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

April 13, 2026

Jamie Rogers, Manager
Margaret Pratt Community
210 Plateau Acres
Bradford, VT 05033

Dear Ms. Rogers:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0659	A. BUILDING: _____ B. WING _____	C 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARGARET PRATT COMMUNITY	210 PLATEAU ACRES BRADFORD, VT 05033

(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 3/18/2026 the Division of Licensing and Protection conducted an unannounced on-site investigation of 2 complaints and 1 facility reported incident. There were no deficiencies identified related to the facility reported incident. The following deficiencies were identified during the complaint investigations:	R100	The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law. Corrective actions for all tags cited accepted by Jo A Evans RN on 4/10/2026 Please refer to the attached document to review ther accepted corrective actiosn for all tags cite.	
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 that three prescribed	R202		

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R202	Continued From page 1 medications were consistently documented and administered as ordered for one applicable resident (Resident #3). Findings include: The facility's policies and procedures regarding medication administration, reviewed on 3/18/2026, are consistent with the licensing rules. Per record review of the September-November 2025 Medication Administration Record, the following medications were not documented as given: a. Levothyroxine 75mcg - 9/11/2025, 10/15/2025, 11/5/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/20/2025, and 11/29/2025. b. Pantoprazole 40mg - 9/11/2025, 10/15/2025, 11/5/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/20/2025, and 11/29/2025. c. Prednisone 5mg - 9/11/2025, 10/15/2025, 11/5/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/20/2025, and 11/29/2025. Per staff interview, Resident #3 did receive their medication on these days, but the documentation was not completed. This was confirmed by the Health Services Director at 5:33 PM on 3/18/2026.	R202		
R208 SS=F	5.11.a Staff Services There must be a sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to ensure prompt, appropriate action in cases of injury, illness, fire or other emergencies.	R208		

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R208	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review there is a failure to ensure qualified personnel are available at all times to provide the necessary care of medication administration to residents of the home. Findings include: Policies and procedures governing pre-pouring of medications and governing procedures for shifts without a Nurse or Medication Tech on duty were not in file and available for review on 3/18/2026. During interviews conducted on the afternoon of 3/18/2026, staff stated there is a recent history of overnight shifts during which qualified personnel including a Nurse or Medication Technician was not on duty to administer medications to residents of the home. Resident #2 was identified as a Resident for whom medications were pre-poured and given to the Resident for self-administration due to insufficient qualified staff on duty to administer scheduled medication. Per record review, the most recent Resident Assessment on file for Resident #2 dated as completed on 8/7/2025 indicates Resident #2 requires medication administration and medication management by the home At 4:55 PM on 3/18/2026 the Health Services Director confirmed there have been overnight shifts when a Nurse or Medication Technician was not on duty, and stated when this occurred medication scheduled to be administered by staff in the early morning prior to the start of the day shift was pre-poured and given to Resident #2 for self-administration. At 5:00 PM on 3/18/2026 the Health Services Director confirmed a staff member qualified to administer medications to	R208		

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R208	Continued From page 3 residents of the home was not on duty 3 times during the previous 3 months.	R208		
R228 SS=D	5.12.c (2) Records/Reports A home must file the following reports with the licensing agency: Any untimely deaths or serious injury as a result of an accident or incident must be reported to the licensing agency and a record kept on file. i. In those deaths in which the law applies (such as an unexpected, untimely dearh, pursuant to 18 V.S.A. §5205 (a), the manager is responsible for immediately notifying the regional medical examiner. ii. In those deaths in which the medical examiner need not be notified, the manager must: (A) Follow the instructions of the deceased, legal representative, if any, next of kin, or other relative regarding funeral and other related arrangements. (B) In instances where the services of an undertaker are not immediately available, and the resident occupied a multi-bed room, the manager must arrange for the immediate removal of the body of the deceased resident to a separate unoccupied room. (C) Remove a deceased resident's body from the home within a reasonable amount of time, given the circumstances, but in any case, within the time required by the local town or municipal ordinance, if any. iii. When a resident dies unexpectedly or within two (2) weeks of a fall, injury or incident (such as choking, exposure, etc.), the licensee must send a report to the licensing agency with the following information: (A) Name of resident;	R228		

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R228	Continued From page 4 (B) Circumstances of the death; and (C) Circumstances of any recent injuries, falls, or incidents. This REQUIREMENT is not met as evidenced by: Based on staff interview there is a failure to report the untimely death of one applicable resident (Resident #1). Findings include: Policies and procedures governing reporting of an untimely death to the licensing agency were not provided for review on request. Per staff interview and record review on 3/12/2026 Resident #1 experienced what was presumed to be a cardiac event, a facility nurse initiated CPR and this Resident was transported via ambulance to the hospital where they passed away that night. At approximately 2:40 PM on 3/18/26 the Executive Director confirmed Resident #1 was not receiving hospice services at the time of their death. During an interview commencing at 4:37 PM on 3/18/2026, the Health Services Director and the Executive Director indicated it was their understanding the home was not required to report Resident #1's untimely death to the licensing agency because the Resident passed away at the hospital. At 5:08 PM on 3/18/2026 the Health Services Director confirmed Resident #1's untimely death was not	R228		

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R228	Continued From page 5 reported to the licensing agency.	R228		
R470 SS=F	12.5 Nursing Home Level of Care Bed Rails - Prior to installing a side or bed rail, the licensee must attempt to use appropriate alternatives. If a side or bed rail is used, the licensee must ensure the correct installation, use, assessment and maintenance of the rail(s). This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there is a failure to ensure bed rails installed on resident's beds in the home's memory care center are securely installed, assessed and maintained to mitigate risks associated with use of this assistive equipment. Findings include: Per the United States Food and Drug Administration's (FDA's) Recommendations for Consumers and Caregivers about Adult Portable Bed Rails there is a high-risk for entrapment, falls or other injuries associated with the use of adult portable bed rails for people who are cognitively impaired. FDA recommendations listed in this document include ensuring the safety strap or bed rail retention system is secured to the bed frame; and regular inspections are performed to ensure correct installation and prevention of gaps between the bed rail and mattress and other possible areas of entrapment. During a tour of the home's memory care special care unit commencing at approximately 2:15 PM on 3/18/2026, three adult portable bed rail assistive devices installed on resident's beds were observed to not be securely installed to prevent movement during use and gaps between	R470		

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R470	Continued From page 6 the mattress and rails. This finding was confirmed by the Executive Director during the tour of the memory care center on the afternoon of 3/18/2026. The home's Assist/Positioning Rails policy states Registered Nurse will complete a bed rail assessment for any resident requesting the use of bed or positioning rails, and states a maintenance professional employed by the home will install and inspect assist/positioning bars. During an interview commencing at 4:37 PM on 3/18/2026, the Health Services Director stated the home does not recommend the use of bed rails and family members install these assistive devices. During this interview the Health Services Director confirmed the home does not have a system in place to check bed rails for safe installation and monitor the bed rails for safety.	R470		

Deficiency Statement Plan of Correction (POC)

Survey Date: 3/18/26

Facility Name: Margaret Pratt Community

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	As noted, the medications were given to the resident, confirmed by resident and staff. Registered nurse to re-educate staff on importance of complete and accurate documentation. Education completed.	A review of medication administration records for all residents the past 90 days will be conducted to ensure there is no other missed documentation for any other residents.	4/30/26	Daily medication administration reports to be run for all missed documentation to ensure completion and accuracy x 3 months, monthly audit reports thereafter.	Health Services Director (RN) or designee
R208	Facility will ensure to have appropriately educated and trained staff on at all times. (Medication trained) Licensed nurse and/or appropriate trained medication technician is on call and available to administer medications as needed 24/7.	Nurse reviewed medication administration records for all residents for the period in question. No other residents identified affected.	3/18/26	Management will review daily assignment sheets to ensure appropriate staffing coverage is in place. If there are call-outs for an overnight shift, staff are directed to call the nurse or medication technician on call immediately.	Executive Director or designee
R228	Notification of the resident death has been sent to the licensing agency. This was not reported at the time as	Only Resident #1 was affected.	4/7/26	Management will review incident reports weekly and determine if reporting is necessary per the policy.	Executive Director or designee

R202 Plan of Correction accepted by Jo A Evans RN on 4/10/2026

R208 Plan of Correction accepted by Jo A Evans RN on 4/10/2026

	the primary care provider indicated the death was not unexpected, and the death occurred at the hospital, not in the facility.				
R470	Maintenance immediately inspected and corrected the installation of the siderails in use.	An inspection was completed of all resident apartments to look for siderails that may be in use without staff knowledge.	3/18/26 & 4/03/26	Facility has added a review of side rails to the quarterly QAPI agenda. Additionally, management will educate families, residents and staff on the risks of and recommendations for siderail use, regardless of type or style. If a medical need arises, a case by case review will be conducted to determine use.	Executive Director or designee

R228 Plan of Correction accepted by Jo A Evans RN on 4/10/2026

R470 Plan of Correction accepted by Jo A Evans RN on 4/10/2026

Jamie Rogers
Executive Director
~~4-9-T~~ 4-10-26