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 25, 2025

Adelit Rukomangana, Manager
Second Spring North
1071 Vt Route 15
Underhill, VT 05489-9341

Dear Mr. Rukomangana:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 4, 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
	0611	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SECOND SPRING NORTH	1071 VT ROUTE 15 UNDERHILL, VT 05489

(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 November 4, 2025, the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey, during which two facility reported incidents and one complaint were investigated. There were no deficiencies cited as a result of the investigations. The following regulatory deficiencies were identified during the annual survey:	R100		
R118 SS=F	5.3.a (1) Discharge and Transfer Requirements Involuntary Discharge or Transfer of Residents (1) An involuntary discharge of a resident is the removal of the resident from a home when the resident or the resident's legal representative has not requested or consented in advance to the removal. A transfer is the removal of the resident from the room the resident currently occupies to another room in the home or to another facility with an anticipated return to the home. An involuntary discharge or transfer may occur only when: i. The resident's care needs exceed those which the home is licensed or approved through a variance to provide; or ii. The home is unable to meet the resident's assessed needs; or iii. The resident presents a threat to the resident?s self or the welfare of other residents or staff; or iv. The discharge or transfer is ordered by a court; or v. The resident has failed to pay monthly charges for room, board and care in accordance with the admission agreement.	R118		

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R118	Continued From page 1	R118		

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interviews, the home failed to ensure compliance with Residential Care Home discharge requirements applicable with State Rules. Findings include:

The home's Self-Discharging (AMA) Protocol is consistent with the licensing requirements established for Residential Care Homes.

Per record review of the Admissions Agreement posted publicly online on the morning of November 4, 2025, under the section titled, I. Services, the document states that staff work to create smooth transitions and are trained to assist residents in their recovery. The Admissions Agreement describes a time-limited, recovery-focused model, with an anticipated stay of 18 to 24 months. The document also states that Case Managers will support residents with discharge planning and assist them in making a smooth transition out of the facility back into their community. In addition, the program participation section specifies that the home operates as a recovery program and that a recovery team will work with each resident to create an individualized recovery plan toward a successful return to the community.

Per record review on the morning of November 4, 2025, of Resident #1's Recovery Plan, the document included a targeted expiration date of

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R118	Continued From page 2 June 28, 2026, and identified objectives such as maintaining stability with medications and preparing to transition to a less restrictive environment back into the community. The Resident's Behavioral Support Plan referenced ongoing recovery work and discharge planning and noted that the resident had previously left the program before fully stabilizing. The plan described continued recovery activities with an identified outcome of progressing toward discharge. Per staff interviews conducted on the morning of November 4th, 2025, the Registered Nurse described the home as focusing on mental health treatment and recovery services from which residents are discharged after completing. In a separate interview, the Nurse Manager further identified the home as operating as a "Residential Treatment Program". The Director of Quality Improvement and Compliance acknowledged these findings on the afternoon of November 4, 2025.	R118		
R194 SS=F	5.10.d (3) Medication Management The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications,	R194		

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R194	Continued From page 3 as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions regarding medication administration and documentation. v. Ensuring that all applicable staff are trained and delegated before the staff are permitted to administer any newly prescribed medication to any resident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure the Registered Nurse delegates responsibility for medication administration prior to permitting designated staff to administer specific medications to specific residents of the home. Findings include: The home's Medication Delegation Training Procedure, updated on March 5, 2025, under the section titled, Requirements for Medication Delegated Staff, the policy states that when there is a change in nursing staff, medication-delegated personnel are required to be recertified by a currently employed Registered Nurse. Per interview conducted on the morning of November 4, 2025, with the Nurse Manager, when asked about the current unlicensed staff delegated to administer medications, the Nurse Manager stated that four of these staff members had not been trained or medication-delegated by a Registered Nurse currently employed by the home, so had not completed the medication delegation process or required training. The Nurse Manager further explained that portions of	R194		

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R194	Continued From page 4 the medication delegation and related training for these four unlicensed staff had been conducted by a former Registered Nurse who is no longer employed by the home. This indicates that unlicensed staff continued to administer medications based on delegation previously provided by a former Registered Nurse rather than under the supervision and delegation of a current Registered Nurse, as required by State Rules. This finding was confirmed by the Nurse Manager on the morning of November 4, 2025. Upon recognition of the issue, the Nurse Manager immediately directed that unlicensed staff who had been medication-delegated by a former Registered Nurse cease administering medications until they were retrained and re-delegated by a Registered Nurse currently employed by the home.	R194		

Deficiency Statement Plan of Correction (POC)

Survey Date: November 4th, 2025

Facility Name: Second Spring North

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
R118	1. The Admission Agreement was updated to reflect an RCH and not a transitional program 2. Website to be updated and the new admission agreement uploaded to the website 3. Treatment Plan for Resident #1 was closed out as Resident #1 discharged from the Program	1. All other admission documents were reviewed and updated as necessary 2. All updated forms to be uploaded to the website 3. Treatment Plans and Behavioral Support Plans for all residents will be reviewed	1.11/19/2025 2.Will be completed by 12/5/2025 3. Will be completed by 12/15/2025	1. Admission Agreement will be reviewed annually and as needed 2. Website to be reviewed annually to ensure information is accurate and reflects RCH licensing 3. Treatment Plans and Behavioral Support Plans to be reviewed every 6 months R118 approved by LTCM on 11-24-25	1. Director of QI and Compliance 2. Director of QI and Compliance 3. Clinical Director
R194	1. The 4 staff identified have been scheduled to be recertified under a current RN	1. Nursing reviewed all staff records to ensure all other staff were under a current RN	1. Will be completed by11/29/2025	1. Medication Delegation Tracker has been created and will be reviewed monthly	2. Nursing and Director of QI and Compliance
				R194 approved by LTCM	
				on 11-24-25	