerated prep unit located in the kitchen contained fig jam, and unsealed bag of sandwich wraps, and an unlabeled squeeze bottle of what appeared to be honey mustard with dried spills on the outside of the bottle. The top section of this prep unit contained uncovered bins mayonnaise, mushrooms, tuna salad, chicken salad, and egg salad, unsealed deli meat, and cheeses confirmed by Staff to be routinely stored without lids. This prep unit also contained a large partially uncovered bin of roast beef dated "1/31". The areas of this bin left open and exposed to air contained roast beef observed with areas that were darkened and dried. A second prep unit in the kitchen contained undated items including a bottle of balsamic glaze, 12 bottles of salad dressing, and a large unlabeled bin covered with foil. 4. An ice cream freezer in the kitchen contained multiple 3 gallon containers of ice cream without dates indicating when the containers were opened. These findings were confirmed by the Chef during the kitchen tour conducted on 2/3/25.	R247		
R291 SS=F	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced	R291		

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R291	Continued From page 4 by: Based on observation and staff interview there was a failure to ensure water temperatures are maintained at or below 120 degrees Fahrenheit in two areas of the home accessible to residents. Findings include: Policies and procedures governing water temperatures in resident accessible areas have been developed by the home. During the facility tour commencing at 10:48 AM on 2/3/25 water temperatures were observed to be 127.5 degrees in the women's bathroom near the lobby on the 2nd floor of the home and 121.8 degrees in the bathroom near the elevator on the 3rd floor of the home. This finding was confirmed by the Executive Director during the tour of the home on the morning of 2/3/25. Following adjustments made to the water heating system by the home's staff, water temperatures in the observed resident accessible areas were maintained at or below 120 degrees Fahrenheit. This finding was confirmed with the Executive Director at approximately 9:40 AM on 2/4/25.	R291		
R310 SS=F	X. PETS 10.2.d Pets must be free from disease including leukemia, heartworm, hepititis, leptos psorisos, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there	R310		

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R310	Continued From page 5 was a failure to ensure 2 dogs living at the Residential Care Home are current with veterinary care including the required vaccinations. Findings include: The home's Pet Ownership Agreement indicates resident pet owners have supplied the community with validation of good health and inoculations for their pets. This agreement does not indicate that the pet owner will provide the home will continue to provide the home current pet records to ensure compliance with this regulatory requirement. On the afternoon of 2/4/25 the Senior Residential Care Director was requested to provide documentation of veterinary care records for pets living at the Residential Care Home. Per review of the veterinary records provided for review, 2 dogs living at the home were not current with veterinary care including the required vaccinations. This finding was confirmed by the Senior Residential Care Director and the Business Director on the afternoon of 2/4/25.	R310		

Deficiency Statement Plan of Correction (POC)

Survey Date: February 4, 2025

Facility Name: The Residence at Otter Creek-RCH

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R128 Corrective actions accepted by Jo A Evans RN on 3/2/25	When med error was discovered, an investigation was initiated immediately	Immediate follow up on medication order included: *Med Tech removed from passing medications until further training * Reported error to POA * Called neurologist (prescribing physician) *Called poison control *Called pharmacy *Nursing initiated med pass observations for ALL med techs * High alert stickers were purchased for IR/ER medications-implement on med cards * * Res Care Director and Executive Director met with resident and POA * Resident was evaluated at ER for diagnostics-all tests were negative/normal	Education was done for ALL med techs on 3 checks/6 rights/IR/ER medication differences. Medication Administration Observations by nursing were completed for all med techs. The Resident Care Director will ensure routine training and medication observations are completed.	Resident Care Director
R190	VCIC Background Checks	2/20/2025	All associate VCIC background checks will be completed before the date of hire and annually on hire date.	Business Office Director

2/28/25

R190 Plan of Correction accepted by Jo A Evans on 3/3/24.	Background Checks with exceptions	2/20/2025	All files will have a letter if an associate was deemed hirable with a report on record. Current files will be audited and corrected if needed by 3/31/25.	Business Office Director
R247 Corrective actions accepted by Jo A Evans RN on 3/2/25	Daily Log Compliance	02/15/2025	Daily LCB Food Safety and Sanitation Checklist to be completed as part of the server checklist. The chef on duty must audit and turn into the Restaurant Operations Director and all audits kept for weekly review with the Executive Director.	Restaurant Operations Director and Executive Director
R291 Corrective actions accepted by Jo A Evans RN on 3/2/25	Install digital mixing valve	2/12 Digital Mixing Valve ordered by VHV HVACR professionals. Installation asap upon arrival at Community.	Current system manually controlled temperature mixing valve – created inconsistent temperatures and inaccurate readings. Digital Mixing Valve replaces the current manual system and accurately maintains constant safe water temperature. Also, ongoing weekly water temperature spots checks at 10 random locations and tracked in our TELS System.	Executive Director and Maintenance Director
R310 Corrective actions accepted by Jo A Evans RN on 3/2/25	RCH residents with pets were contacted and advised they must provide updated pet vaccinations records now and annually and/or as needed going forward.	Correction was initiated immediately and will be completed by 3/31/2025.	The resident's pet files will be audited quarterly.	Business Office Director