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

May 22, 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 **April 24, 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
	0653	A. BUILDING: _____ B. WING _____	C 04/24/2025

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 On 4/22/25 - 4/24/25 the Division of Licensing and Protection conducted an unannounced on-site investigation. The following deficiencies were identified:	R100		
R159 SS=F	5.9.c (2) Nursing Services For each resident requiring a nursing overview, administration of medication, or nursing care, the registered nurse must: Develop a person-centered written plan of care within 14 days after admission, in accordance with the nursing process and professional standards of practice, for each resident that is based on abilities and needs as identified in the resident assessment. The resident, and if the resident chooses, resident representatives such as family or close supports, must be invited and allowed to participate in care planning meetings. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being, and must be revised as the resident?s abilities and needs change This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to develop plans of care which describe the care and service needs for 4 applicable residents. Findings include: The facility's Care Plan policy effective 7/2022 and revised 3/2025 states, "The care plan is individualized to identify tasks required for daily	R159	R159 Accepted on 5/15/25 Susan Gregoire RN	

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R159	Continued From page 1 care needs." and "The care plan will be revised, as needs change [sic]." Per record review, Care Plans on file for 4 applicable residents do not address care and services required to meet identified needs including (Residents #1, #3. #5, and #6). Findings include: 1. Resident #1's diagnoses include Non-Alzheimer's Dementia, Cognitive Deficits, and "Other Sexual Disorders". Resident #1 demonstrates lack of ability to manage sexual impulses; and has a history of multiple incidents of verbally and physically abusive behaviors of a sexual nature directed towards other residents and staff including multiple incidents of touching and attempting to touch others inappropriately. Resident #1 requires constant 1:1 monitoring during waking hours which is an intervention initiated to prevent further abuse of other residents and promote safety for Resident #1 following an investigation of multiple incidents of resident-to-resident abuse conducted by the Licensing Agency on 3/4/25-3/6/25. Per review of Resident #1's Care Plan on file and provided for review on request on 4/22/25, "Problems" identified in Resident #1's Care Plan include Cognitive Impairment and Sexual Behaviors with a goal identified as "refrain from verbal and physical sexual behaviors toward residents and staff." As of 4/22/25 Resident #1's Care Plan had not been updated to include the intervention of 1:1 monitoring by a Private Duty Caregiver. Resident #1 has multiple medical diagnoses including a history of Transient Ischemic Attacks (TIA's - short term signs and symptoms of a stroke without sustained loss of function which indicates an increased risk for stroke), including a	R159		

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R159	Continued From page 2 recent TIA on 3/26/25 after which they were diagnosed with Heart Failure. Resident #1 is prediabetic; and is diagnosed with Chronic Pulmonary Obstructive Disease (COPD), Fatty Liver Disease, Malnutrition, and Electrolyte Abnormalities. Resident #1's Care Plan does not identify or address needs related to their complex medical condition. On 3/3/25 Resident #1 was discharged from physical therapy provided by a home health agency with instructions to encourage use of a rolling walker instead of a wheelchair. Resident #1 has a history of recurrent falls, and a history of pelvic and hip fractures. While Resident #1's Care Plan identifies a goal of "Mobility: To remain safe while ambulating/transferring with assistance", goals and interventions to mitigate risk for falls and encourage use a walker are not addressed in Resident #1's Care Plan. Resident #1 is at risk for pain and infection related to open sores and skin picking. Resident #1's Care Plan does not identify risks for pain and infection related to wounds and include interventions to mitigate these risks. 2. Resident #3 is diagnosed with Anxiety and Panic Disorder. Progress Notes indicate Resident #3 is intrusive of other resident's personal space and is difficult to redirect. Resident #3's Care Plan does not identify goals and interventions related to these identified issues with the exception of an intervention related to incontinence care which states, "If I have anxiety I need to be taken to the bathroom." Resident #3's diagnoses also include Migraines and Meningioma (tumor affecting the layers of tissue surrounding the brain and spinal cord). An intervention identified in a section of Resident	R159		

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R159	Continued From page 3 #3's Care Plan related to Dementia states, "When there are changes in my behavior it may because I am having physical changes or pain. Monitor me for: [sic]. ". Resident #3's Care Plan does not identify the signs and symptoms Staff are expected to monitor for. The Standards of Care listed at the top of each page of Resident #3's Care Plan includes the statements, "Care Plans will be reviewed at least annually ..." and indicates Care Plans will be updated with any additional changes in resident's status or when interventions are needed. Per record review, Resident #3's Care Plan was last updated on 9/7/22, and was last initialed to indicate review by a Registered Nurse on 10/9/23. 3. Per record review, Resident #5 was admitted into hospice care on 2/13/25. Resident #5 has difficulty communicating verbally and their speech is described by Staff as "non-sensical" and "word salad" in Progress notes. Resident #5 has a recent history of elopement; and demonstrates self-harm including a recent incident of cutting themselves with a disposable razor left unsecured by Staff. Resident #5's Care Plan does not identify and address needs associated with hospice care, verbal communication, elopement, and risk for self-harm. Resident#5's Care Plan has not been updated or reviewed by a Registered Nurse since 10/12/23. 4. Resident #6's dietary needs are identified as fluid restriction and no concentrated sweets; and their medical diagnoses include Hypertension, Type II Diabetes, and Asthma. Resident #6's Care Plan does not identify goals and interventions related to their dietary needs or medical	R159		

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R159	Continued From page 4 conditions. The last update of Resident #6's Care Plan is documented as completed by a Licensed Practical Nurse on 2/8/24, and the residents Care Plan does not include documentation of the date the plan was last reviewed by a Registered Nurse. On the morning of 4/24/25 the Director of Health Services (DOHS) confirmed Care Plans for residents of the home have not been updated to address the resident's current needs and stated the nursing team has initiated the process of updating Care Plans.	R159		
R167 SS=D	5.9.c.(10) Nursing Services For each resident requiring nursing overview, administration of medication, or nursing care, the registered nurse must: Ensure that the resident, licensed health care provider, and, if applicable, the resident's legal representative, are notified immediately when there is an accident or incident involving the resident that results in injury, a significant change in the resident's condition, or a need to alter treatment significantly This REQUIREMENT is not met as evidenced by: Based on staff and family member interviews and record review, the Resident Care Home failed to ensure timely notification of Resident #5's Legal Representative following an incident that resulted in injury. Findings Include: Per record review conducted at 9:41 AM on	R167	R167 Accepted on 5/15/25 Susan Gregoire RN	

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R167	Continued From page 5 4/22/25, Resident #5 has a primary diagnosis of Alzheimer's Disease, who exhibits incoherent speech, requires assistance with all activities of daily living, and remains ambulatory within their room and throughout the facility hallways. Per review of an incident report dated 4/12/25 at 2:50 AM, Resident #5 was found in their room with blood on their left wrist and arm, and a razor was observed on the sink. The report further documented that the Resident sustained razor burns and cuts on the left arm. Per interview conducted on the afternoon of 4/23/25 with the Legal Representative of Resident #5, the Representative reported arriving at the facility at approximately 10:40 AM on 4/12/25 and proceeding directly to Resident #5's room. Upon arrival, the Resident was not present in the room. The Legal Representative observed an unlocked cabinet in the resident's room containing accessible razors, as well as what appeared to be blood on the wall adjacent to the bathroom toilet. After locating a caregiver, the representative was informed that the resident had found a razor during the overnight shift and had used it to cut their arm. When the Legal Representative located Resident #5 in the facility lobby, they observed a puncture wound in the resident's hand, which the resident conveyed as being painful. The resident also had a gauze bandage around their left arm. During the interview, the Legal Representative of Resident #5 stated that no one from the facility had reported the incident prior to their arrival, and that they only became aware of it upon discovering the evidence firsthand while in the facility. The Representative further stated, that they were informed of the incident only after expressing concern that no one had communicated with them, at which point they felt the notification was significantly delayed.	R167		

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R167	Continued From page 6 Per staff interview at 10:57 AM on 4/23/25, the Medication Technician confirmed that Resident #5's Legal Representative was not informed about the razor-related injuries until after they had discovered the injuries themselves. The Medication Technician then notified the Manager who subsequently contacted the Legal Representative to report the incident.	R167		

Deficiency Statement Plan of Correction (POC)

Survey Date: April 24, 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
R159 SS=F R159 Accepted on 5/15/25 Susan Gregoire RN	All care plans were updated with all missing diagnosis's, risks, interventions, and goals. RN has reviewed and signed off on all updates.	5/15/25	RCD and DON to have At Risk meeting with multi-disciplinary staff (activities, care staff, housekeeping, maintenance) to review resident changes and updates. Minutes are taken and kept in At Risk binder for review. As a result of the meeting, care plans and assessments will be updated as needed. RN will sign off on meeting and any updates.	RN DON Oversight by ED
R167 SS=D R167 Accepted on 5/15/25 Susan Gregoire RN	Staff have been re-trained on all shifts to the importance of alerting on-call nurse of any resident injuries, incident reporting and family notifications. MT's on all shifts were trained individually on when to call the nurse on call/RN. Staff have been re-trained on safety checks, cabinet locks, and items not to be left in a resident apartment.	5/15/25	Orientation has been updated to include when to call the on call for all staff, safety checks, cabinet checks, hazard items not to be left in resident apartments.	RN, Plant Operations Director Oversight by ED