VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

AGENCY OF HUMAN SERVICES

December 26, 2025

Ms. Teresa Isabelle, Administrator
Mountain View Center Genesis Healthcare
9 Haywood Avenue
Rutland, VT 05701

Provider ID #: 475012

Dear Ms. Isabelle:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **December 1, 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,

Pamela M Cota RN

Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Vermont State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Center Genesis Healthcare	**9 Haywood Avenue , Rutland, Vermont, 05701**

(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) COMPLETION DATE
S320 SS = F	QUALITY OF CARE - STAFFING LEVELS CFR(s): 7.13 (d)(1) 7.13 (d)(1) The facility shall maintain staffing levels adequate to meet resident needs. 1. At a minimum, nursing homes must provide: i. no fewer than three (3) hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and ii. of the three hours of direct care, no fewer than two (2) hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility failed to maintain adequate staffing levels as required by Vermont State licensing regulations. Findings include: Per review of facility staffing levels, Licensed Nursing Assistant (LNA) hours did not meet regulatory requirements for October 2025. Regulation requires 2.0 LNA hours per patient day (PPD - a crucial metric for staffing that is calculated by dividing the total nursing hours scheduled by the total number of residents. This will determine how many hours of care each resident receives daily). The following calculations were based on the PPD report provided by the facility on 12/2/25: Week 1 - 10/1/25 - 10/7/25, PPD equated to 1.89 hours Week 2 - 10/8/25 - 10/14/25, PPD equated to 1.97 hours	S320	The filling of this plan of correction does not constitute an admissions of the allegation set forth in the statement of deficiency. It is prepared and executed as evidence of the center's continued compliance with applicable law. 1. No resident was identified in this state staffing citation. All residents could be affected by this alleged deficient practice. 2. The center has reviewed staffing for the past sixty days, and education has been completed for staff to have a better understanding of the state minimum requirement of three hours per day direct care and a minimum of two hours a day of standard LNA care by an LNA or equivalent staffing. 3. The center will have no fewer than three (3) hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff, this will include the requirement of a 2.0 for standard LNA/LNA equivalent care. 4. The center administrator or designee will conduct audits weekly x4 and monthly x3, so ensure requirement is met. All results will be brought and reviewed by QAPI team for discussion and further recommendations.	12/26/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	LNHA	12-23-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/01/2025**

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S320 SS = F	Continued from page 1 Week 3 - 10/15/25 - 10/21/25, PPD equated to 1.90 hours Week 4 - 10/22/25 - 10/28/25, PPD equated to 1.90 hours On12/9/25 at approximately 2:20 PM, during the phone exit interview, the Administrator confirmed that the facility did not meet the regulatory requirement for LNA staffing on the above dates.	S320	**Tag S320 POC accepted on 12/24/25 by J. Kendall/S. Stem**	