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

Paula Pelkey, Manager
The Residence At Otter Creek
350 Lodge Road
Middlebury, VT 05753-4498

Dear Ms. Pelkey:

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

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
	1008	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, and investigation of one facility reported incident and one complaint. No deficiencies were cited related to the facility reported incident. The following deficiencies were identified during the annual survey and complaint investigation:	R100	Plans of Correction for all tags cited, R141, R366, R382, R384, R401, and R403 accepted by Jo A Evans RN on 4/27/26. Please see the attached document to review the accepted corrective actions for all tags cited.	
R141 SS=D	5.5c General Care Each resident's medication, treatment, and dietary services must be consistent with the licensed health care provider's order, the written plan of care, and the resident's preferences. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review there is a failure to ensure one applicable resident's dietary services are consistent with provider's orders, the written plan of care and the resident's preferences. Findings include: Per record review Resident #3 has a diagnosis of Dysphagia and provider's orders on file for a mechanical soft diet including no food or liquids without supervision, no raw vegetables, and a diet of soft chopped foods cut into half inch bite size pieces with nectar thickened fluids, consumed only after meals, after a 15 minute window of time between eating and drinking. Resident #3's service plan is consistent with the Resident's dietary orders and states dietary interventions are in effect due to risk for aspiration. Per the Director of the memory care center where Resident #3 resides, this Resident has identified preferences	R141		

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R141	Continued From page 1 regarding nutritional goals for weight loss which include not eating bread. During observation of lunch service on 3/23/2026, five staff members were observed to be present to assist with meal service. At 12:18 PM Resident #3 was observed seated alone at a table on the end of the memory care dining area away from the area where staff prepare meals. At approximately 12:25 PM a Staff member was observed offering Resident #3 a plate containing a veggie burger on a bun which was cut into quarters and garnished with raw shredded carrots. Resident #3 refused this meal and was subsequently provided a plate with peas and what appeared to be meat cut into strips that appeared to be approximately a half inch wide and 1-2 inches long. During an interview on the afternoon of 3/23/2026 the Memory Care Center Director confirmed food items offered to Resident #3 during lunch service were not consistent with this Resident's dietary orders and personal preference for avoiding bread.	R141		
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	R366		

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R366	Continued From page 2 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 and updated to include the name of the current Executive Director. 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 the facility's grievance procedure is not posted in the same location as the Resident's Rights. Additionally, the facility's grievance procedures indicates anyone may lodge a grievance or complaint by making the issue known to the Executive Director. As of 3/23/2026 the posted grievance procedures had not been updated to include the name of the current Executive Director. These findings were confirmed by the Executive Director at 10:43 AM 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	R382		

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R382	Continued From page 3 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 and beverages are labeled and dated with the date these items were opened or prepared. Findings include: The facility's Provision of Safe Environment for Residents procedures do not include the labeling of perishable food and beverages with the date they are opened or prepared. During a tour of the facility commencing at 10:05 AM on 3/23/2026, the following perishable foods and beverages were observed without labels indicating the date the items were opened including: a. Shredded mozzarella cheese, celery, enchilada sauce, sliced bread, and shredded cheddar cheese in the walk-in refrigerator b. Whipped cream, apple juice, and cranberry juice in the reach-in refrigerator adjacent to the food prep area c. 3-gallon containers of chocolate and vanilla ice cream in the chest freezer adjacent to the front	R382		

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R382	Continued From page 4 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 main kitchen and food storage areas on the morning of 3/23/2026.	R382		
R384 SS=F	7.2.d Food Safety and Sanitation The home must ensure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure cleaning products are stored in separate locked compartments within the main kitchen where food is stored and prepared. Findings include: The facility's Environment of Care and Safety policy is consistent with this licensing rule. During a tour of the home commencing at 10:05 AM on 3/23/2026, cleaning chemicals stored on shelves with an open framework were observed in the main kitchen near areas used for food storage and preparation. Cleaning chemicals stored outside of separate locked compartments in the kitchen included:	R384		

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R384	Continued From page 5 1. Cans of Clorox disinfectant spray, a tub of Micro Kill disinfectant wipes, and a bottle of BNC-15 disinfectant were observed on an open shelf beneath a sink close to the dining room entrance. 2. Multi-Quat Sanitizer; Pinesol; Lime Away; a spray bottle of grill and oven cleaner; a gallon jug labeled as grill, oven, and fat fryer cleaner; and multiple spray bottles containing chemicals including some without identifying labels were observed on an open shelf in the dishwashing area. These findings were confirmed by the Executive Director and Restaurant Operations Director during the tour of the kitchen and food storage areas on the morning of 3/23/2026.	R384		
R401 SS=F	9.1.a Environment The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This includes outdoor areas that are used by residents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews there is a failure to ensure care in a safe, sanitary, homelike environment. Findings include: During a tour of the home commencing at 10:05 AM on 3/23/926 the following environmental concerns were observed: 1. A sign stating "DO NOT USE" was observed on a bathroom door in Resident #1's apartment. The	R401		

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R401	Continued From page 6 toilet in this bathroom was observed with dried brown stains covering the toilet bowl, which Staff stated was the result of a drainage issue in a toilet upstairs that occurred during the last couple of days. Per observation and record review, Resident #1 is living with cognitive impairment. 2. The area where the home receives deliveries was observed to be accessible to residents. An area adjacent to the loading dock was observed with cement flooring that was eroding, in need of cleaning. Discarded items were observed on the floor including a pair of disposable gloves, pieces of cardboard and paper. A raised area near the entrance to the loading dock was observed with a metal cover coated with an unknown brown substance that was also observed on the walls along the metal cover. These findings were confirmed by the Executive Director during the facility tour conducted on the morning of 3/23/2026.	R401		
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 observation and staff interview there is a failure to ensure areas of the home accessible to residents are as free of accidents and hazards	R403		

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R403	Continued From page 7 as possible, and chemical agents are securely stored to prevent access by residents with cognitive impairment. Findings include: The facility's Environment of Care and Safety policy is consistent with this licensing rule. Per observation and record review, the facility is home to residents with various abilities to safely manage access to hazardous items including cleaning chemicals. Residents with cognitive impairment reside in areas of this Assisted Living Residence which are not limited to the Reflections Memory Care special care unit. During a facility tour commencing at 10:05 AM on 3/23/2026 unsecured chemicals observed to be accessible to residents of the home included: 1. Clorox spray in the second floor women's bathroom 2. Drain solvent in an unlocked maintenance closet near the second floor public bathrooms 3. Isopropyl alcohol just inside the kitchen entrance by the dining room 4. Swiffer Wet Jet floor cleaning solution and Urine Remover in an unlocked closet in the Memory Care Center 5. Two types of disinfecting wipes containing ammonium chloride, Resolve Urine Destroyer, air freshener, and furniture polish in Resident #1's bathrooms. Per observation and record review, Resident #1 is living with cognitive impairment. 6. A spray can of Clorox disinfectant spray in a shared bathroom on the third floor of the facility. These findings were confirmed by the Executive Director during the tour of the home commencing at 10:05 AM on 3/23/2026.	R403		

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
R141 – General Care R141 Plan of Correction accepted by Jo A Evans RN on 4/27/2026	Immediate re-education was initiated with associates that were present during the observation.	All residents have the potential to be affected by the facility's failure to ensure that dietary services are consistent with a provider's orders, written plan of care or resident preferences.	5/23/2026	1) All resident care and dining associates will be re-educated on dysphagia diets. 2) All resident care and dining associates will be re-educated on the use of resident care plans as it relates to resident dietary services, diets and preferences. 3) The Memory Care Director or designee will complete 3 weekly meal observations for 12 weeks.	Resident Care Director
R366 – Resident's Rights R366 Plan of Correction accepted by Jo A Evans RN on 4/27/2026	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
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	Restaurant Operations Director

R382 Plan of Correction accepted by Jo A Evans RN on 4/27/2026.				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.	
R384 – Food Safety & Sanitation R384 Plan of Correction accepted by Jo A Evans RN on 4/27/2026	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
R401 – Environment R401 Plan of Correction accepted by Jo A Evans RN on 4/27/2026.	1) The toilet in Resident #1's apartment was cleaned/sanitized. 2) The discarded items on the floor in the delivery area were properly disposed of and the area was thoroughly cleaned.	All residents have the potential to be affected by the facility's failure to properly clean/sanitize toilets and common areas.	5/23/2026	1) The toilet in question was the result of maintenance staff failing to place the toilet back into working order and properly cleaned/sanitized after repairs were completed. Therefore, the maintenance department will receive education on the importance of restoring function to any area	Maintenance Director

				that was previously under repair. 2) The area in question will be placed on a routine cleaning schedule, and an audit will be conducted 3x per week for 12 weeks to ensure compliance.	
R403 – Environment R403 Plan of Correction accepted by Jo A Evans RN on 4/27/2026.	All cleaning products/chemicals noted were immediately removed from the areas where found. The items noted in resident #1's apartment were removed.	All residents have the potential to be affected by the facility's failure to properly secure/store cleaning products/chemical.	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 the following audits: 1) 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. 2) Weekly audits of all resident apartments to ensure chemicals/cleaning	Director of Maitenance

				products are properly secured. The audits will be conducted on 10 apartments per week for 12 weeks to ensure compliance. All resident care, maintenance & housekeeping staff will receive education on the proper storing/securing of all chemicals/cleaning products.	