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 18, 2025

Ashley Hudson, Manager
Four Seasons Care Home, Inc
135 South Main Street
Northfield, VT 05663-5603

Dear Ms. Hudson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 26, 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
	0129	A. BUILDING: _____ B. WING _____	C 08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS CARE HOME, INC	135 SOUTH MAIN STREET NORTHFIELD, VT 05663

R208 and R372
Accepted 9-18-25
Susan Canas Gregoire RN

(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 August 26, 2025 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey and an investigation of one complaint. The following regulatory deficiencies were identified:	R100		
R208 SS=E	5.11.a Staff Services There must be a sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to ensure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the home failed to maintain sufficient staff on duty at all times to provide necessary care and supervision for one applicable Resident (Resident #1). Findings include: The home's Staffing Policy under the title, Purpose, states that this policy is to establish consistent staffing levels that ensure safe, effective, and high-quality care for all residents and that additional staff may be assigned based on resident census, acuity, or special circumstances. Per record review conducted on the morning of August 26, 2025, Resident #1 was noted to have a documented moderate mental health condition in their care plan.The Resident's care plan also states that the Resident is unable to effectively communicate needs. The Nurse's assessment, dated July 17, 2025, specifies that Resident #1	R208		

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R208	Continued From page 1 requires constant supervision, ongoing cuing, and assistance with activities of daily living and further identifies the Resident as an elopement risk. Per record review of the incident history, Resident #1 had multiple documented episodes of elopement in which the Resident was located off the premises and required retrieval, with documented occurrences on January 13, 2025; May 2, 2025; July 18, 2025; and August 25, 2025. Several of these incidents involved the Resident entering private property and needing to be picked up by law enforcement. Per interview with the Nurse Manager on the afternoon of August 26, 2025, the Nurse stated that Resident #1's cognitive status has declined and the facility is actively seeking a higher level of care placement for the Resident. The Nurse Manager further stated they are constantly worried about Resident #1's safety. These findings were confirmed with the Administrator and the Nurse Manager on the afternoon of August 26, 2025. The home's failure to provide adequate staffing to meet Resident #1's identified needs for constant supervision is not in compliance with Vermont State Rules which require a sufficient number of staff on duty at all times to ensure necessary care, supervision and resident safety.	R208		
R372 SS=C	7.1.a (4) Menus and Nutritional Standards The current week's regular and therapeutic menu must be posted in a public place for residents and other interested parties.	R372		

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R372	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that a current weekly menu was posted in a location accessible to residents and other interested parties. Findings include: Upon request, the home was unable to provide a written policy addressing the posting of menus. Per the home's Resident Admission's Packet, under the section titled Meals, it states that menus are prepared in advance and are available for review if desired. During the facility tour conducted on the morning of August 26, 2025, a chalkboard displaying the day's lunch, dinner and dessert options was observed in the dining room area; however, a weekly menu was not posted as required by State Rules. Per staff interview on the morning of August 26, 2025, the Director of Nursing confirmed that the weekly menu was not posted in the home.	R372		

Deficiency Statement Plan of Correction (POC)

Survey Date: August 26, 2025

Facility Name: Four Seasons Care Home, Inc.

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 regulations	Who will monitor to ensure compliance
R208	We have been in the process of correcting this deficiency prior to our inspection. A 30 day notice was issued on 7/18/25. We have reached out to their POA's, their doctor and the social worker at primary care, to assist us in finding a higher level of care. We have documentation stating that they need a higher level of care. Because they are Vermont Medicaid, bed placement is a tall order.	Nursing will continue to screen and monitor all residents for wandering behaviors. Residents with any ability or history of wandering are not appropriate for admission. Any residents known to wander away from the facility will be considered at risk and will be subject to requiring a higher level of care. Four Seasons Care Home staffs the facility to ensure that all residents' needs are met within the facility. Residents who cannot come and go from the facility safely, on their own, are not appropriate for our facility. These individuals require that the facility has additional staffing, outside of the needs of our minimum staffing requirements.	8/26/2025	In the interim, we have implemented 15min checks on this individual and door alarms were installed months ago, so we can hear every time the door opens. Other residents have noticed us paying close attention to this individual and they are helping alert staff about their whereabouts. We have a recent photo of the individual handy to provide law enforcement if needed. Upon discovery of any resident having wandering behaviors, we will reach out to: POA/legal guardian/next of kin, the PCP and social workers in finding alternative placement. A 30-day notice will be issued upon discovery. R208 Accepted 9-18-25 Susan Canas Gregoire RN	[redacted] Director of Nursing

Name removed by DLP 9-18-25

R372	A document/sign holder was purchased to display the current menu for viewing in the dining room.	All residents and visitors will have the ability to see the weekly menu posted in the dining room.	9/12/25	The 3-11 shift will post the new week's menu Sunday evening prior to clocking out (between 19:00-23:00). The cook will ensure the weekly menu is posted upon his/her arrival Monday morning. Administration will ensure compliance.	[redacted] Administrator

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Name removed by DLP 9-18-25