



**Department of Disabilities, Aging and
Independent Living
Division of Licensing and Protection**
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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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

March 23, 2026

Cheryl Jacobs, Manager
Second Spring South
Po Box 320
Richmond, VT 05477

Dear Ms. Jacobs:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 17, 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott", written over a light blue horizontal line.

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: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/17/2025
NAME OF PROVIDER OR SUPPLIER SECOND SPRING SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 320 RICHMOND, VT 05477		
(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 12/17/25 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint and one facility reported incident. The following regulatory deficiencies were identified:	R100		
R106 SS=F	5.2.b Uniform Consumer Disclosure-Admit Agreements 5.2.b Prior to or at the time of admission, each resident, and the resident's legal representative if any, must be provided with a written admission agreement which describes rate or rates to be charged, a description of the services that are covered in each rate, and all other applicable financial issues. (1) The admission agreement must specify at lease how the following services will be provided, and what additional charges there will be, if any, for such services: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. The licensee must comply with the terms in the admission agreement. Any changes to the agreement must be in writing. (2) If applicable, the agreement must specify the amount and purpose of any deposit. (3) The agreement must specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (4) The agreement must include an explanation of the home's policy regarding discharge when a resident's financial status changes from privately paying to paying with public benefits.	R106		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Director of Qlt Compliance

(X6) DATE

3/23/26

STATE FORM

6899

WYTR11

If continuation sheet 1 of 5

Division of Licensing and Protection

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R106	Continued From page 1 (5) The agreement must describe the home's policy regarding holding a resident's bed when a resident is away from the home for medical or other reasons. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure the home's Admission Agreement specifies the resident's transfer and discharge rights; and to provide a description of the home's bed hold policy for reasons other than medical care. Findings include: Per record review, Section II. Charges and Finances (h) of the home's current Admission Agreement effective 11/19/25 states the home "may provide you with a 30-day involuntary discharge notice" under the following circumstances: a. "Your care needs exceed what the home is licensed to provide or able to support." b. "Your behavior represents a threat to yourself or the welfare of staff or other residents." c. "Your discharge has been ordered by a court." d. "You haven't paid your monthly program fees." The Admission Agreement further states, "You have the right to appeal an involuntary discharge, and to ask for help with your appeal from the Long Term Care Ombudsman's office and Disability Rights Vermont." 1. The home's Admission Agreement does not	R106		

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R106	Continued From page 2 specify the resident's transfer and discharge rights including: a. The Manager of the home's requirement to provide a resident, and their legal representative if applicable, a written notification regarding an involuntary discharge or transfer and the specific reasons for the move at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. b. The Manger's requirement to send notice to the Office of the Long-Term Care Ombudsman and Disability Rights Vermont if the resident requests assistance. c. The home's requirement to provide appropriate information regarding how to appeal the home's decision to transfer or discharge including the name, address and telephone number of the Office of the State Long Term Care Ombudsman d. The resident's right to remain in the room, unit or home during a discharge appeal. e. The Manager's requirements to ensure the facility or location to which the resident will be discharged or transferred is appropriate to meet the assessed needs of the resident; to determine whether the new facility or location is appropriate; and to consider the resident's wishes and input, and the proposed facility's proximity to the resident's current home. 2. Per record review of the home's current Admission Agreement, the agreement does not include other reasons a resident would be away from the home per the Licensing Rules	R106		

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R106	Continued From page 3 At approximately 5:35 PM on 12/17/25 the Program Director acknowledged the home's current Admission Agreement is not consistent with the licensing requirements.	R106		
R223 SS=D	5.12.b (2) Records/Reports The home must keep and maintain the following records. A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; licensed health care provider 's name, address and telephone number; instructions in case of resident 's death; the resident 's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; progress notes regarding any illness or change in condition and subsequent related follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident 's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to maintain a complete copy of a signed Admission Agreement on file and available for review in the resident record of one applicable resident (Resident #1). Findings include:	R223		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SECOND SPRING SOUTH

PO BOX 320

RICHMOND, VT 05477

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R223	Continued From page 4 Per record review, the resident record for Resident #1's does not contain a signed copy of the Admission Agreement completed during the process of admitting the applicable resident to the home. Per review of the documents included in Resident #1's record, only a completed signature page of the Residential Care Home's Admission Agreement was on file and available for review when requested on 12/17/25. This finding was confirmed by the Program Director at 1:45 PM on 12/17/25.	R223		

Deficiency Statement Plan of Correction (POC)

Survey Date:

Facility Name:[illegible]