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

November 19, 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 **October 28, 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

PRINTED: 11/07/2025
FORM APPROVED

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
	0659	A. BUILDING: _____ B. WING _____	C 10/28/2025

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

(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 An unannounced on-site complaint investigation and Facility Reported Incident investigation were conducted by the Division of Licensing and Protection on 10/28/25. The following regulatory deficiencies were identified:	R100		
R360 SS=D	6.12 Resident's Rights Residents must be free from mental, verbal or physical abuse, neglect, and exploitation. Residents must also be free from restraints and seclusion as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 1 resident [Resident #1] remained free from mental, verbal or physical abuse, neglect, and exploitation from another resident [Resident #2]. Findings include: Per review of the facility's "Incident Description" dated 10/6/25, "Staff was encouraging [Resident #1] to take a shower, [Resident #2] began trying to talk to [Resident #1] and encourage the shower. [Resident #1] became agitated and started walking toward [Resident #2], then lunged their walker toward [Resident #2] then put their face close to [Resident #2] face and continued screaming at them. [Resident #2] called [Resident #1] a derogatory name and then open handed slapped [Resident #1] in the face- [Resident #2's] right hand to [Resident #1's] left cheek. Staff witnessed and immediately separated them." The facility's "Incident Description" includes "Physical aggression initiated by [Resident #2]. Physical aggression received by [Resident #1]."	R360		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Suzette Barbour TITLE: RN HSD (X6) DATE: 11/11/25

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R360	Continued From page 1 An Interview was conducted with the facility's Executive Director on 10/28/25 at 11:40 AM. The Executive Director stated that [Resident #2] did slap [Resident #1] fully across the face, and confirmed [Resident #1] suffered physical abuse."	R360		

Suzette Barbour 11/11/25

Deficiency Statement Plan of Correction (POC)

Survey Date: 10/28/25

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
R360	All staff in-service to review policy of Residents Rights, & Preventing, Recognizing, and Reporting abuse policy	All residents have the potential to be impacted	11/15/25	Review of Residents Rights and Preventing, Recognizing, and Reporting abuse policy biannually	Executive Director or designee biannually
	The Facility will work with PCP to manage/adjust medication as needed to decrease behaviors that increase potential abuse situations.		11/11/25	Monthly coordination between Health Services Director and PCP during monthly visits and PRN.	Health Services Director or designee monthly
	Facility will enter a negotiated risk with residents and their responsible family members to implement corrective measures and discuss possible future interventions.		11/14/25	Scheduled Negotiated Risk meeting set for 11/14/25. Scheduled monthly care plan meetings with residents and responsibly family members x 6 months and will evaluate in June of 2026.	Health Services Director or Designee monthly x6, thereafter PRN

R360 accepted by LTCM on 11-17-25

Suzette Barbour RN HSD 11/17