VERMONT

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 5, 2026

Jerett Turnbaugh, Manager
Loch Lomond Care Home
700 Willson Road
North Concord, VT 05858-7007

Dear Mr. Turnbaugh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 18, 2026.** 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
	0062	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOCH LOMOND CARE HOME	700 WILLSON ROAD NORTH CONCORD, VT 05858

R105, R159, R206 and R225
Accepted 3-4-2026
Susan C 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 February 18, 2026. The following regulatory violations were identified:	R100		
R105 SS=F	5.2.a Uniform Consumer Disclosure-Admit Agreements The licensee upon initial licensure must state the services it can and will provide, the public programs or benefits that it accepts or delivers, the policies that affect a resident's ability to remain in the home, and any other relevant information. (1) The uniform consumer disclosure must be completed on a form provided by the licensing agency and must be kept on file by the licensee. (2) The uniform consumer disclosure must include a statement describing the daily, weekly or monthly rate to be charged, a description of the services that are covered in the rate and all other applicable financial issues. (3) The uniform consumer disclosure must include a statement that rates are subject to change, including rate changes due to increased care needs,and describe the situations in which the changes (s) could occur. (4) The uniform consumer disclosure must be provided; i. to residents prior to or at admission and at any time it is changed or is requested by the resident; and ii. to the public upon request (5) The availability of a uniform consumer disclosure must be noted prominently in all marketing brochures and written materials.	R105		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE manager (X6) DATE Feb 28, 26

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R105	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the licensee failed to ensure a Uniform Consumer Disclosure was completed on the form provided by the licensing agency and maintained on file as required by state licensing rules. Findings include: On the morning of February 18, 2026, the Manager and Registered Nurse were requested to provide a copy of the licensee's Uniform Consumer Disclosure for review. Per interview conducted on the morning of February 18, 2026, the Registered Nurse stated they were unaware of the requirement under state licensing rules for the licensee to complete a Uniform Consumer Disclosure and confirmed that the document had not been completed and was not maintained on file. .	R105		
R159 SS=D	5.9.c (2) Nursing Services For each resident requiring a nursing overview, administration of medication, or nursing care, the	R159		

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R159	Continued From page 2 registered nurse must: Develop a person-centered written plan of care within 14 days after admission, in accordance with the nursing process and professional standards of practice, for each resident that is based on abilities and needs as identified in the resident assessment. The resident, and if the resident chooses, resident representatives such as family or close supports, must be invited and allowed to participate in care planning meetings. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being, and must be revised as the resident?s abilities and needs change This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the licensee failed to ensure a person-centered written plan of care for one applicable Resident (Resident #1) within 14 days of admission, describing the care and services necessary to maintain independence and well-being as required by state licensing rules. Findings include: The licensee's Care Plan Policy states that all residents must have a current care plan in place to ensure consistent care. The policy further states that the Registered Nurse will complete a care plan for all residents requiring nursing oversight. The policy requires that care plans reflect the resident's medical diagnosis, diet, and activity level as identified in the resident assessment, and addressed the resident's spiritual, emotional, social, psychological and	R159		

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R159	Continued From page 3	R159		

physical needs. Implementation of the care plan will be responsibility of the Registered Nurse and those designated by the Registered Nurse. The policy further states that the care plan will be reviewed and revised on a regular basis to ensure the residents' status is accurately reflected.

An additional policy titled Plan of Care Development states that the licensee's Manager and Registered Nurse will develop a written plan of care for each resident based on the resident's abilities and needs as identified in the resident assessment. The policy require that the plan of care describe the care and services necessary to assist the resident in maintaining independence and well-being. The policy further states that the plan of care will be signed by the Manager and the Registered Nurse upon completion.

Per record review conducted on the morning of February 18, 2026, Resident #1 was admitted to the residence on December 6, 2025. Record review of the Medication Administration Record (MAR) maintained by the licensee indicated that Resident #1 has multiple chronic medical and mental health conditions, including Diabetes Mellitus. Additional record review of the licensee's nursing progress notes indicated that Resident #1 has a documented skin condition.

Further record review conducted on the afternoon of February 18, 2026, of Resident #1's care plan, signed by the Registered Nurse and dated December 6, 2025, indicated that the document consisted only of the initial admission entry and had not been updated, and did not contain the required signature of the Manager as outlined in the licensee's policy. The record did not contain documentation of a completed person-centered

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R159	Continued From page 4 written plan of care developed within 14 days of admission. The care plan did not include documentation addressing the resident's chronic medical and mental health conditions, diabetes management needs, documented skin condition, identified strengths, or measurable goals. Per interview conducted on the afternoon of February 18, 2026, the Registered Nurse confirmed that a completed person-centered written plan of care had not been developed for Resident #1, as required by state licensing rules.	R159		
R206 SS=F	5.10.h (4) Medication Management Medications left after the death or discharge of a resident, or outdated medications, must be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there is a failure to ensure prompt disposal of outdated medications. Findings include: The facility's policy is consistent with the licensing rules. The following outdated medications were observed to be stored in the home's medication room: 1. Ibuprofen tablets 600mg x2, expired 03/27/2021 and 02/12/2025 2. Docusate Sodium 100mg capsules, expired	R206		

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R206	Continued From page 5 10/14/2025 3. Meloxicam tablets 15mg, expired 01/29/2026 4. Albuterol Sulfate Inhalation Aerosol 90mcg x2, expired 01/2025 and 08/01/2025 5. Banophen tablets 25mg, 07/25/2025 6. Nicotine Lozenge 4mg, expired 11/2025 7. Calcium Antacid tablets 500mg, expired 02/10/2026 8. Gabapentin capsules 100mg, expired 02/10/2026 9. Pepto Bismol caplets x2, expired 05/2025 and 07/2024 10. Redness relief eye drops, expired 01/2025 11. Refresh Relieva eye drops, expired 10/2021 12. Urea 40% cream, expired 12/04/2025 13. Bubble pack expired 12/27/2025 including: a. Glimepride tablets 4mg b. Loratadine tablets 10mg c. Lisinopril tablets 10mg d. Januvia tablets 100mg e. Fluoxetine capsules 20mg f. Jardiance tablets 25mg g. Aspirin tablets 81mg h. Simvastatin tablets 40mg i. Metformin tablets 1000mg j. Acetaminophen tablets 650mg 14. Bisacodyl tablets 5mg, expired 11/2024 15. Diphenhydramine HCl tablets 25mg, expired 07/2024 16. Aspirin chewable tablets 81mg, expired 12/2023 17. Glucose gel 15g, expired 01/2018 18. Clotrimazole 1% cream, expired 11/2025 These findings were confirmed by the Med Tech during the tour at 10:00 AM on 02/18/2026 and acknowledged by the Registered Nurse of the home on the morning of 02/18/2026.	R206		

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R225	Continued From page 6	R225		
R225 SS=F	5.12. b (4) Records/Reports The home must keep and maintain the following records: The results of the criminal record and adult abuse registry checks for all staff: This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the licensee failed to ensure required background checks were completed in accordance with state licensing regulations for five of five staff sampled. Findings include: The licensee's background check policy is consistent with the state licensing rules. On February 18, 2026, documentation of criminal records and abuse registry checks maintained at the residence was reviewed for a sample of five staff. Record review indicated that required annual background checks had not been completed for five of five sampled staff. This finding was confirmed by the Registered Nurse and Manager of the residence during an interview conducted on the afternoon of February 18, 2026.	R225		

Deficiency Statement Plan of Correction (POC)

Survey Date: February 18th, 2026

Facility Name: Loch Lomond 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
R 105	The uniform disclosure statement is completed and attached to all resident agreements. The uniform disclosure statement is now posted in the common areas for residents and public viewing.	Other residents had the potential to be affected by not receiving the completed uniform disclosure statement. All residents now have a copy of the uniform disclosure statement.	2/19/2026	The manager will ensure that the uniform disclosure statement is viewable and with every resident assessment by adding this check to the monthly manager compliance checklist	The manager R105 Accepted March 4, 2026 Susan C Gregoire RN
R 159	A person-centered care plan was completed and updated by the registered nurse and signed by the manager for resident #1	Other residents have the potential to be affected by not having proper completed care plans with proper goals and information to review. All resident care plans were reviewed by the RN and manager and updated to compliance with regulations and tailored to each resident.	2/27/2026	The registered nurse and manager will collaborate monthly to recheck all resident care plans and update them accordingly.	The registered nurse and the manager R159 Accepted March 4, 2026 Susan C Gregoire RN
R 206	All expired medication within the medication room and home was discarded at the local medication drop box.	Other residents have the potential to be affected by this deficiency by receiving expired medication. The registered nurse discarded all expired medications and ensured that medication delegated	2/18/2026	The registered nurse will review monthly medication expiration dates and note on a medication expiration checklist. The manager will ensure the registered nurse is completing this monthly oversight.	The registered nurse and the manager R206 Accepted March 4, 2026 Susan C Gregoire RN

		staff are aware of checking medication expiration dates.			
R 225	National background record checks are in the process and will be completed on all staff employed at loch Lomond.	Other residents have the potential to be affected by not having accurate background information on employees. National background checks will be completed.	2/27/2026	The manager will ensure that all background checks are completed annually via checklist.	The manager R225 Accepted March 4, 2026 Susan C Gregoire RN