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 27, 2025

Caitlin Bernardini, Manager
Maple Lane Retirement Home
33 Maple Lane
Barton, VT 05822-9494

Dear Ms. Bernardini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 19, 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
	0140	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE LANE RETIREMENT HOME	33 MAPLE LANE BARTON, VT 05822

(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 2/19/25 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey and an investigation of one complaint. There were no regulatory deficiencies identified related to the complaint investigation. The following regulatory deficiencies are identified during the annual relicensure survey:	R100	Corrective actions for all tags cited were accepted by Jo A Evans RN on 3/27/25. Please see the attached document to review the corrective actions submitted for the individual tags cited.	
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 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 failed to ensure plans for the administration of PRN (as needed) psychoactive medications by staff other than a nurse include all required information. Findings include:	R167		

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R167	Continued From page 1 Policies and procedures governing this area of service had not been developed by the home on 2/19/25. Per review of the home's plans for administration of psychoactive PRNs by staff other than a nurse, the plans on file for all applicable residents prescribed PRN psychoactive medications did not include the intended effects or unintended side effects as required. The Licensed Practical Nurse confirmed this finding at 10:49 AM on 2/19/25.	R167		
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure development of policies and procedures governing all areas of service provided by the home. Findings include: During the course of the annual relicensure survey conducted on 2/19/25, the home was requested to provide policies and procedures governing fire drills, development of plans for the administration of PRN psychoactive medications by staff other than a nurse, and maintenance of the living environment to include facility flooring. On the afternoon of 2/19/25 the Campus Assistant Director and the Manager confirmed	R200		

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R200	Continued From page 2 policies and procedures governing these areas of service were not on file and available for review.	R200		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe, sanitary, homelike environment related to the condition of floor covering. Findings include: Policies and procedures governing maintenance of the home's living environment were not on file and available for review. During a tour of the home commencing at 9:10 AM on 2/19/25 the carpeting in the common area between the dining room and first floor resident rooms, and in Resident Room #2 were observed with stains and areas with significant wear. Carpeting at the threshold of the walkway between the living room and first floor resident rooms was observed to be rippled, which is a risk for falls for vulnerable residents. An area of the vinyl flooring along this walkway was observed with a cut or tear and the affected piece of the flooring was no longer flush with the floor. These findings were acknowledged by the Manager during a review of the environmental	R266		

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R266	Continued From page 3 tour findings on 2/19/25.	R266		
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to conduct 2 quarterly fire drills and a failure to rotate the timing of fire drills to include at least one yearly drill conducted during the afternoon, evening, and night. Findings include: Policies and procedures governing fire drills had not been developed by the home as of 2/19/25. On the morning of 2/19/25 the Manager was requested to provide documentation of fire drills conducted at the home. Per review of the documentation provided for review, fire drills were not conducted during the second and third quarters of the previous year; and all documented	R302		

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R302	Continued From page 4 fire drills were conducted only during the morning. These findings were confirmed by the Campus Director on the afternoon of 2/19/25.	R302		

Deficiency Statement Plan of Correction (POC)

Survey Date: 2/19/2025

Facility Name: Maple Lane Retirement Home

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R167 Plan of Correction accepted by Jo A Evans RN on 3/27/25	Policy and Procedure developed and intended effects, and unintended effects are now included in the residents' plans for those with orders for PRN psychoactive medication	3/28/2025	Education regarding policy and procedure and weekly audits will be done to ensure compliance	RN or designee
R200 Plan of Correction accepted by Jo A Evans RN 3/27/25	Identified policies have been developed and education provided to staff	3/28/2025	Policies and procedures governing services provided will be reviewed on a yearly	Residential Manager
R266 Plan of Correction accepted by Jo A Evans RN 3/27/25	Identified areas with concern for safety will be repaired and carpeting cleaned temporarily pending replacement of the flooring. Replacement of the flooring will occur by the end of year. Temporary measures to be completed by 4/12/2024	4/12/2025	Environmental rounds will take place monthly to identify other potential areas of concern.	Residential Manager/Maintenance
R302 Plan of Correction accepted by Jo A Evans RN 3/27/25	A fire drill has been conducted to include the evening shift. Maintenance is aware of the regulatory requirements regarding fire drills	3/28/2025	Audits will be done quarterly to ensure compliance with the regulatory requirements regarding fire drills	Residential Manager/Maintenance