



**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

October 5, 2022

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 **August 23, 2022**. 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  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/23/2022
NAME OF PROVIDER OR SUPPLIER  ARIOLI COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 15 ARIOLI AVENUE BARRE, VT 05641		
(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:  The Division of Licensing and Protection conducted an unannounced on site re-licensure survey on 8/23/22. The following regulatory deficiencies were identified:	R100	Please see attached Plan of Correction	
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.8 Physician Services  5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure the medication order for one medication was signed by the prescribing physician within 15 days for one applicable resident (Resident #1). Findings include:  Per review of orders dated 5/16/22 Resident #1 was prescribed Budesonide (inhaled medication for asthma) 0.5 mg/ml once daily. Resident #1's Medication Administration Record (MAR) for August 2022 indicated Budesonide was ordered once daily. At 2:07 PM on 8/23/22 the Registered Nurse confirmed the medication order was changed from twice daily to once daily per discussion with the prescriber due to insurance coverage issues, and signed orders for the medication change were not obtained.	R140		
R232 SS=F	VII. NUTRITION AND FOOD SERVICES	R232		

Division of Licensing and Protection

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

*Joyce Placey*

TITLE

*Coordinator/Administrator*

(X6) DATE

*9/29/22*

STATE FORM

6899

N30Z11

If continuation sheet 1 of 6

R140 - R302 POCs accepted 9/29/22 JEV:RN/ome

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R232	Continued From page 1  7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to plan and write menus for regular and therapeutic diets at least one week in advance. Findings include:  During a tour of the Residential Care Home (RCH) commencing at 9:36 AM on 8/23/22 the menu posted in the kitchen was observed to list the same few menu options for every day of the week including salad and yogurt. During the kitchen tour the staff member who stated s/he prepares most of the home's meals confirmed the items served at mealtimes are not listed on the menu or planned at least a week in advance.	R232		
R235 SS=F	VII. NUTRITION AND FOOD SERVICES  7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to follow a written, posted menu, and to record substitutions on the written menu. Findings include:  During a tour of the Residential Care Home (RCH) commencing at 9:36 AM on 8/23/22 it was	R235		

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R235	Continued From page 2  observed that the items staff stated would be served for lunch were not listed on the menu posted in the kitchen. During the kitchen tour the staff member who stated s/he prepares most of the home's meals confirmed when items served vary from the items listed on the menu the substitutions are not recorded.	R235		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to label and date all perishable food items in both facility refrigerators. Findings include:</p> <p>During a tour of the Residential Care Home (RCH) commencing at 9:36 AM on 8/23/22 perishable food items including opened apple sauce, prune juice, orange juice, 2 bags of shredded cheese, an unsealed bag of pepperoni, and all condiments in the first fridge observed when entering the kitchen were not labeled and dated. The second refrigerator observed when entering the kitchen contained opened yogurt, mayonnaise, and cottage cheese containers that were not labeled and dated. Additionally the freezer section of the first fridge and the refrigerated section of the second fridge did not</p>	R247		

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R247	Continued From page 3  contain thermometers. During the kitchen tour the Administrator confirmed items in both refrigerators contained perishable food items that were not labeled and dated.	R247		
R266 SS=E	<p><b>IX. PHYSICAL PLANT</b></p> <p>9.1 Environment</p> <p>9.1.a 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 observation and staff interview there was a failure to ensure care in a safe, functional, sanitary home. Findings include:</p> <p>During a tour of the Residential Care Home (RCH) commencing at 9:36 AM on 8/23/22 the tiles, grout, and baseboard along the exterior of the tub in the bathroom adjacent to the living room were soiled with grime. The tub in this bathroom was stained, the exhaust fan was covered with dust, and the toilet paper roll was stored on the counter beside the sink instead of in a toilet paper holder. The tile, grout, floor, and walls in the bathroom adjacent to the dining room were in need of cleaning. The air conditioner vents in Resident #3's room were dirty, and there was a missing window screen in Resident #4's room. An unlocked cabinet in the laundry room contained cleaning supplies was accessible to the residents of the home who are developmentally disabled, including one Resident (Resident #2) who has a history of ingesting cleaning chemicals</p>	R266		

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R266	Continued From page 4  stored in an unlocked cabinet. The wooden facing of a drawer used to store rags in the laundry room was slanted outwards and in need of repair. During the facility tour the Administrator acknowledged the areas observed to be in need of cleaning and repair, and stated a request has been made for bathroom improvements.	R266		
R302 SS=D	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 record review and staff interview there was a failure to conduct fire drills on a quarterly basis. Findings include:  Per review of records for fire drills conducted during the previous year there was no documentation of a fire drill conducted during the first quarter (January - March) of 2022. On the afternoon of 8/23/22 the Administrator confirmed	R302		

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R302	Continued From page 5  no fire drills were conducted during the first quarter of 2022.	R302		

September 29, 2022

Updated Plan of Correction for Arioli Community Care Home following an on-site re-licensure survey on 8/23/22

R140- After multiple attempts made to the provider the Arioli nurse finally received the signed order for this med change on 8/13/22. Going forward all med changes will be done with a signed order and *monitored by the homes RN.*

R232-Effective 8/23/22 all weekly menus have/will have written menus to include writing any and all substitutions made. *This will be monitored regularly by the house manager as well as the administrator.*

R235- Plan of correction is the same as R232.

R247-Effective 8/23/22 the correction was put in place. Any new opened perishable food is/will be labeled and dated. On the evening of 8/23/22 both thermometers were located in the freezer and refrigerator mentioned. They were buried in the back resulting in not seeing them. They are now located at a spot that is easy to find them. *Monitoring for compliance will be done by the house manager as well as the administrator.*

R266-As stated there was a request made for bathroom improvements. A follow up conversation took place with the Supervisor of Maintenance. A tour, plan and estimates are being done the week of September 19<sup>th</sup>. Please note that the overnight staff do deep clean the bathrooms nightly. The issue is more of a wear and tear and discussions had been happening. We are unable to have the toilet paper on holder and need to keep it out of reach due to residents having PICA. The air conditioner in Room #3 was cleaned 8/23/22, the screen in Room #4 was put up on 8/24/22 and the cleaning supplies in the laundry room were moved to a locked cabinet. A new cupboard was put in on 9/6/22 replacing the one with the slanted drawer.

*On 9/28 WCMHS maintenance department began work on the bathrooms. The repairs being done in the bathroom adjacent to the dining room is all tile on walls and floor have been stripped of remaining grout and new grout is being placed. The bathroom is getting newly painted as well as new caulking where needed. The bathroom adjacent to the living room is getting a new vanity, new paint throughout the bathroom as well as caulking. The toilet paper holder will be mounted to the inside of the vanity's door. A contractor will be looking at the bathtub to see if he will be able to resurface the tub or if it will need to be replaced. All repairs will be complete by October 31<sup>st</sup> with the tub taking the longest due to having to schedule an outside contractor to complete.*



R302- On 8/29/22 (returned from vacation) the home manger acknowledged missing the fire drills during the first quarter. Arioli is back on track with them, and the administrator will monitor for compliance.

Jayne Placey

Administrator

Arioli Community Care Home