VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

Survey and Certification Voice/TTY (802) 241-0480
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Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 30, 2025

Michael Flournoy, Manager
Margaret Pratt Community
210 Plateau Acres
Bradford, VT 05033

Dear Mr. Flournoy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 11, 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
	0659	A. BUILDING: _____ B. WING _____	C 03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARGARET PRATT COMMUNITY	210 PLATEAU ACRES BRADFORD, VT 05033

(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 3/11/25 the Division of Licensing and Protection conducted an unannounced on-site investigation of 4 complaints. The following regulatory deficiencies were identified:	R100	Corrrective actions for all tags cited accepted by Jo A Evans RN on 4/14/25. Please see the attached document to review the accepted corrective actions for each individual tag.	
R132 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.5 Special Care Units 5.6.c A home that has received approval to operate a special care unit must comply with the specifications contained in the request for approval. The home will be surveyed to determine if the special care unit is providing the services, staffing, training and physical environment that was outlined in the request for approval. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to comply with the specifications for staffing ratios contained in the organization that manages the home's Request for Approval of a Special Care Unit submitted to the Licensing Agency on 11/18/2019. Findings include: The staffing ratios identified in the Request for Approval of a Special Care Unit for residents with Alzheimer's and other forms of Dementia submitted by the organization that manages the home on 11/18/2018 is a minimum of 1 direct care staff to 6 Memory Care residents during the day and evening shifts; and a minimum of 1 direct care staff to 11 Memory Care residents during the night shift. The organization's request for a Special Care Unit was approved by the Licensing	R132	See attached Plan of Correction	

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R132	Continued From page 1 Agency. The Special Care Unit policy included with the organization's request for approval states the facility "has requested approval to operate a special care unit, upon approval the community will comply with the specifications contained in the request for approval [sic]." The special care unit approved by the Licensing Agency is a 17-bed residential Memory Care Center operated in a separate locked section of the assisted living residence. This special care unit's approved night staffing ratio of 1 direct care staff per 11 memory care indicates when the Memory Care Center census is greater than 11 residents the memory care center is required to ensure there are 2 direct care staff on duty at all times during the night shift hours of 10:45 PM - 7:15 AM. An additional staff is required to meet the regulatory requirements for at least one staff to be on duty and in charge in both the traditional Assisted Living area of the home, therefore the facility is required have at least 3 staff on duty in the facility during the night shift if there are more than 11 residents in the Memory Care Center. Per review of the Memory Care Center census conducted on 3/11/25 during an investigation of 2 complaints related to facility staffing practices, the Memory Care Center was home to 16-17 residents during the month of December 2024. Per review of Staff Assignment Sheets, fewer than 3 staff were on duty in the facility for all or part of 20 out of 31 night shifts during in the month of December 2024. An expanded review of staffing patterns between 1/1/25 - 3/11/25 indicated staffing levels fell below 3 staff during all or part of 20 night shifts in January 2025, 20 out of 28 night shifts in February 2025, and 4 out of 10 night shifts which had occurred in March 2025.	R132		

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R132	Continued From page 2 On the afternoon of 3/11/25 the Health Services Director confirmed the facility's night shift staffing ratios do not comply with the staffing ratio identified in the request for a Special Care Unit approved by the Licensing Agency.	R132		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by:	R179		

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R179	Continued From page 3 Based on staff interview and record review 3 out of 4 sampled staff did not complete all required yearly trainings. Findings include: The facility's Employee Handbook includes Section 3.19 In-service Training and Section 3.24 Orientation & Training Period which are both not consistent with this regulatory requirement. On the afternoon of 3/11/25 the Executive Director was requested to provide documentation of trainings completed by a sample of 4 staff. Per review of the documentation provided for review, 3 out of 4 sampled residents did not complete all required yearly trainings. This finding was confirmed by the Health Services Director on the afternoon of 3/11/25 and the Executive Director on the evening of 3/11/25. This is a repeat citation.	R179		
R183 SS=F	V. RESIDENT CARE AND HOME SERVICES 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 staff interview and record review there is a failure to ensure at least one staff member is	R183		

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R183	Continued From page 4 on duty at all times in the Assisted Living area of the home related to the home's staffing during the night shift. Findings include: The facility's Staff Services policy includes procedures which state the minimum staffing pattern during the night shift hours of 10:45 PM - 7:15 AM is one Health Services Assistant in the Assisted Living section of the home and one Health Services Assistant in the Memory Care section of the home. 1. The facility includes a Memory Care Center which is separated from the facility's traditional Assisted Living area by locked doors. Per interview with the Health Services Director (HSD) commencing at 11:28 AM on 3/11/25, the facility's ideal night shift staffing pattern for the entire facility includes 3 Resident Service Assistants (RSA) who are all expected to be in the Memory Care area of the home with the exception of times when routine tasks are scheduled in the Assisted Living area of the home, and when Assisted Living residents call for staff assistance. Per the HSD, the practice of positioning all night staff on duty in the Memory Care Center is in response to staff complaints about the night shift workload in the Memory Care area being more demanding than the night shift work load in the Assisted Living area of the home. On the afternoon of 3/11/25 the HSD confirmed due to this staffing practice there are periods of time throughout the night shift when the Assisted Living area of the facility is left unattended while all staff on duty are working in the Memory Care area behind locked doors. 2. Per interview with the HSD on the afternoon of 3/11/25 and review of the Staff Assignment	R183		

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R183	Continued From page 5 Sheets on file for the period of time between 12/1/24 and 3/11/25, the facility was unable maintain 3 RSAs on duty for all night shifts to meet the minimal staffing pattern as defined by the HSD due to call-outs and staff shortages. Per review of Staff Assignment Sheets dated 12/1/24-3/9/25, there was one staff on duty in the entire facility including both the Assisted Living and Memory Care areas during the following times: a. From 3:00 AM - 5:00 AM on 12/24/24 b. From 11:00 PM on 1/10/25- 3:00 AM on 1/11/25 c. For the entire 1/26/25 overnight shift d. During an unidentified period of time during the 2/6/25 overnight shift when 2 out of 3 scheduled staff are documented as "Left early Quit" e. From 11:00 PM on 2/19/25 - 5:00 AM on 2/20/25 f. From 11:00 PM on 2/25/25 - 3:00 AM on 2/26/25. g. From 11:00 PM on 3/4/25 - 3:00 AM on 3/5/25. During periods of time when there is one staff on duty, there is inadequate staffing to ensure both the Memory Care Center and the traditional Assisted Living areas of the home have one staff on duty at all times, which leaves residents living in one of the areas of the home unattended while staff responds to the needs of residents and completes scheduled tasks in the other area of the home. On the afternoon of 3/11/25 the Health Services Director confirmed at times the facility has been unable to schedule adequate staffing during the night shift.	R183		
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES	R190		

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R190	Continued From page 6 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 complete all required criminal record and abuse registry checks for 3 out of 5 sampled staff. Findings include: The facility's Employee Handbook includes Section 3.12.1 Adult Abuse Registry Checks and Section 3.12.2 Criminal Background Checks which are both inconsistent with the current regulatory requirements. On the afternoon of 3/11/25 the Executive Director was requested to provide documentation of Criminal Record and Abuse Registry checks completed for a sample of 5 staff. Per review of the documentation provided per request, all criminal record and abuse registry checks were not completed as required for 3 out of 5 sampled staff. These findings were confirmed by the Health Services Director on the afternoon of 3/11/25 and by the Executive Director on the evening of 3/11/25. This is a repeat citation.	R190		

Deficiency Statement Plan of Correction (POC)

Survey Date: March 11, 2025

Facility Name: Margaret Pratt Community

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R132 Plan of correction accepted by Jo A Evans 4/14/25.	Staffing schedules have been reviewed, and additional staff have been hired, trained and scheduled to meet the minimum staffing ratios as outlined in the Special Care Unit approval.	04/01/2025	The minimum staffing ratios will be monitored daily by the Health Services Management team, and as a part of the monthly QA meeting.	Health Services Director and Executive Director
R179 Plan of correction accepted by Jo A Evans 4/14/25.	A review of all employee training records has been completed, to identify anyone who has not completed all of their required trainings in the current 12 month period. Employees who are missing any trainings are being scheduled to complete them.	04/30/25	The community is using a combination of Relias and in-person trainings to ensure compliance. The Business Office Director will provide a monthly report to the Executive Director to monitor all staff, and the status of their trainings. The Executive Director will submit a quarterly report of all staff training records to the management company.	Business Office Director and Executive Director
R183 Plan of correction accepted by Jo A Evans 4/14/25.	The staffing plan and schedule for the community includes 2 Health Services Assistants in Memory Care and 1 in Assisted Living for the overnight hours. The Health Services Director has hired additional staff to ensure minimum staffing requirements are met.	04/01/25	The Health Services Director and Assistant Health Services Director will monitor staffing levels daily to ensure compliance. The Executive Director will review weekly staff schedules to ensure compliance.	Executive Director
R190 Plan of correction accepted by Jo A Evans 4/14/25.	The community has a policy to conduct all required State and Federal background checks prior to the start of employment, which is done. The issue here was that not all the annual renewal checks were completed. Annual checks are now being run monthly for anyone with a hire date in the same month for the prior year.	04/18/25	The Business Office Director will maintain a log of all employees, the date of hire, signoff of required background checks, and date of annual rechecks with a signoff. The Executive Director will submit a quarterly report of compliance with all required pre-hire and annual background checks to the management company.	Business Office Director and Executive Director