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

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

January 8, 2026

Kelly Lemieux, Manager
Rivers Edge Community Care Home
5 Hunt Street
Bennington, VT 05201

Dear Ms. Lemieux:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 16, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0085	A. BUILDING: _____ B. WING _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE COMMUNITY CARE HOME	5 HUNT STREET BENNINGTON, VT 05201

R215, R358 and R372
Accepted 1-8-26
Susan Canas Gregoire RN

(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 relicensure survey was conducted by the Division of Licensing and Protection on December 16, 2025. The following regulatory violations were identified:	R100		
R215 SS=F	5.11.e (4) Staff Services All background checks must be rechecked based on facility policy. The policy must include, at a minimum an annual re-check of Vermont criminal and abuse registries, and an annual re-check of all jurisdictions if a staff member has worked or lived in another state since the initial background check was completed and/or does so on a regular basis, and at any time any employee or caregiver notifies the home of a conviction or substantiation. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to ensure completion of the required annual Vermont Criminal and Abuse Registry Checks, for four of five sampled staff. Findings include: The home's Background Check policy dated August 28, 2024, states that the home conducts state criminal record checks, adult and child abuse registry checks, and national background checks prior to hire and on an annual basis thereafter. Per record review of the documentation provided by the Manager on the morning of December 16, 2025, revealed that the current annual Vermont Crime Information Center (VCIC) criminal record checks had not been completed for four of the	R215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0085	A. BUILDING: _____ B. WING _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE COMMUNITY CARE HOME	5 HUNT STREET BENNINGTON, VT 05201

(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
R215	Continued From page 1 five sampled staff as required. The Manager confirmed these findings during an interview conducted on the afternoon of December 16, 2025.	R215		
R358 SS=F	6.10 Resident's Rights The resident's right to privacy extends to all records and personal information. Personal information about a resident must not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records are subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to ensure resident's right to privacy related to records, including private health information. Findings include: The home's Residents' Rights Policy posted in a common area of the home states that the residents' right to privacy extends to all records and personal information. Per observation during a tour of the home on December 16, 2025, the Controlled Substance Documentation Book and the paper Medication Administration Record (MAR) were found unsecured and unattended on top of a locked medication cart located in a common living area	R358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0085	A. BUILDING: _____ B. WING _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE COMMUNITY CARE HOME	5 HUNT STREET BENNINGTON, VT 05201

(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
R358	Continued From page 2 of the home. The records contained individually labeled pages identifying residents who were prescribed controlled substances and other medications, including the residents' names, medication dosages, scheduled administration times, and staff signatures verifying administration. The books were accessible to residents, visitors and unauthorized personnel, constituting a failure to safeguard protected health information in violation of State Rules. Per interview conducted with the Registered Nurse on the morning of December 16, 2025, it was confirmed that the Medication Records had been left unsecured, and the Nurse acknowledged the requirements related to the protection of resident health information.	R358		
R372 SS=F	7.1.a (4) Menus and Nutritional Standards The current week's regular and therapeutic menu must be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that a weekly menu was posted in a public location accessible to residents and other interested parties, as required by State Rules. Findings include: The home was unable to provide a policy or procedure addressing the posting of weekly menus as required by State Rules.	R372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0085	A. BUILDING: _____ B. WING _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE COMMUNITY CARE HOME	5 HUNT STREET BENNINGTON, VT 05201

(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
R372	Continued From page 3 Per observation, during a tour of the home conducted on the morning of December 16, 2025, no weekly menu was observed posted in any common or publicly accessible area of the home, and the menu was instead posted in the kitchen area designated for staff use only and not accessible to residents. Per a staff interview, conducted with the Manager on the afternoon of December 16, 2025, the Manager confirmed that a weekly menu was not posted at that time, and stated that the home intended to begin posting a larger, visible menu in a common area.	R372		

Deficiency Statement Plan of Correction (POC)

Survey Date: 12/16/25

Facility Name: Rivers Edge Community Care Home

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
R215	5.11.e (4) Staff Services Authorization was given from manager to RN & Asst manager to assist with background Checks annually		01/05/26	Review of Policy & Procedure annually. Staff RN & Assistant Manager now authorized to perform background Checks.	(Manager)
R358	6.10 Resident Rights All private health information, including MAR, Controlled Substance documentation book will be locked in the medication Cart located in bottom drawer.		01/02/26	RN created a policy & procedure for all staff to review and will be required to review & sign annually Staff re education on importance of protecting private information.	(RN)
R372	7.1. a Menus: Nutritional Current weeks regular menu is now posted in a public place for residents and other interested Parties to review.		12/17/25	Policy updated to include Current weeks menu to be posted in a public place.	(Assistant Manager)

R215 Accepted 1-8-26
Susan Canas Gregoire RN

R372 Accepted 1-8-26
Susan Canas Gregoire RN

R358 Accepted 1-8-26
Susan Canas Gregoire RN