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

May 5, 2026

Christina Taft, Manager
Brookwood
2 School Street
North Springfield, VT 05150

Dear Ms. Taft:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 8, 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
	0115	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKWOOD	2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150

R358 and R366 Accepted
May 5, 2026, Susan 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 On April 8, 2026, the Division of Licensing and Protection conducted an unannounced, on-site annual re-licensure survey. The following deficiencies were identified:	R100		
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 observation and staff interview, the licensee failed to ensure resident's right to privacy related to records, including private health information. Findings include: Per the home's Resident Rights Policy, which is posted on the wall in a common area, residents' right to privacy extends to all records and personal information. Per observation upon arrival at the home for a re-licensure survey on the morning of April 8, 2026, no staff were immediately present in the common areas, and a delay of approximately ten minutes occurred before staff were located. During this time a medication administration record (MAR) was observed unattended and	R358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0115	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKWOOD	2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150

(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
R358	Continued From page 1 opened on a medication cart located in the first-floor common dining room, an area accessible to residents, guests, and visitors. The MAR contained individually labeled pages identifying residents and included protected health information such as resident names, diagnosis, plans of care, prescribed medications, dosages, scheduled administration times, and staff signatures verifying administration. The MAR remained open and accessible on the medication cart in the common dining room and was observed to be intermittently unattended throughout the morning observation period, including periods when no staff were present in the immediate area to supervise the record. Additionally, through continued observation during the home tour on the morning of April 8, 2026, an unlocked door to a closet located in the common dining room was observed. This area was accessible to residents, guests, and staff. Inside the closet, multiple binders and records containing protected health information for current residents were observed. These records included, but were not limited to, care plans, toileting schedules, vital sign documentation, incident reports, provider visit documentation, and controlled medication accountability records. Additional materials included binders titled "Side Effects" and "Ambulance" were also observed within the closet. The closet remained unlocked and accessible within the common area, allowing unrestricted access to protected health information. In these instances, private health information was accessible to residents, visitors and unauthorized personnel, constituting a failure to safeguard protected health information in violation of State Rules.	R358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0115	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKWOOD	2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150

(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
R358	Continued From page 2 Per interview conducted on the morning of April 8, 2026, the Manager confirmed these findings.	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 observation and staff interview, the home's grievance procedure was not posted in any form, as it is required to be displayed in a conspicuous public location, in the same location as the statement of Residents' Rights. Findings include: The licensee's policies and procedures governing the posting of required documents conspicuously in a public area are consistent with the licensing rules. During a facility tour conducted on the morning of	R366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0115	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKWOOD	2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150

(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
R366	Continued From page 3 April 8, 2026, it was observed that the area of the home where the statement of Residents' Rights was posted did not include a copy of the facility's grievance procedure. This finding of no copy of the grievance policy posted anywhere in the facility was acknowledged by the Manager on the morning of April 8, 2026.	R366		

Deficiency Statement Plan of Correction (POC)

Survey Date: 4/8/26

Facility Name: Brookwood.

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	There is A SIGN with Picture of MAR taped to bottom of drawer where it is kept. There is Also explanation of Why must be in drawer + Locked All Staff were updated		4/9/26	Notice is in Top drawer + Nothing except MAR CAN go over Notice.	LPN will do Spot Checks When in houses 2x a week. IF Found out Will give Verbal Warning + then Follow our discipline policy if continues
	Locked Closet with PHI in dumpster		4/13/26	Closet to be locked Caregivers have Keep to get in + out.	LPN to make sure Closet is Locked during Spot checks.
R366	Made Large Print Copy of Grievance Policy		4/30/26 At printers to make Large print.	Will be hung with license + Resident Rights.	ADM MANAGER will Check when does quarterly Facility check Added to Check list

R358 and R366 Accepted May 5, 2026
Susan C Gregoire RN