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
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

June 4, 2025

Shayna Douglass, Manager
South Bay Home
121 Kingdom Way
Newport, VT 05855

Dear Ms. Douglass:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 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

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
	0538	A. BUILDING: _____ B. WING _____	05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH BAY HOME	121 KINGDOM WAY NEWPORT, VT 05855

(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 5/19/25 the Division of Licensing and Protection conducted an unannounced on-site annual re-licensing survey. The following deficiency was identified:	R100		
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire, provided the home maintains documentation of the training and ensures competency in the subject matter. 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, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different cultures, belief systems, abilities, gender identities, sexual orientation; and	R210	See attached Corrective actions attached to this Statement of Deficiency accepted by Jo A Evans RN on 6/3/25	

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R210	Continued From page 1 (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure 2 out of 5 sampled staff completed all yearly trainings. Findings include: On the afternoon of 5/19/25 the Manager was requested to provide documentation of completed trainings for a sample of 5 staff. Per review of the documentation provided for review, 2 out of 5 sampled staff did not complete all required yearly trainings. This finding was confirmed by the Manager at 2:23 PM on 5/19/25.	R210		

Facility: South Bay Home **Survey Date:** May 19, 2025

R210 – V. RESIDENT CARE AND HOME SERVICES
5.11.c Staff Services

Plan of Correction:

- The Residential Manager assigned the trainings to the staff identified as being out of compliance. Both staff have completed the trainings and are in full compliance.

  An automated scheduling error was identified in our Relias training system and has been corrected to ensure that staff are assigned all mandated trainings. In addition, all required in-person trainings will be scheduled and posted a month in advance to provide notice for any per-diem staff.

- The Residential Manager will ensure that all staff attend and/or complete the required trainings annually and will complete monthly audits of staff training records.

- The Licensee will complete periodic audits of staff training records to ensure ongoing regulatory compliance.

Date of corrective action – 5/29/25 and ongoing

R210 Plan of Correction accepted by Jo A Evans RN on 6/3/25