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

January 9, 2026

Maureen Ellison, Manager
Mansfield Place
18 Carmichael Street
Essex Junction, VT 05452-3170

Dear Ms. Ellison:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 31, 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: 01/05/2026
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
	1011	A. BUILDING: _____ B. WING _____	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANSFIELD PLACE	18 CARMICHAEL STREET ESSEX JUNCTION, VT 05452

R358 and R403 Accepted
1-9-26 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 On December 31, 2025 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following deficiencies were identified:	R100	Responses attached	
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 interview, the facility failed to ensure resident's right to privacy related to records, including private health information. Findings include: Per the facility's Residency Agreement Policy, under Residents' Bill of Rights, a resident's right to privacy extends to all records and personal information. Per observation during the facility tour conducted on the morning of December 31, 2025, the Controlled Substance Documentation Book was found unsecured and unattended on top of the locked medication cart in a first- floor hallway at 8:44 AM. The documentation book contained individually labeled pages identifying residents	R358		

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R358	Continued From page 1 who were prescribed controlled substances, including each resident's name, the specific medication, dosage, scheduled administration times and staff signitures verifying administration. At 9:26 AM and again at 11:54 AM, the same Controlled Substance Documentation Book was observed unsecured in the first- floor hallway. On both subsequent occasions, the documentation book was accessible to residents, visitors and unauthorized personnel, constituting a failure to safeguard protected health information in violation of State Rules. During continued observation during the facility tour conducted within the Special Care Unit on December 31, 2025, the door to the Nurses' Station was observed unlocked and in an open position. The Nurses' Station contained resident records, including individual resident health information. During staff interview with the Nurse, they stated the door to this area was usually open. As a result, resident records containing private health information was accessible within the Special Care Unit. Per interview conducted with the Manager on the afternoon of December 31, 2025, the Manager acknowledged the requirements of the applicable State Rule pertaining to the protection of resident health information.	R358		
R403 SS=F	9.1.c Environment The home must ensure that the resident environment remains as free of accident hazards as possible. Maintaining a safe environment must include the safe storage and clear labeling of chemical agents, which must include secure storage of such agents if the home has residents	R403		

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R403	Continued From page 2 with cognitive impairment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure residents were free from accident hazards. Findings include: The facility's written policies and procedures governing secure chemical storage and the maintenance of a safe environment are consistent with applicable State Rules. During a tour of the facility conducted on the morning December 31, 2025, cleaning chemicals and other potentially poisonous substances were observed stored in unlocked areas of the home, making them accessible to residents. Specific observations included: During the facility tour conducted on the morning of December 31, 2025, the hair salon door was observed unlocked, and shelves within the room were observed containing chemical hair treatment products. Also observed on the shelves of the open salon were disinfecting sprays and cleaning agents, including Lysol Disinfectant Spray and Micro-Kill Disinfectant Deodorizing Cleaning Wipes. These chemical agents were observed accessible to residents due to the unsecured salon door and unsecured storage. During continued observation during the facility tour, an unlocked kitchen door was observed, allowing resident access to the kitchen area. Storage cabinets within the kitchen were observed unlocked and containing cleaning chemicals, including disinfectant bleach and Monogram Cleaning Products. These chemical	R403		

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R403	Continued From page 3 products were observed accessible to residents due to the unsecured kitchen door and unlocked storage cabinets. These findings were confirmed by the Manager on the afternoon of December 31, 2025.	R403		

Deficiency Statement Plan of Correction (POC)

Survey Date: 12/31/2025

Facility Name: Mansfield Place Assisted Living and Memory Care

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
R358 (6.10)	Resident Rights: Immediate implementation of secure PHI storage	It was identified that this practice had the potential to affect all residents who were prescribed specific classifications of monitored medications. This was remedied via ensuring the binders containing PHI were securely stored.	12/31/25	-Effective immediately, Mansfield Place rolled out instruction for staff with medication administration privileges to keep controlled medication binders secured inside the locked med carts which safeguard Resident's PHI/limits access to authorized personnel only. -Initial verbal instruction commenced immediately and education ongoing via documented staff inservicing) -Medication training plan updated to include protocol for securing PHI. -Auditing to monitor for ongoing HIPAA compliance (Audits to occur at least daily during initiation of process and include all shifts. Ongoing frequency based on degree of adherence to established protocol and will become randomized once strict observance is achieved)	Nursing Director/designee via: -Audits as scheduled -Education -Disciplinary action as warranted

R358 (6.10) continued	Special Care unit nurse office door: Staff were educated to ensure office doors remain closed whenever offices are unattended to safeguard against inadvertent access/ privacy breaches. Maintenance was contacted immediately, and the lock has been upgraded (door auto-locks when closed).	It was identified that this practice had the potential to affect all residents residing in our special memory care unit and was remedied through education and physical plant upgrade.	12/31/25- Educaton initiated 1/6/25- lock/door enhancement)	Staff instruction re: door security/PHI. -Signage was placed in office as an ongoing visual prompt instructing staff to ensure the door remains closed/locked. -Auto-close/auto-lock features enabled. R358 Accepted 1-9-26 Susan Canas Gregoire RN	
R403 (9.1.c)	Environment: Personnel were instructed to keep employee only area doors locked when areas are unattended in order to keep chemicals secured. -Salon and Kitchen doors evaluated by maintenance. -Lock/door upgrades occurred to bolster compliance.	It was identified that this situation posed a potential risk for cognitively impaired/mobile residents residing in an ALF apartment as it presents risk for contact with unsecured chemicals. -Locks/door functionality have since been upgraded	12/31/25- Education initiated 1/6/25 lock/door enhancement	-Education provided re: chemical security -Signage placed in Salon office as an ongoing visual prompt instructing staff to ensure the door remains closed -Salon door now has auto-lock upon closing feature. (auto-close feature to be installed-parts are on order). -Keypad lock/auto-close door initiated for employee lounge (which is the route Residents could have utilized to gain access to the kitchen) -Ongoing oversight achieved via maintenance incorporating door checks	Maintenance Director/Designee -Routine building surveillance of doors/locks- ensuring chemicals are not accessible with on-the-spot correction -Any compliance concerns to be addressed by Nursing Director/General Manager

R403 Accepted 1-9-26
Susan Canas Gregoire RN

				into their routine daily building rounding process.	