



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

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

December 31, 2024

Ms. Lynnette Smith, Administrator  
The Manor, Inc  
577 Washington Highway  
Morrisville, VT 05661-8972

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **December 16, 2024**. 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.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, BS  
Assistant Division Director  
State Survey Agency Director

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 12/16/2024
NAME OF PROVIDER OR SUPPLIER  THE MANOR, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
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F 000	INITIAL COMMENTS  The Division of Licensing and Protection conducted an unannounced, onsite investigation of one facility reported incident (ACTS #23456) and one complaint (ACTS #23454) on 11/12/2024, with additional offsite record review that ensued through 12/16/24 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The Administrator and Director of Nursing were notified on 11/12/24 at 3:51 PM of the Immediate Jeopardy deficiencies at F600 related to violations around abuse and F607 related to developing and implementing abuse policies. On 11/14/24, prior to the conclusion of the investigation, the facility had completed sufficient corrective actions to remove the immediate jeopardy for F600 and on 11/20/24 for F607, but the non-compliance with requirements at F600 and F607 remains. The survey team identified substandard quality of care related to failing to ensure residents remain free from abuse and failure to develop and implement abuse prevention policies, violations at 483.12(a) (1), F600; and 483.12(b), F607. An onsite, extended survey was conducted on 11/25/2024 due to the determination of substandard quality of care. The facility is licensed for 72 beds and had a census of 61 at the time of the survey. The following deficiencies were identified:	F 000			
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from	F 600	F 600  Resident #1 no longer resides at the facility.  All residents have the potential to be affected by this deficient practice.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Executive Director*

12.31.24

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 600	<p>Continued From page 1</p> <p>corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect the resident's right to be free from sexual abuse by staff for 1 of 2 sampled residents (Resident #1). As a result of the deficient practice, Resident #1 was transferred to the hospital and had a sexual assault nurse exam where genital tearing was detected. Using the reasonable person concept, Resident #1 would likely experience severe adverse psychosocial outcomes related to the event. Findings include:</p> <p>Per record review, Resident #1 has diagnoses that include Alzheimer's disease, major depressive disorder, anxiety disorder, and failure to thrive. Resident #1's care plan reveals that s/he has a history of domestic abuse (dated 1/5/24) and requires assistance of two staff for bed mobility, personal hygiene, and toileting (dated 6/9/23). A quarterly Minimum Data Set (MDS; a comprehensive assessment used as a care-planning tool) dated 10/10/24 reveals that Resident #1 has long term and short term memory problems and is severely cognitively impaired.</p> <p>Per a facility investigation report dated 11/6/24, on 11/6/24 at 2:00 AM a Licensed Practical Nurse (LPN #1) witnessed LNA #1 in Resident #1's</p>	F 600	<p>Upon discovery of the resident abuse, immediate corrective action was taken by:</p> <ol style="list-style-type: none"> <li>1) dismissal of the employee and removal from the building</li> <li>2) provision of a 1:1 to provide care and comfort to the resident</li> </ol> <p>To identify other residents having the potential to be affected, a Trauma Informed Care Assessment was completed for all residents who were verbal. Residents who were non-verbal, or a BIMS of 99, were physically assessed by an RN for any unexplained bruising and/or visible signs of trauma.</p> <p>A psychologist from Deer Oaks was informed and asked to report any suspicions.</p> <p>In addition to annual mandatory education, employees were educated/re-</p>		

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F 600	<p>Continued From page 2</p> <p>room. LNA #1 was found with his/her pants down in between Resident #1's legs.</p> <p>Review of an 11/6/24 written statement from LPN #1 explains that on 11/6/24, s/he went to Resident #1's room because s/he had heard a resident calling out for help and went to see who it was. The statement reads, "On opening the door [of Resident #1's room], the nurse saw the LNA, [LNA #1], kneeling in the resident's bed between [his/her] knees and pumping up and down. Resident's knees were being held up and apart by [LNA#1]. [LNA#1]'s pants and underwear was around [his/her] knees and [s/he] was observed pumping in and out."</p> <p>Review of an affidavit completed by a Detective Sergeant of the local law enforcement agency on 11/6/24 reveals that LPN #1 verified the above statement.</p> <p>A "State of Vermont Sexual Assault Examination Documentation Tool," completed by the hospital during a sexual assault nurse exam on 11/6/24, reveals a 1 cm tear to Resident #1's genitals and trace blood on swab. The Examiner's notes reveal that while it was difficult to understand Resident #1, s/he became agitated during the physical exam. Resident #1 was administered three antibiotics (Ceftriaxone, Doxycycline, and Metronidazole) for sexual transmitted infection prophylaxis.</p> <p>Per interview on 11/12/24 at 1:25 PM, the Director of Nursing confirmed that the facility substantiated that LNA #1 sexually assaulted Resident #1 on 11/6/24.</p> <p>Facility policy titles "Incident Reporting</p>	F 600	<p>educated on 11/8/24 about the facility's policy for Abuse Prevention and Incident Reporting Requirements of Crimes, Abuse, Neglect, Injuries of Unknown Origin, Mistreatment, and Misappropriation of resident property.</p> <p>To monitor and ensure compliance with Abuse, Neglect, and Exploitation Training, a checklist will be attached to the personnel file that identifies the date that the training was assigned, completed, and returned to the HR department.</p> <p>Human Resources will provide a report of completed training for new employees for the previous quarter to QA.</p> <p>Completed by 11/14/24.</p> <p><b>Tag F 600 POC accepted on 12/31/24 by S. Stem/P. Cota</b></p>		

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F 600	<p>Continued From page 3</p> <p>Requirements (CMS F-609) of Crimes, Abuse, Neglect, Injuries of Unknown Origin, Mistreatment, and Misappropriation of resident property," last revised on 11/2023 reads,</p> <p>"Recognizing that all residents/vulnerable adults have the right to be free from verbal, sexual, physical, emotional and mental abuse, corporal punishment and involuntary seclusion. [The facility] will do everything in its power to prevent such occurrences.</p> <p>Residents/vulnerable adults must not be subjected to abuse by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, friends, or any other individuals. All potential employees/volunteers will be screened for histories of abuse, neglect or mistreatment through appropriate government agencies and personal and professional references upon hiring and annually.</p> <p>Employees are trained upon hire and each year thereafter to recognize and report incidents of witnessed or suspected abuse, neglect, mistreatment, or the misappropriation of funds/property.</p> <p>Serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act."</p> <p>A review of the facility's internal investigation of the incident revealed that only 47 of the 61 residents in the facility were screened for abuse</p>	F 600	This page left blank.		

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F 600	Continued From page 4 on 11/12/24, 6 days after the incident. Per interview on 11/12/24 at 12:43 PM, the Director of Nursing explained that not all residents in the facility have been screened for potential abuse. S/He stated that the sample of screened residents did not include any males or any residents with a BIMS (brief interview for mental status; a cognitive assessment) lower than 3 (a score indicating severe cognitive impairment).  The facility's internal investigation did not include evidence of LNA #1's national background checks or abuse education. The survey team requested LNA #1's employee records, including background checks and education files. These files did not contain a national background check or any education about abuse. Per interview on 11/12/24 at 11:30 AM, the Administrator confirmed that the facility did not complete a national background check for LNA #1. See F607 for more information. Per interview on 11/12/24 at 12:43 PM, the Director of Nursing confirmed that LNA#1 did not have abuse training. See F 943 for more information.	F 600			
F 607 SS=J	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at	F 607	F607  Resident #1 no longer resides at the facility.  All residents have the potential to be affected by this deficient practice.  Immediate corrective action was taken to achieve 100% compliance with a national background check for all employees.		

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F 607	<p>Continued From page 5 paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record review the facility failed to develop and implement a policy related to screening of potential employees to include a national background checks for all employees. Findings include:</p> <p>Per interview on 11/12/24 at 1:25 PM, the DON [Director of Nursing] confirmed that the facility substantiated that LNA #1 sexually assaulted Resident #1 on 11/6/24.</p> <p>Per record review of LNA #1's human resource file there was no national background check completed for LNA #1. Per interview with the Human Resources Director and the Administrator on 11/12/24 at 11:30 AM, it was confirmed that the facility did not do a national background check for LNA #1.</p>	F 607	<p>Employees were not permitted to work until their national background check was completed, received, and verified by The Manor.</p> <p>All new employees will complete all background checks including a national criminal background check before starting employment.</p> <p>The facility policy for screening potential new employees has been revised to include the national background check and HR is responsible for conducting and tracking all background checks.</p> <p>To monitor and ensure compliance with Abuse, Neglect, and Exploitation Training, a checklist will be attached to the personnel file that identifies the date that the training was assigned, completed, and returned to the HR department.</p>		

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F 607	<p>Continued From page 6</p> <p>Per record review, LNA #1 worked for 73 days from date of employment on 8/26/24 to the date of the incident on 11/6/24 without a national background check in his/her employee record. LNA #1 worked on all units of the building, putting all residents at risk for serious harm or injury.</p> <p>A sample of five employees' files were reviewed for national background checks. On 11/12/24 at 2:50 PM it was confirmed by the Human Resources Director that 4 out of the 5 employees sampled did not have a national background check completed. The Human Resources Director confirmed the facility was only implementing national background checks for agency staff and that the list of employees with national background checks did not include volunteers, full-time staff, or contracted staff for the facility.</p> <p>Per a list of facility staff to the surveyors 77 out of 103 employees did not have national background checks. This was confirmed with the Human Resources Director on 11/12/24 at 11:42 AM.</p> <p>Per review of licensing agency communications, a memo was sent out to nursing facilities on October 5, 2022, that states, "1. Prior to employing an individual and at least annually thereafter, a Facility must query the following entities regarding the prospective / current employee: ...Agency providing a national criminal background check ... To check whether the individual is barred from employment based on prior convictions in any state ...2. Under Vermont and federal laws and regulations, a Facility must decline to employ a prospective or current employee with: ...Criminal convictions for the abuse/exploitation/neglect of a vulnerable adult or</p>	F 607	<p>Human Resources will provide a report of completed training for new employees for the previous quarter to QA.</p> <p>Completed by 11/20/24.</p> <p>Tag F 607 POC accepted on 12/31/24 by S. Stem/P. Cota</p>		



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F 607	<p>Continued From page 7</p> <p>child in any state ... In addition to the prohibitions mentioned above, Vermont laws prohibit long-term care facilities from employing individuals with "criminal convictions relating to bodily injury, theft or misuse of funds or property, and/or crimes inimical to the public welfare." A follow up memo was sent out to facilities on 5/1/2023 that further discusses initial national background checks and rechecks for staff: "DAIL [Department of Aging and Independent Living] has determined that re-checks are not necessary if a staff member has not worked or lived in another state since the initial national check was completed."</p> <p>The administrator confirmed on 11/12/24 at approximately 4:45 PM that s/he "did not understand" the memo(s) that were sent out to facilities regarding national background checks.</p> <p>Per record review of the facility's "Incident Reporting Requirements (CMS F-609) of Crimes, Abuse, Neglect, Injuries of Unknown Origin, Mistreatment, and Misappropriation of resident property" policy last revised on 11/2023, it states "Episodes of Suspected Crimes, Abuse, Neglect, Injuries, of Unknown Origin, Mistreatment, and Misappropriation of resident property will be prevented by screening all potential employees and volunteers for histories of abuse, neglect, mistreatment or misappropriation of property, in the following ways: a) All employees will be screened through the Vermont Adult Abuse Registry (33VSA6911). B) All employees will be screened through the Vermont Criminal Information Center (33VSA6914). c) All employees will be screened through the Vermont Child Protection Registry. d) Agency providing a national criminal background check. e) U.S.</p>	F 607	This page left blank.		

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F 607	Continued From page 8 Department of Health and Human Services Office of Inspector General List of Excluded Individuals/ Entities. f) State professional licensing agency in which individual licensed. g) All employees will be required to present 3 personal or professional references that indicate that the individual is suited to work with the frail or ill residents. h) All volunteers will be required to present 3 personal or professional references that indicate the individual is suited to work with the frail or ill residents."	F 607	F943  All residents have the potential to be affected by this deficient practice.  To ensure that this deficient practice does not recur, upon hire, employees will receive the Abuse Prevention and Incident Reporting Requirements of Crimes, Abuse, Neglect, Injuries of Unknown Origin, Mistreatment, and Misappropriation of resident property.		
F 943 SS=D	Abuse, Neglect, and Exploitation Training CFR(s): 483.95(c)(1)-(3)  §483.95(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on-  §483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.  §483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property  §483.95(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by:	F 943	To monitor and ensure compliance with Abuse, Neglect, and Exploitation Training, a checklist will be attached to the personnel file that identifies the date that the training was assigned, completed, and returned to the HR department.		

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F 943	<p>Continued From page 9</p> <p>Per interview and record review that facility failed to provide abuse training prior to a substantiated sexual assault for one out of six employees sampled. Findings include:</p> <p>Per interview on 11/12/24 at 1:25 PM, the Director of Nursing confirmed that the facility substantiated that LNA #1 sexually assaulted Resident #1 on 11/6/24.</p> <p>A review of all educational materials used to train staff on abuse, neglect, exploitation, misappropriation of resident property was reviewed while investigating the allegations of sexual abuse. The education provided included a PowerPoint titled "The Manor C.A.R.E.S." and "Incident reporting Requirements (CMS F-609) of Crimes of Abuse, Neglect, Injuries of Unknown Origin, Mistreatment, and Misappropriation of Property" [last revised 11/23]. The facility also has an Annual Employee Education packet that contains quizzes based on training for subjects including "Incident Reporting Requirements (F-609)" and "Resident Rights." The facility also supplied a "Harassment and Sexual Harassment" policy [last revised 10/22] as well as a handout discussing "Suspected Physical Abuse/ Assault," "Suspected Sexual Assault," and "Suspected Theft."</p> <p>Per record review of the facility's "Incident Reporting Requirements (CMS F-609) of Crimes, Abuse, Neglect, Injuries of Unknown Origin, Mistreatment, and Misappropriation of resident property" policy last revised on 11/2023 states, "staff and volunteers will be trained on abuse policy and procedures when beginning work, and annually thereafter. This facility will educate staff and volunteers on the Incident Reporting</p>	F 943	<p>Human Resources will provide a report of completed training for new employees for the previous quarter to QA.</p> <p>To be completed by 12/30/24.</p> <p><b>Tag F 943 POC accepted on 12/31/24 by S. Stem/P. Cota</b></p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE MANOR, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>577 WASHINGTON HIGHWAY</b> <b>MORRISVILLE, VT 05661</b>		
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F 943	<p>Continued From page 10</p> <p>Requirements policy and procedures of the facility including Crimes Abuse, Neglect, Injuries of Unknown Origin, Mistreatment, and Misappropriation of resident property."</p> <p>Per record review of LNA #1's human resources file, there was no education in his/her file, and specifically no training on abuse.</p> <p>The Human Resources Director confirmed on 11/12/24 at 4:26 PM that the facility did not have any abuse education or training for LNA #1 to provide to the surveyors because LNA #1 did not complete the abuse training.</p> <p>Per record review, LNA #1 worked at the facility for 73 days with no abuse training or education in his/her file at the facility.</p>	F 943	This page left blank.		