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

December 17, 2025

Maria Duggan, Manager
The Gary Residence
171 Westview Meadows Road
Montpelier, VT 05602

Dear Ms. Duggan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 5, 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
	0130	A. BUILDING: _____ B. WING _____	C 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARY RESIDENCE	171 WESTVIEW MEADOWS ROAD MONTPELIER, VT 05602

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R100	Initial Comments On 11/4/25 and 11/5/25 the Division of Licensing and Protection conducted an unannounced on-site annual survey and investigation of one complaint and one facility reported incident. The following regulatory deficiencies were identified:	R100	Plan of Correction for all tags cited accepted by Jo A Evans RN on 12/16/25. Please see the attached document .	
R107 SS=D	5.2.c (1) Uniform Consumer Disclosure-Admit Agreements In addition to general resident agreement requirements, agreements for all ACCS participants must include: (1) The ACCS services, the specific room and board rate, the amount of personal needs alllowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review there is a failure to include the specific room and board rate on the admission agreement for one applicable resident receiving Assistive Community Care Services (Resident #1); and a failure to honor the home's agreement to accept room and board and Medicaid funding as sole payment. Findings include: Per interviews conducted with the Executive Director on 11/4/25 and 11/5/25, and review of Resident #1's Admission Agreement, Resident #1 is receiving Assistive Community Care Services (ACCS) as a resident of the home. Per record review, the Admission Agreement on file for Resident #1 does not include the specific room and board rate; the specific amount the Resident	R107		

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R107	Continued From page 1 is responsible for paying the home directly for room and board, shopping and transportation; and the specific daily amount the home will bill for Medicaid services including ACCS for Resident #1. Per review of the Admission Agreement signed by Resident #1 and the Executive Director on 9/6/24, the designated areas for entering these amounts on the Admission Agreement state "TBD" (To Be Determined) instead of the required specific monetary amount. The specific amount charged for room, board and other services, and the amount to be billed for Medicaid services including ACCS were written in and initialed by the Executive Director on 10/3/24, with Resident #1's initials entered by the specific amounts. Resident #1 does not have a guardian and can sign their own documents.Per record review, Resident #1's Admission Agreement states, "The Gary Residence agrees that your room, board, shopping and transportation payment, plus the funds received from Medicaid will be the sole and complete payment to The Gary Residence for required services." Per record review, and per the Executive Director's confirmation during multiple interviews conducted on 11/4/25, the Executive Director entered into a verbal agreement with Resident #1's family member to charge and accept additional fees which varied on a monthly basis as determined by the specific apartment in the home in which Resident #1 was residing. Per an email from the Executive Director to Resident #1's family member dated 8/7/25, the varying monthly amount was also determined by the number of days in each applicable month. Per record review and interview with the Executive Director, this verbal agreement was not documented on Resident #1's Admission	R107		

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R107	Continued From page 2 Agreement or disclosed to the Resident at the time of admission. At approximately 4:30 PM on 11/5/25 the Executive Director acknowledged the finding of a failure to meet the minimum standards for Resident Admission Agreements for Resident #1.	R107		
R112 SS=D	5.2.c (6) Uniform Consumer Disclosure-Admit Agreements In addition to general resident agreement requirements, agreements for all ACCS participants must include: If an ACCS resident resides in a home under a variance, the home may accept one of the following amounts in addition to the resident's required payment and the ACCS daily rate: i. A payment from a Medicaid Waiver program, if applicable; or ii. A payment from another source. In such cases, the amount accepted must be clearly stated in the resident agreement, and the home must state whether the resident will be eligible to remain in the home at the ACCS rate alone if the resident no longer meets the applicable guideline for a higher level of care. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the home's billing procedures and acceptance of funds for one applicable resident (Resident #1)	R112		

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R112	Continued From page 3 are not compliant with this licensing rule. Findings include: Per the Admission Agreement signed by the Executive Director and Resident #1 on 9/6/24, the home charges and accepts payment for Medicaid services including Assistive Community Care Services (ACCS) and the Enhanced Residential Care (ERC) Medicaid Waiver program on behalf of Resident #1. The home also charges and accepts monthly payment from Resident #1 for room and board. Resident #1 does not have a guardian and can sign their own documents. Per record review, Resident #1's Admission Agreement states, "The Gary Residence agrees that your room, board, shopping and transportation payment, plus the funds received from Medicaid will be the sole and complete payment to The Gary Residence for required services." Per record review, and per the Executive Director's confirmation during multiple interviews conducted on 11/4/25, prior to Resident #1's admission to the home the Executive Director entered into a verbal agreement with Resident #1's family member to charge and accept additional funds directly from the family member to be paid on a monthly basis directly to the home at a varying rate determined by the apartment Resident #1 resided in and the number of days in the applicable month. The funds accepted by the home per this verbal agreement are not stated in Resident #1's Admission Agreement, and per the Executive Director Resident #1 was not aware of the Executive Director's verbal agreement to accept additional funds from their family member when the Resident's Admission Agreement was signed on 9/6/24.	R112		

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R112	Continued From page 4 The additional fees charged to Resident #1's family member and accepted by the home is not compliant with the licensing rules for the number and types of sources providing funding for Residents of the home receiving ACCS including Resident #1. At approximately 4:30 PM on 11/5/25 the Executive Director acknowledged the finding of the home's acceptance of funding for Resident #1 is not compliant with this licensing rule.	R112		
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire, provided the home maintains documentation of the training and ensures competency in the subject matter. The training must include, but is not limited to, the following: (1)Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions;	R210		

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R210	Continued From page 5 (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different cultures, belief systems, abilities, gender identities, sexual orientation; and (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure 2 out of 5 sampled staff completed the required trainings. Findings include: The home's Orientation and Training policy effective 4/14/25 is consistent with this licensing rule. On the morning of 11/4/25 the Manager was requested to provide documentation of trainings completed for a sample of 5 staff. Per review of the documentation provided by the Manager, all required trainings were not completed by 2 out of 5 sampled staff. This finding was confirmed by the Manager at 10:51 AM on 11/5/25.	R210		
R228 SS=D	5.12.c (2) Records/Reports A home must file the following reports with the licensing agency: Any untimely deaths or serious injury as a result of an accident or incident must be reported to the licensing agency and a record kept on file. i. In those deaths in which the law applies (such	R228		

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R228	Continued From page 6 as an unexpected, untimely dearh, pursuant to 18 V.S.A. §5205 (a), the manager is responsible for immediately notifying the regional medical examiner. ii. In those deaths in which the medical examiner need not be notified, the manager must: (A) Follow the instructions of the deceased, legal representative, if any, next of kin, or other relative regarding funeral and other related arrangements. (B) In instances where the services of an undertaker are not immediately available, and the resident occupied a multi-bed room, the manager must arrange for the immediate removal of the body of the deceased resident to a separate unoccupied room. (C) Remove a deceased resident's body from the home within a reasonable amount of time, given the circumstances, but in any case, within the time required by the local town or municipal ordinance, if any. iii. When a resident dies unexpectedly or within two (2) weeks of a fall, injury or incident (such as choking, exposure, etc.), the licensee must send a report to the licensing agency with the following information: (A) Name of resident; (B) Circumstances of the death; and (C) Circumstances of any recent injuries, falls, or incidents.	R228		

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R228	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to report an untimely death to the licensing agency and a failure to immediately contact the medical examiner regarding the untimely death of one applicable resident (Resident # 2) .Findings include: The home's Resident Found Dead in Apartment IL& RC(unattended death) effective 4/14/25 states "After body is removed, we must send a report to the licensing agency ..." and states the Executive Director or the Manager will determine if the Regional Medical Examiner will be called. Per interview at 10:36 AM on 11/4/25, the Manager of the home confirmed Resident # 2 passed away at the home on 10/29/25 and confirmed Resident #2 was not receiving hospice care at the time of their death. On the afternoon of 11/5/25, the Executive Director confirmed the licensing agency was not notified of Resident #2's death by the home, and confirmed the Regional Medical Examiner was not contacted by the Manager of the home immediately following Resident #2's untimely death.	R228		
R232 SS=E	5.12.c (5) Records/Reports Any reports, allegations, or incidents of abuse, neglect, exploitation of residents or misappropriation of resident property must be reported to the licensing agency. i. The licensee and staff must report any case of suspected abuse, neglect or exploitation of a resident to Adult Protective Services (APS). A	R232		

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R232	Continued From page 8 separate report must also be made to the licensing agency. APS may be contacted by calling toll-free 1-800-564-1612. The licensing agency may be contacted by calling toll-free 1-888-700-5330. The home must make the reports to APS and to the licensing agency immediately but not later than within 48 hours of learning of the suspected, reported or alleged incident. ii. In addition to filing the reports as described above, a home must conduct its own investigation and must take immediate steps to prevent further abuse, neglect or exploitation from occurring. The results of the home ' s investigation must be reported to the licensing agency within 5 business days from the date of the initial report of the allegation. The home's investigation and determination must not delay reporting of the alleged or suspected incident to Adult Protective Services and to the licensing agency. iii. Incidents involving resident-to-resident abuse must be reported to the licensing agency any time a resident alleges, or the licensee or staff observe or suspect, verbal, physical or mental abuse; sexual abuse, if an injury has resulted; or if there is a pattern of abusive behavior. (A) All resident-to-resident incidents, even minor ones, must be recorded in the resident ' s record. (B) The home must notify legal representatives and families (if permitted) about the incident(s) and must document the report and the plan the home developed to address the behaviors. the following reports with the licensing agency:	R232		

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R232	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on staff interview, and record review there is a failure to ensure the home's reporting of incidents of resident to resident abuse is consistent with the licensing rules for mandatory reporting. Findings include: The home's Resident-to-Resident Incidents policy effective 4/16/25 states the residence's staff must report resident-to-resident incidents according to the reporting requirements mandated in the Vermont Residential Care and Assisted Living Residence Licensing Rules. Per record review, the licensing agency received an email from the Executive Director on 5/29/25 which stated the purpose of the email was to provide notice that a Resident of the home's memory care center had "continued to have incidents by spitting, hitting, smearing feces, etc on care staff." and stated this Resident "has had incidents with other residents". Per review of the information provided to the licensing agency by the home on 5/29/25 and review of resident Progress Notes, Resident #3 engaged in incidents of abusive behaviors that were not reported to the agency licensing in a manner which is consistent with the rules governing mandatory reporting including: a. On 4/29/25 Resident #3 grabbed 2 other Residents on the arm. b. Progress Note dated 5/5/25 documents notification to Resident #3's Physician that Resident #3 grabbed another Resident's arm and poked the other Resident on the forehead. c. On 5/24/25 Resident #3 grabbed Resident #4	R232		

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R232	Continued From page 10 and #5, and hit and Resident #5. In addition to the pattern of abusive behaviors directed towards other residents of the home, Progress Notes indicate Resident #3 also demonstrated a pattern of abusive behavior directed towards staff to include multiple incidents of physical aggressions including but not limited to: a. Pinching a staff member on the back and spitting in a staff member's face as noted on 5/13/24 b. Smacking a staff member on the leg and grabbing the staff's wrist as noted on 5/14/25 c. Knocking a staff member's glasses off and striking the staff member's face on 5/16/25 d. Hitting staff members on the arm and leg as noted on 5/22/25 e. Grabbing a staff member by the neck and spitting in the staff's face as noted on 5/27/25 Per review of the home's reporting of incidents to the licensing agency, the incidents of resident to resident physical abuse on 4/29/25, 5/5/29 and 5/24/25 were not reported to the licensing agency within 48 hours as required; and the home did not notify the licensing agency regarding Resident #3's pattern of abusive behaviors directed towards other residents and staff in a timely manner. The Executive Director acknowledged these findings at approximately 4:30 PM on 11/5/25.	R232		

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R349	Continued From page 11	R349		
R349 SS=F	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 staff interview and record review there is a failure to ensure treatment with consideration for one applicable resident's dignity, individuality and privacy (Resident #1). Findings include: Per interview with the Executive Director at 2:36 PM on 11/5/25, and record review Resident #1 does not have a legal guardian, makes their own decisions, and determines their own care. Per review of the Admission Agreement signed by Resident #1 and the Executive Director on 9/6/24, Resident #1 entered into a legal agreement with the home for residency at the home funded by Medicaid for services including Enhanced Residential Care and Assistive Community Care Services, and Resident #1's own payment for room and board. Prior to Resident #1's admission to the home, the Executive Director also entered into a verbal agreement to accept additional payment from Resident #1's family member without consent or knowledge of Resident #1. This agreement was not stated in the Admission Agreement signed by Resident #1 or approved by Resident #1 during their admission process, which denied Resident #1 the right to self-determination and privacy regarding their own finances and care, and did not honor the agreement made between Resident #1 and	R349		

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R349	Continued From page 12 the home. Per interview, at 2:39 PM on 11/5/25 the Executive Director confirmed Resident #1 became aware of their verbal agreement between the Executive Director and the Resident's family member soon after they moved into the home and clearly expressed their dissatisfaction and disagreement with the agreement that was made with the family member and stated they did not want the family member to pay for their residence at the home. During this interview, the Executive Director confirmed they did not respond to Resident #1's response and the home continued to accept payment from this family member. At approximately 4:30 PM on 11/5/25 the Executive Director acknowledged the finding of a failure to treat Resident #1 with dignity and respect.	R349		
R999 SS=F	Miscellaneous This REQUIREMENT is not met as evidenced by: 2.2 Specific Definitions: "Manager" means the staff person who has been appointed by the home licensee or owner as responsible for the daily management of a home, including supervision of employees and residents. 4.13 Responsibility and Authority: 4.13.b Regardless of the type of ownership or control of the home, there must be appointed a duly authorized qualified manager, however named, who will be in charge of the daily management and business affairs of the home, fully authorized and empowered to carry out the provisions of these rules, and charged with the responsibility of doing so.	R999		

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R999	Continued From page 13 (1) The manager of the home must be present in the home an average of 32 hours or more per week. The 32 hours includes time providing services, such as transporting, or attendance at educational seminars. Vacations and sick time will be taken into account for the 32-hour requirement. This requirement is NOT MET as evidenced by: Based on observation, staff interviews and record review there is a failure to ensure the staff member listed on the Residential Care Home's license certificate as the Manager of the home is the staff member who is in charge of the daily management and responsible for assuring compliance with the licensing rules. Per observation, on arrival to the home an the morning of 11/4/25, the current license certificate posted in a common area of the home was observed to list the Executive Director of the organization as the Manager. During a phone interview, the Executive Director confirmed they are the staff member listed on the license as the Manager; however, the Executive Director then identified another staff member as the Manager. During a phone interview commencing at 5:00 PM on 11/4/25 the Executive Director confirmed the amount of time they are present in the home as inconsistent with the licensing requirement a Manager of a Residential Care Home to be present an average of 32 hours per week. During the phone interview commencing at 5:00 PM on 11/4/25 the Executive Director stated they are present at the home "Whenever I need to be ... if there is a situation with the staff or a Care Plan issue ..." and stated they were " here as needed for the last several months".	R999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0130	A. BUILDING: _____ B. WING _____	C 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARY RESIDENCE	171 WESTVIEW MEADOWS ROAD MONTPELIER, VT 05602

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R999	Continued From page 14 During a subsequent interview with individual identified by the Executive Director as the Manager of the home on the morning of 11/4/25, this staff member confirmed their job title to be "Manager of the Gary Residence" and confirmed their scheduled hours on-site at the home are consistent with the licensing rules for the Manager of a Residential Care Home. The Manager provided a copy of their Position job Description which lists Essential Job Responsibilities consistent with with definition and responsibilities of a Manager of a Residential Care Home and includes a written Summary of this staff member's position which states, "The Manager is responsible for the daily management of The Gary Residence within parameters of established policies and procedures and in keeping with the philosophy and mission of the organization.", and states the Manager is responsible for assuring compliance with all applicable local, state and federal regulations. The Essential Job Responsibilities listed on the Manager's Position Description also includes responsibilities indicative of this staff member's responsibility for oversight and supervision of the home's staff and residents, which is consistent with the definition of "Manager" as described in Section 2.2 Specific Definitions of the Vermont Residential Care Home and Assisted Living Residence Licensing Rules effective 4/1/2025. The Executive Director acknowledged the finding that the Manager of the home is not the individual listed on the license certificate as the Manager during the exit conference at approximately 4:30 PM on 11/5/25.	R999		

Deficiency Statement Plan of Correction (POC)

Survey Date: 11/4/2025 & 11/5/2025

Facility Name: The Gary Residence

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
R107 Plan of Correction accepted by Jo A Evans RN on 12/16/25.	The home has reviewed Resident #1 Residency Agreement. A new residency agreement would have been filled out to ensure all elements were accurately completed, however, resident moved out of facility.	The home has reviewed all ACCS/ERC residency agreements to ensure all elements of the residency agreements are accurately completed.	12/1/2025	The home will wait to admit a resident on ACCS/ERC until we receive Choices for Care notice of decision with the specific rate amount to ensure all elements of the Residency Agreement are accurate. Two staff members will review all agreements before signatures are obtained.	Executive Director and/or Manager will approve all ACCS/ERC invoices before invoices are provided to residents.
R112 Plan of Correction accepted by Jo A Evans RN on 12/16/25.	The home has reviewed all ACCS/ERC residency agreements to ensure all elements of the residency agreements are accurately completed.	All ACCS/ERC residency agreements are accurate, and no other payment is accepted for payment. There was a verbal agreement with family for the family to contribute an additional monthly amount outside of the agreement with the resident, to live in an apartment other than the one offered to Resident #1 under the ACCS/ERC agreement. However, because we did not formalize this with a	12/15/2025	The home will not enter into any verbal or written agreements with family going forward.	Executive Director and Board of Trustees.

		written agreement we will return the funds to the family member.			
R210 Plan of Correction accepted by Jo A Evans RN on 12/16/25.	The Home reviewed all staff training profiles to ensure all trainings were completed. These trainings were completed, just past their anniversary date of hire (late).	All staff are notified a month in advance of their training requirements are due. Each week supervisors will be notified of staff nearing "past due" on trainings	11/6/2025	Business Office Manager and Manager of the Home will monitor staff training compliance weekly. At weekly management team meeting staff needing to complete trainings will be reviewed.	Executive Director to sign off on list weekly.
R228 Plan of Correction accepted by Jo A Evans RN on 12/16/25.	Executive Director reviewed State Regulations and the Homes policy and procedures to ensure accuracy for clear understanding. Reviewed and educated RN's and Manager to ensure understanding for compliance of the regulations.	The home reviewed our residency log of discharges to ensure we did not have any other unreported unexpected untimely deaths to report.	12/1/2025	Executive Director to be called when any resident passes away in Home.	Executive Director and Manager to ensure compliance at the time of each resident discharge.
R232 Plan of Correcion accepted by Jo A Evans RN on 12/16/25.	Executive Director and Manager did a thorough review of regulation requirement and home's policy and procedures with nursing team to ensure understanding and compliance. Resident #5 currently	The homes nursing team reviewed all behavior notes to ensure all incidents have been reported per regulations to Manager and Executive Director. No other findings after thorough review.	12/1/2025	Training to all care staff about reporting resident to resident incidents and reporting requirements. Resident Care Director (RN) to review behavior notes daily.	At weekly care team meeting home will document on each resident if any reports were or need to be filed. If there is a pattern of behaviors present to prevent

	has 1:1 support that started on 11/21/2025.				any abuse home will set up 1:1 support.
R349 Plan of Correcion accepted by Jo A Evans RN on 12/16/25.	Re-education of Resident Rights Training was completed to ensure understanding and compliance. Completed 11/11/2025	Copies of Resident Rights have been distributed to all residents for their review.	12/15/2025	The home quarterly will review with the residents of the home the Residents Rights document.	Manager of the home to keep a log of date when Resident Rights are distributed.
R999 Plan of Correction accepted by Jo A Evans RN on 12/16/25.	In an email dated Monday, July 24th 2023 at 10:47am email to [redacted] and [redacted] "I want to request a waiver to allow me to be the Administrator/Manager for both Westview Meadows & The Gary Residence. I'm attaching our organizational chart so that you can see our organization strength that allows me the ability to do both. I am working on each building no matter which one I am working in." When Application was sent in and subsequent renewals sent in, licenses for both homes list the Executive Director as Manager.	Manager name will be put on the license.	12/16/2025	The homes Policy and Procedures have been updated.	Executive Director to review license renewal application yearly.

Names redacted by DLP 12-16-25

	This indicated to the organization that the waiver was honored. There is a Manager at The Gary Residence as survey acknowledges, the manager will be put on the license.				