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

September 11, 2025

Joanna Stevens, Manager
Margaret Pratt Community
210 Plateau Acres
Bradford, VT 05033

Dear Ms. Stevens:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 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
	0659	A. BUILDING: _____ B. WING _____	C 08/19/2025

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

R349, R381, and R401 Accepted
9-11-25 Susan Canas Gregoire RN

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R100	Initial Comments An unannounced on-site relicensure survey was conducted by the Division of Licensing and Protection on August 19, 2025, during which three complaints were investigated. Regulatory deficiencies were identified during the relicensing survey and in connection with one of the on-site investigations. The deficincies identified are as follows:	R100		
R349 SS=D	6.1 Resident's Rights Every resident must be treated with consideration, respect and full recognition of the resident ' s dignity, individuality, and privacy. Care provided to residents must be person-centered. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and staff interview the Assisted Living Residence (ALR) failed to ensure that Resident #1 was treated with consideration, dignity and respect when the Resident was not permitted to have a family member present for support during an important meeting with Staff. Findings include: The home's policy, General Care of Residents states that staff shall provide care that respects each resident's dignity, accomplishments and abilities. Per record review conducted on the morning of August 19, 2025, Resident #1, was documented as having mental health and moderate physical health conditions. The Resident relies on staff for medication administration. The Resident's care	R349		

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R349	Continued From page 1	R349		

plan further documents that the resident is independent with mobility, ambulates with the use of a walker, and is oriented to person, place, and time.

Per interview with Resident #1 on the morning of August 19, 2025, the Resident was observed to be outgoing, articulate, and open to conversation. The Resident recalled that on April 30, 2025 they were brought alone into a closed room with a group of Managers and Nurses. The Resident identified the meeting was described as addressing the facility's expectations of them; however, the Resident stated that they had not been informed in advance of the specific topics to be discussed. The Resident further stated that they entered the meeting independently with the use of a walker and upon entering the room, immediately experiencing feelings of anxiety and distress relating to being alone in a meeting with a group of Managers and Nurses without a support person or ally present.

Per continued interview with Resident #1, the resident reported that the Head Nurse became angry and "scolded" them in front of the other Managers. Resident #1 stated that they felt everyone that was present was against them. The Resident further reported that they requested the presence of another resident, identified as a family member, to join the meeting; however, the Nurse denied this request and ended the meeting. Resident #1 reported feeling upset and noted shaking more than usual during the meeting, and further recalled that the Nurse "made fun of me".

The Resident stated that after the meeting, they began to walk out of the room independently, felt very shaky, and became increasingly upset about

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R349	Continued From page 2	R349		

what had occurred. The Resident reported that they subsequently fell backward in the hallway and onto the floor.

Resident #1 further stated, "I feel mistreated, I was mistreated" and reported that the meeting had a lasting negative effect, including increased anxiety, stating, "I don't feel safe in my home." The Resident additionally stated, "The Nurses are always angry with me. After that meeting, I stopped asking for help. I'm too scared to ask for help."

Per record review on the afternoon of August 19, 2025, of the nursing notes dated April 30, 2025, documentation described the incident that occurred following the meeting. The note stated that Resident #1 left the meeting appearing angry, turned back toward the room as if to say something, lost balance while using a walker and fell into the wall, and then on to the ground.

In a separate interview regarding the incident conducted on the afternoon of August 19, 2025, Resident #2, confirmed their perception that Resident #1 had been mistreated, stating, "This was mishandled in every way and has caused harm. You can't talk to the staff here."

Per interview with a Manager who attended the meeting with Resident #1 on April 30, 2025, they confirmed Resident #1's Resident Rights had been violated that day because Resident #1 had asked to have their family member in the room for the meeting and that request was denied. The Manager further confirmed that Resident #1 was denied their request to bring their family member into the meeting and this was their right.

Per staff interview with the Licensed Practical

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R349	Continued From page 3 Nurse conducted on the morning of August 19, 2025, it was confirmed that the purpose of the meeting on April 30, 2025, was to develop a negotiated risk for Resident #1. It was also confirmed that Resident #1 did ask their family member to come into the meeting on April 30, 2025. Per staff interview with the Registered Nurse, the Registered Nurse stated that the meeting, "did not go well" and confirmed that there has been a change in Resident #1's behavior since the April 30, 2025 meeting. The Registered Nurse reported that Resident #1 has become more agitated toward staff since the meeting. The Registered Nurse further confirmed that Resident #1 fell after the April 30, 2025 meeting, stating that the Resident was upset, mad and highly agitated at the time of the fall. The Registered Nurse confirmed that Resident #1 did ask to have their family member with them during the April 30, 2025 meeting. On the afternoon of August 19, 2025, The Registered Nurse confirmed that the facility would change their policy to have a support person with Residents during meetings.	R349		
R381 SS=F	7.2.a Food Safety and Sanitation Each home must procure food from sources that comply with all laws relating to food and food labeling. The home must ensure that all food is safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks must be rejected and kept separate until returned to the supplier.	R381		

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R381	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that all perishable food was properly labeled, dated and stored in closed, sanitary packaging, and that dented cans were removed from food storage areas as required by State Rules. Findings include: The home's policy Damaged (Dented) Cans states dented cans will not be used in food preparation or service and if a can is dented, it will be returned to the vendor or discarded. During a tour of the home's kitchen and food storage areas commencing at 9:30 AM on the morning of August 19, 2025, expired whole milk was observed in a common kitchen refrigerator. Dented cans of peaches and pineapples, as well as unlabeled and open bags of produce with vegetables spilling out, were observed in the main food storage area. These finding were confirmed by the Manager the morning of August 19, 2025. The Manager was observed taking immediate corrective action by removing the expired milk and dented cans, and ensuring that food was properly labeled and stored.	R381		
R401 SS=F	9.1.a Environment The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This includes outdoor areas that are used by residents. This REQUIREMENT is not met as evidenced by:	R401		

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R401	Continued From page 5 Based on observation, staff interview and record review, the home failed to provide and maintain a safe environment by not securing the maintenance office, which contained hazardous items and was accessible to residents without supervision. Findings include: The facility's Residency Agreement policy, under the heading, General Supervision states the facility will monitor resident activities to prevent harm and assist in maintaining a safe and healthy environment. During a tour of the home conducted on the morning of August 19, 2025, the maintenance office, located in a common hallway, was observed to be unsecured and accessible to residents without staff supervision. The office door was open, and the area was observed to contain hazardous items that posed a risk of harm to residents, including a power drill, sharp tools, and chemical products including but not limited to disinfectants and paints. Per staff interview and record review, this Assisted Living Facility is home to residents with varying levels of cognitive impairment. These findings were confirmed by the Manager at 9:14 AM on August 19, 2025. The Manager reported taking immediate corrective action by securing the maintenance door and educating staff on the importance of keeping it locked.	R401		

Deficiency Statement Plan of Correction (POC)

Survey Date: August 19, 2025

Facility Name: Margaret Pratt Community

Deficiency Tag	How the deficiency was corrected	How other potential residents identified, and corrective action taken	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R-349	Resident Rights Policy as well as Negotiated Risk Policy was reviewed with all department heads. A template for negotiated risk process was developed and checklist implemented. The same principles for allowing a representative to attend will be extended to all formal meetings. Resident #1 has standing ongoing meetings with spouse and ombudsman involved which started on August 6, 2025.	All residents have the potential to be impacted.	9/30/25 (to complete all staff education. Checklist and template implemented 9/2/2025)	Resident Right and Negotiated Risk Policy reviewed with leadership team. The importance of resident representatives being involved in all meetings per resident wishes was reviewed and ombudsman information is posted and displayed publicly. All staff are in the process of completing resident right education/training to include resident rights to be treated with Dignity and Respect. R349 Accepted 9-11-25 Susan Canas Gregoire RN	Executive Director or designee will ensure policy is followed for all residents entering Negotiated risk and will ensure that residents who wish to have a representative present for meetings will be accommodated. Audit for 6 months with results to QAPI committee. Executive director or designee will interview a selection of residents weekly x4, biweekly x2, monthly x3 with results brought to QAPI committee.
R-381	Dented Cans, and expired items were removed immediately	All residents have the potential to be impacted.	8/19/2025	All kitchen staff were re-educated on the dented can policy and the Food Safety	Executive Director or designee will audit weekly x4,

	and all food was properly stored and labeled immediately. No additional items were identified.			and Sanitation Policy. The importance of proper labels and storage was discussed. R381 Accepted 9-11-25 Susan Canas Gregoire RN	bi-weekly x2, and monthly x4 with results brought to QAPI committee for review.
R-401	Door was closed and locked immediately upon finding it open. Maintenance Director educated on the importance of keeping the door shut and locked due to safety reasons.	All residents have the potential to be impacted. R401 Accepted 9-11-25 Susan Canas Gregoire RN	8/19/25	Facilities Director was educated on the importance of keeping the door shut and locked for resident safety. Chemicals will be relocated to a locked storage area as soon as construction is completed in the area.	Executive Director or Designee will audit daily x7, weekly x3 with results brought to QAPI committee for review.

The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan of correction is prepared and executed as ev

idence of the facilities continued compliance with the applicable regulations.