



**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

February 20, 2024

Lori Cannon, Manager  
Barbara's 1840 House, Inc  
Po Box 536  
Wallingford, VT 05773

Dear Ms. Cannon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 24, 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

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:  <b>0613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/24/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BARBARA'S 1840 HOUSE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 536 WALLINGFORD, VT 05773</b>
--	--

(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:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 01/24/24. The following regulatory violations were identified:	R100		
R200 SS=F	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p><b>5.15 Policies and Procedures</b></p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure the Residential Care Home (RCH) develop a written policy and procedure outlining proper securing of cleaning products and other poisonous chemicals in accordance with Section 5.15 of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000. Findings include:</p> <p>Per interview with facility staff conducted on the morning of 1/24/24 s/he stated that s/he was unaware of any written policy related to securing cleaning products and other poisonous chemicals.</p> <p>Per interview with the facilities owner conducted on the afternoon of 1/24/24 s/he confirmed that the RCH does not have a written policy and procedure specific to the securing of cleaning products and other poisonous chemicals.</p> <p>This deficient practice is a potential risk for more</p>	R200	<p><i>We have updated written policy for safe storage of chemicals and cleaner supplies -</i></p> <p><i>Staff will review above policy with manager.</i></p> <p><i>Manager will be responsible for ensuring chemicals are locked and that staff is making sure to keep all chemicals in safe/locked area or cabinet</i></p> <p><i>There is a key pad lock on laundry room door where all hazardous chemicals are stored -</i></p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>[Signature]</i>	TITLE <i>L. [Signature]</i>	(X6) DATE <i>2/9/24</i>
---	--------------------	--------------------------------	----------------------------

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/24/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BARBARA'S 1840 HOUSE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 536 WALLINGFORD, VT 05773</b>
--	--

(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
R200	Continued From page 1  than minimal harm for all facility residents related to lack of written policies governing standards of practice to ensure residents health and safety.	R200	<p><i>locks and updated policy in place as of 2/1/24 -</i> <i>M. Kennedy RN</i></p> <p>R200 Accepted on 2/20/24. Sherry Ross, RN</p>	
R266 SS=F	<p><b>IX. PHYSICAL PLANT</b></p> <p><b>9.1 Environment</b></p> <p><b>9.1.a</b> The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure the Residential Care Home (RCH) maintained a safe, homelike environment related to the storage of cleaning products and other poisonous chemicals in accordance with Section 9.1a of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000. Findings include:</p> <p>During the relicensing survey on 01/24/24 at 9:00 AM cleaning products and poisonous chemicals were observed to be stored in an unsecured laundry room including three 1-gallon containers of Sta-Flo Detergent, a 14 oz aerosol cans of Upholster cleaner, two container of Mr. Clean, three aerosol cans of disinfectant cleaner, and one unlabeled bottle containing an unknown substance.</p> <p>Per review of the facilities policy and procedure it was noted that the facility did not have a policy and procedure developed to outline safe storage of cleaning products and other poisonous</p>	R266		<p>R266 Accepted on 2/20/24. Sherry Ross, RN</p>

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/24/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BARBARA'S 1840 HOUSE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 536 WALLINGFORD, VT 05773</b>
--	--

(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
R266	<p>Continued From page 2</p> <p>compounds. This was confirmed by facility management during the exit interview.</p> <p>On 01/24/24 at 9:30 AM facility staff confirmed that the laundry room was unlocked and unattended stating "this room is supposed to be locked at all times".</p> <p>In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to risk of vulnerable adults ingesting or being exposed to poisonous compounds.</p>	R266		