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

April 14, 2026

Joseph Olio, Manager
Our Lady Of The Meadows
1 Pinnacle Meadows
Richford, VT 05476-7637

Dear Mr. Olio:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 2, 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
	0197	A. BUILDING: _____ B. WING _____	C 03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LADY OF THE MEADOWS	1 PINNACLE MEADOWS RICHFORD, VT 05476

(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 3/2/2026 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident. The following deficiency was identified:	R100	R202 Plan of Correction accepted by Jo A Evans on 4/11/2026.	
R202 SS=D	5.10.g Medication Management Homes must establish procedures for documentation sufficient to indicate to the licensed health care provider, registered nurse, manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this must include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a registered nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure one medication was administered as ordered for one applicable resident (Resident #1). Findings include:	R202	Please see Attachment	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0197	A. BUILDING: _____ B. WING _____	C 03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LADY OF THE MEADOWS	1 PINNACLE MEADOWS RICHFORD, VT 05476

(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
R202	Continued From page 1 The home's Medication/Treatment Orders/Transcriptions policy provided for review on request states, "Proper channels of communication are used to ensure accurate delivery of medications and treatments to all residents. This is achieved by using the physician's order sheet, medication administration record, and treatment administration record." This policy does not include procedures for contacting prescribing providers when clarification of orders is needed. Per record review, on 1/28/2026 Resident #1's Primary Care Provider gave a written signed order to administer Lorazapem 0.25 mg twice daily. On 1/29/2026 Resident #1's Neurologist gave a written signed order to discontinue Lorazepam. Per record review, Resident #1's record does not include documentation of communication with the prescribing providers regarding clarification of the conflicting orders received on 1/28/2026 and 1/29/2026. Per record review, the provider's order to discontinue Lorazepam was noted to have been received by Nursing Staff on 1/29/2026; however, the order to administer Lorazepam twice daily was not discontinued in Resident #1's Medication Administration Record. Administration of Lorazepam to Resident #1 continued until 2/2/2026 when the order was discontinued. At approximately 4:20 PM on 3/2/2026 the Director of Nursing confirmed administration of Lorazepam twice daily to Resident #1 continued through 2/2/2026 in error; and confirmed Resident #1's record did not include documentation of communication with the prescribing providers regarding the conflicting orders received on 1/28/2026 and 1/29/2026.	R202	Please see Attachment	

JO

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
	0197	A. BUILDING: _____ B. WING _____	C 03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LADY OF THE MEADOWS	**1 PINNACLE MEADOWS RICHFORD, VT 05476**

(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
			Please See Attachment	

50

Deficiency Statement Plan of Correction (POC)

Survey Date: 3/2/2026

Facility Name: Our Lady of The Meadows

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
R202	Nursing was reviewing orders on 2/2/26 and found the discontinued order to be ongoing and immediately stopped it.	Nursing performed an internal review of orders on a select few residents to ensure orders were inputted correctly.	4/9/2026	Updating and reviewing the home's Medication/Treatment Orders/Transcriptions policy with nursing to ensure all orders are inputted correctly to reflect accurate start and stop dates. Also updating home's policy to include procedures for contacting providers when clarification is needed.	Nursing

R202 Plan of Correction accepted by Jo A Evans RN on 4/11/2026