



**Department of Disabilities, Aging and
Independent Living
Division of Licensing and Protection**
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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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

November 5, 2025

Julie Taylor, Manager
Eastview At Middlebury
100 Eastview Terrace
Middlebury, VT 05753-9327

Dear Ms. Taylor:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 20, 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,

A handwritten signature in blue ink, appearing to read "Carolyn Scott".

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: 0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/20/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EASTVIEW AT MIDDLEBURY

**100 EASTVIEW TERRACE
MIDDLEBURY, VT 05753**

(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 October 20th, 2025 an unannounced on-site investigation was conducted by the Division of Licensing and Protection in response to one complaint. The following deficiency was identified:	R100		
R135 SS=D	5.4.a Refunds When a resident is discharged, the resident must receive a refund, within thirty (30) days of discharge, for any funds paid in advance for each day care was not provided. In the case of a discharge to a hospital or other temporary placement, the effective date for this provision will be the day the home is notified the resident will not be returning. For the purposes of providing refunds, "day of discharge" will be considered the day the resident's room is empty of the resident's belongings, if those belongings are too large or difficult for the home to store temporarily. The facility must temporarily store small items such as clothing and other personal items if necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to meet the requirement of refunding one resident (Resident #1) within thirty days of discharge for any funds paid in advance, for each day care or service that was not provided. Findings include: Per record review on 10/20/2025 at 9:47 AM of the facility's admission agreement states: After 15 days, and the residents apartment has been vacated, their property has been removed, and the apartment has been restored to original clean condition, Eastview shall pay the resident their refund equal to the unused portion of your final	R135		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Julie A Taylor - RN, CCRP, Health Services Director
RCH Manager

0099

W9W811

11/3/2025

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/20/2025
NAME OF PROVIDER OR SUPPLIER EASTVIEW AT MIDDLEBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753			
(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
R135	Continued From page 1 monthly fee minus the amount of any unpaid monthly fees or other charges that they owe to Eastview under this agreement. Per record review of a report titled Resident Ledger for Resident #1 on 10/20/2025 at 10:01AM: Resident #1 was discharged from the facility on 10/26/2024 and the residents account was credited for the five days they were no longer in the facility. The resident's security deposit for their apartment was also kept in this account. Per the residents account ledger with the facility the refund check was issued on 12/20/2024. Per interview on 10/20/2025 at 11:10 AM with the Director of finance stated: The facility was not in compliance with the refund timeline as the refund was issued 55 days after the resident was discharged and outside of the 30 day requirement. 11:37 AM Per interview with Manager who is also a Registered nurse stated: The facility had to redo the carpeting and assess for damages. The manager confirmed their policy states a refund should be issued within 15 days of discharge.	R135			

Deficiency Statement Plan of Correction (POC)

Survey Date: October 20, 2025

Facility Name: EastView at Middlebury

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
R135 5.4a	The EastView at Middlebury admissions agreement has been revised to reflect the issuance of a refund within 30 days of the day of discharge. This is in accordance with state regulatory requirements. The former admissions agreement was more stringent, indicating a refund would be issued within 15 days of discharge.	The corrective action is updating the EastView policy and strict adherence to EastView policy, regardless of extenuating circumstances. The deficiency identified, a delay in refund, was due to a dispute over damages and withholding funds to cover said damages. EastView will improve its education efforts regarding contract terms for <u>all residents</u> . In the event EastView anticipates there will be damages beyond normal wear and tear, EastView will proactively address the financial implications of repairs for that resident. There are no current residents at risk.	11/4/2025	Once a resident's apartment has been vacated of belongings, the Marketing Director will email the Finance Director and cc the RCH Manager, to provide the date of vacancy. Extenuating circumstances will not be factored into the timeliness of when a refund is issued but will instead occur within 30 days of the date of discharge without exception. The Finance Director will notify the RCH Manager via email of the date on which the refund is issued. If, after two weeks of discharge, the RCH Manager has not received notification from the Finance Director of a refund being issued, the RCH Manager will follow up directly to ensure timeliness.	Finance Director RCH Manager