



**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

September 27, 2023

Ms. Jayne Placey, Manager  
Arioli Community Care Home  
15 Arioli Avenue  
Barre, VT 05641-5214

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 19, 2023**. 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 black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.  
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/19/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARIOLI COMMUNITY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>15 ARIOLI AVENUE BARRE, VT 05641</b>
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(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
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R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted on 9/19/23 by the Division of Licensing and Protection. The following regulatory violations were identified:	R100		
R162 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH (Residential Care Home) nurses failed to obtain signed physician orders for medications administered for 1 applicable resident. (Resident #1) Findings include:</p> <p>Per review on 9/19/23 of the Medication Administration Record (MAR) for Resident #1 it was confirmed by the 2 RCH nurses that signed physician orders had not been obtained for the following medications: Valproic Acid/Valproate 250 mg/5 ml (Anticonvulsant); Terbinafine 1% cream (Athlete's foot); docusate sodium 100 mg /Colace (stool softener); lamotrigine 25 mg/Lamictal (anticonvulsant); pyridoxine/Vitamin B-6; Melatonin 3 mg (for sleep); Lorazepam 0.5 mg (anxiety/sedation); and ergocalciferol/Vitamin B2 50,000 units capsule. Per interview on the afternoon of 9/19/23, both nurses confirmed although the contracted pharmacy receives the physician prescription orders, a transfer of signed</p>	R162	<p><i>Please See attached for Plan of Correction.</i></p> <p><i>Jayne</i></p> <p>R-162 POC accepted 9/27/23 Marifrances McIntosh, RN</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jayne Placy* TITLE: *Administrator* (X6) DATE: *9/27/23*

STATE FORM 8899 6U9R11 If continuation sheet 1 of 4

Division of Licensing and Protection

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R162	Continued From page 1  physician orders had not been received by the RCH, as required.	R162		
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to ensure all staff who provide direct care to the residents received the required 12</p>	R179		

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R179	Continued From page 2  hours of training. Findings include:  During the course of the re-licensure survey on 9/19/23 administrative staff were requested to demonstrate via training records that staff employed at the RCH who provide direct care to residents had received the 12 hours of required yearly training to include: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision. Per interview on the afternoon of 9/19/23 the Manager confirmed 5 of 5 staff members had not completed all 12 hours of training. Fire Safety, Emergency Response and Abuse & Neglect had not been completed.	R179	POC accepted R-179 9/27/23 Marifrances McIntosh, RN	
R302 SS=F	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there	R302		

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R302	<p>Continued From page 3</p> <p>was a failure by the RCH staff to ensure Fire Drills are conducted on at least a quarterly basis, rotating times of day to include morning, afternoon, evening and nights. Findings include:</p> <p>Per review of fire drills conducted at the RCH noted previous management had not conducted any fire drills on a quarterly basis for the previous 11 months. Since the change in management, staff fire drills have resumed effective 8/22/23 when an afternoon drill was performed. Since renewal of required drills, 2 more drills were conducted to include 1 evening drill on 8/29/23 and afternoon drill on 9/14/23. The present manager acknowledged the absence of drills to include both a night and a day fire drills as required..</p>	R302	<p>R-302 POC Accepted 9/27/23 Marifrances McIntosh, RN</p>	
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September 27, 2023

15 Arioli Avenue Plan of Correction

R162 Plan of Correction: The RN received signed physician orders for medications administered via fax on 9/20/23 for resident #1. Signed physician orders are/will be obtained at the required yearly physical appointments. This will be monitored by the RN.

R179 Plan of Correction: The house manager and the agency Training Coordinator went through each staff on our Online Relias Training platform to review what trainings were needed. The house manager assigned the necessary/required trainings with the expectation date of completion being 10/31/23. The house manager has contacted each staff individually of the expectation. Any required trainings that are not complete at that time an email will be automatically sent to the staff as well as the house manager directly from Relias stating trainings are overdue. If the trainings are not complete conversations will take place as well as personnel action if warranted.

R302 Plan of Correction: Effective September 19<sup>th</sup>, 2023, the house manager has come up with a system using her outlook calendar of doing Fire drills every other month for each shift (days, evenings and overnights) moving forward.

Note: 9/27/23

POCs accepted for:

R: 162

R: 179

R: 302

Marifrances McIntosh