VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

AGENCY OF HUMAN SERVICES

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

April 11, 2025

Melissa Greenfield, Manager
Meadows At East Mountain
240 Gables Place
Rutland, VT 05701-8811

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 3, 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
	1002	A. BUILDING: _____ B. WING _____	C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	240 GABLES PLACE RUTLAND, VT 05701

(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 relicensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 3/3/25. Regulatory deficiencies were identified with the relicensure survey. Findings include:	R100		
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 record review and interview, the ALR failed to ensure results of national criminal records were on file. Per staff record review 5 out 5 staff records did not include the completion of a national background check. Per interview on 3/3/25 at 12:30 PM , the Executive Director confirmed the ALR had not completed National Background checks set forth as a requirement in the memorandum set forth in the memorandum issued on 10/24/2022 and 5/1/23. The Assistant Director reviewed the memorandums with the surveyor to clarify, to facilitate compliance set forth in the memorandum.	R190		
R291 SS=F	IX. PHYSICAL PLANT	R291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: _____ B. WING _____	C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	240 GABLES PLACE RUTLAND, VT 05701

(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
R291	Continued From page 1 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 by: Based on observation and staff interview there was a failure to ensure water temperatures did not exceed 120 degrees Fahrenheit in resident areas of the Residential Care Home. Findings include: During observation at 10:07AM on 3/3/25, water temperatures were observed to exceed 120 degrees Fahrenheit in four resident areas of the facility including: 1. The water temperature in a resident room on the special care unit close to the nurse's station was 125.2 degrees Fahrenheit. 2. The water temperature in a resident room on the special care unit, close to the outer windows and parking lot, was 129 degrees Fahrenheit. 3. The water temperature in a resident room in the assisted living unit, was 122.4 degrees Fahrenheit. 4. The water temperature in the education room that is shared by staff and residents, was 130 degrees Fahrenheit. Per interview on 3/3/25 at 11:20AM, the Maintenance Director confirmed the readings, the thermostat was adjusted, and the water returned to below 120 degrees Fahrenheit, per regulation. The Director confirmed per facility policy, a	R291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: _____ B. WING _____	C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	**240 GABLES PLACE RUTLAND, VT 05701**

(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
R291	Continued From page 2 process was in place to monitor temperatures by staff and ensured the policy would be followed.	R291		

Deficiency Statement Plan of Correction (POC)

Survey Date: 3/3/2025

Facility Name: The Meadows at East Mountain

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R190	House wide National background checks being completed by [redacted]	All currently being run, date of completion for facility wide National background check will be 4/1/2025	Run National background checks upon hire and annually for any employee who has moved out of state. Mandatory training has been put in our education platform instructing all staff to provide notice if they move out of state. To ensure compliance, the assistant director will conduct an audit for 3 months and reviewed in QAPI for 6 months.	Assistant Director/Director of HR/Executive Director. R190 Accepted Jenielle Shea, RN 4/10/25
R291	Monitored temperature and made adjustments to the mixing valve in both locations to return the temperature to the regulatory range.	3/3/2025	Mixing valve in being rebuilt and vendor assured facility that the temperature of the water should not fluctuate any longer. To ensure compliance, the director of maintenance will audit water temperatures on the SCU and TCU unit 1 time weekly. The audit will be conducted for 3 months and will be reviewed in QAPI for 6 months.	Director of maintenance/Executive Director. R291 Accepted Jenielle Shea, RN 4/10/25

Company name removed by DLP 3/20/25