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 28, 2026

Timothy Urich, Manager
The Residence At Otter Creek
350 Lodge Road
Middlebury, VT 05753-4498

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 23, 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
	0596	A. BUILDING: _____ B. WING _____	C 03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT OTTER CREEK	350 LODGE ROAD MIDDLEBURY, VT 05753

(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 3/23/2026 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following regulatory deficiencies were identified:	R100	Plans of Correction for all tags cited, R358, R366, R382, R394, R403, R999 accepted by Jo A Evans RN on 4/27/2026. Please see the attached document to review the accepted corrective actions for all tags cited.	
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 staff interview and observation, there is a failure to ensure the right to privacy for all residents of the home related to the storage of personal health information. Findings include: The facility's HIPAA Policy is consistent with the licensing rules. During a tour of the facility, commencing at 10:05 AM on 3/23/2026, personal health information was observed to be unprotected and accessible. On the first floor of the facility, there is a staff station that was observed to be unattended and contained packets of order requests with multiple resident names hanging on a wall file organizer. Additionally, there is a three shelf metal cart with resident records visible and accessible. This staff	R358		

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R358	Continued From page 1 station is not a fully enclosed area and is visible from the common area. This was confirmed by the Executive Director of the facility at approximately 5:50 PM of 3/23/2026.	R358		
R366 SS=C	6.18 Resident's Rights The enumeration of residents ' rights will not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen. A copy of the Residents Rights set forth in this section must be written in clear language, large print (font size 18), given to residents on admission, and posted conspicuously in a public place in the home. The home's grievance procedure and directions for contacting the Office of the Long-Term Care Ombudsman and Disability Rights Vermont also must be written in the same font size, provided to each resident, and posted in the same location as the statement of Residents ' Rights. This REQUIREMENT is not met as evidenced by: Based on staff interview and observation, there is a failure to ensure the facility's grievance procedure is posted in the same location as the statement of Residents Rights. Findings include: The facility's grievance procedure is consistent with the licensing rules. During the tour commencing at 10:05 AM on 3/23/2026, it was observed that facility's	R366		

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R366	Continued From page 2 grievance procedure is posted in a public place of the facility, but it was not posted alongside the Residents Rights. This was acknowledged by the Executive Director of the facility at approximately 5:40 PM on 3/23/2026.	R366		
R382 SS=F	7.2.b Food Safety and Sanitation 7.2.b All perishable food and drink must be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. (3) Staff must monitor the temperature of temperature-controlled food storage areas. Staff must conduct regular temperature checks of prepared food to ensure proper food safety and must document the time and results of each check. The U.S. Department of Agriculture provides guidance for time and temperature curves to ensure prepared foods remain outside of the 'danger zone' for food safety. This REQUIREMENT is not met as evidenced by: Based on staff interview and observation, there is a failure to ensure all perishable foods are labeled and dated. Findings include: The facility's Provision of Safe Environment for Residents procedure is consistent with licensing rules, although it does not specifically address the dating of opened perishables. During a tour of the facility, commencing at 10:05	R382		

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R382	Continued From page 3 AM on 3/23/2026, perishable foods and beverages were observed to be without labels indicated when the items were opened including, but were not limited to: a. Shredded mozzarella cheese, celery, enchilada sauce, sliced bread, and shredded cheddar cheese in the walk-in refrigerator b. Whipped cream, apple juice, cranberry juice in the reach-in refrigerator adjacent to the food prep area c. Hood 3-gallon chocolate and vanilla ice cream in the chest display freezer adjacent to the front counter of the kitchen d. Opened unsealed bags of french fries, sweet potato fries, onion rings, and chicken in the line freezer e. An opened package of hot dogs in the line refrigerator f. Bins of cut vegetables and multiple bottles of salad dressing in the kitchen's salad prep units These findings were confirmed by the Executive Director during the tour of the kitchen and food storage areas on the morning of 3/23/2026.	R382		
R394 SS=F	7.3.i Food Storage and Equipment Poisonous compounds (such as cleaning products and insecticides) must be labeled for easy identification and must not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is	R394		

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R394	Continued From page 4 a failure to ensure cleaning products are stored in a separate locked compartment and within the food storage area. Findings include: The facility's Environment of Care and Safety policy is consistent with the licensing rules. During a tour of the home commencing at 10:05 AM on 3/23/2026, cleaning products were observed stored on an open shelf beneath the sink closest to the dining room entrance. Products observed were 2 cans of Clorox disinfectant spray, a tub of Micro Kill disinfectant wipes, and a bottle of BNC-15 disinfectant. This was confirmed by the Executive Director during the tour of the home conducted on the morning of 3/23/2026.	R394		
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 with cognitive impairment. This REQUIREMENT is not met as evidenced by: Based on staff interview and observation, there is a failure to ensure the secure storage of chemical agents and that the resident environemnt remains as free of accident hazards as possible. Findings include: The facility's Environment Of Care And Safety	R403		

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R403	Continued From page 5 policy is consistent with the licensing rules. During a tour of the facility, commencing at 10:05 AM on 3/23/2026, the following hazardous items were observed to be unsecured and accessible to residents: 1. An unlocked storage room marked "Storage Room 1D", was observed to have vertically stored box springs amongst vertically stored bed frames, a front loading washing machine, a monitor, and a lamp. There is a risk of items shifting or falling. 2. An aerosolized can of Clorox disinfectant spray in a shared bathroom on the third floor of the facility. 3. A case of Sterno chafing fuel in an unlocked employee area on the first floor. 4. A bottle of heavy duty alkaline bathroom cleaner, a bottle of BNC-15 disinfectant, an aerosolized can of Lysol disinfectant spray, a can of Behold furniture polish, and a can of aerosolized Clorox disinfectant spray in a laundry room on the third floor of the facility. 5. A bottle of Xcelente multi-purpose cleaner, a bottle of Ecolab Antibacterial all-purpose cleaner, a bottle of BNC disinfectant, a bottle of Piano Life Saver pad treatment, a can of Pledge furniture polish, and 5 cans of Sterno Handy Fuel under the sink of the bar area on the second floor of the facility. Per record review, there are residents with varying levels of cognitive impairment with access to these areas. These findings were confirmed by the Executive Director at approximately 5:40 PM on 3/23/2026	R403		

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R999	Continued From page 6	R999		
R999 SS=C	Miscellaneous This REQUIREMENT is not met as evidenced by: 4.12 License Certificate The home's current license certificate must be protected and appropriately displayed in such a place and manner as to be readily viewable by persons entering the home. Any conditions which affect the license in any way must be posted adjacent to the license certificate. This REQUIREMENT is NOT MET as evidenced by: Based on staff interview and observation, there is a failure to ensure the posted license is accurate. Findings include: During a tour of the facility, commending at 10:05 AM on 3/23/2026, the facility license posted on the first floor, adjacent the staff station, was observed to identify a Manager who is no longer employed at the facility. The current Manger's name was not reflected on the posted license. This was acknowledged by the Executive Director of the facility on 3/23/2026 at approximately 5:40 PM.	R999		

Deficiency Statement Plan of Correction (POC)

Survey Date: 4/13/2026

Facility Name: The Residence at Otter Creek

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 – Resident Rights	The wall file organizer and metal cart were removed from the area, and the packets of order requests and resident records were secured in a file cabinet at the nurse's station.	All residents have the potential to be affected by the facility's failure to properly protect PHI.	5/23/2026	A physical audit of all nurses' stations within the facility will be conducted to ensure all PHI is properly secured.	Executive Director R358 Plan of Correction accepted by Jo A Evans RN on 4/27/2026.
R366 – Resident Rights	The facility's grievance procedure is now posted directly alongside the Resident Rights.	All residents have the potential to be affected by the facility's failure to properly post Resident Rights and the grievance procedure.	5/23/2026	The facility will ensure that Resident Rights and the Grievance Procedure are posted alongside one another and that a grievance can be filed with any current employee.	Executive Director R366 Plan of Correction accepted by Jo A Evans RN on 4/27/2026.
R382 – Food Safety & Sanitation	All food items that were observed to be without labels were discarded.	All residents have the potential to be affected by the facility's failure to properly label foods and beverages.	5/23/2026	The facility will implement an audit of all food and beverages in the kitchen to ensure proper labeling. The audit will be conducted daily x 4 weeks and 3 times per week for the following 8 weeks to ensure compliance. All kitchen/restaurant associates will receive re-education on the proper procedure for labeling food and beverages.	Restaurant Operations Director R382 Plan of Correction accepted by Jo A Evans RN on 4/27/2026.

R394 – Food Storage & Equipment	The identified cleaning products have been removed from the area and secured in an appropriate location.	All residents have the potential to be affected by the facility's failure to properly secure cleaning products.	5/23/2026	All cleaning products will be stored in a separate, locked area outside the food storage area. The facility will implement an audit of the kitchen/dining area to ensure proper storage of cleaning products. The audit will be conducted daily x 4 weeks and 3 times per week for the following 8 weeks to ensure compliance. All kitchen/restaurant associates will receive re-education on the proper procedure for storage of cleaning products.	Restaurant Operations Director R394 Plan of Correction accepted by Jo A Evans RN on 4/27/2026.
R403 – Environment	1) The door handle/lock on Storage Room 1D has been replaced with an auto-locking mechanism to ensure the door remains locked at all times. 2) The aerosolized can was removed from the shared bathroom. 3) The Sterno chafing fuel was removed from the employee area. 4) The bathroom cleaner, disinfectant, furniture polish & Clorox have been	All residents have the potential to be affected by the facility's failure to properly secure cleaning products.	5/23/2026	All cleaning products will be stored in locked areas. All storage closet handles will be replaced with an auto-locking mechanism to ensure the door remains locked at all times. The facility will implement an audit of all public restrooms and common areas to ensure proper storage of cleaning products and that all storage areas are locked. The audit will be conducted daily x 4 weeks and 3 times per week for the following 8 weeks to ensure compliance. All kitchen/restaurant associates will receive re-education on the proper procedure for storage of cleaning products.	Maintenance Director R403 Plan of Correction accepted by Jo A Evans RN on 4/27/2026.

	removed from the laundry area. 5) The multi-purpose cleaner, disinfectant, pad treatment, furniture polish & Sterno Handy Fuel have been removed from the bar area.				
R9999 – Miscellaneous	The facility immediately posted the appropriate operating license.	All residents have the potential to be affected by the facility's failure to properly display the appropriate operating license.	5/23/2026	The facility will ensure that the appropriate operating license is displayed at all times. In the event of a change, the facility will immediately post the updated license.	Executive Director/Resident Care Director

R999
Plan of Correction
accepted by
Jo A Evans RN
on 4/27/2026.