

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

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

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(EACH DEFICIENC REGULATORY OR I Comments: Division of Licer ucted an unann ey on 8/23/22. T iencles were ide	E 15 ARIC BARRE TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) Using and Protection ouced on site re-licensure he following regulatory	B. WING ADDRESS, CITY, STA DLI AVENUE , VT 05641 D PREFIX TAG R100	ATE, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) Please see attached Plan of Co	BE COMPLETE
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ucted an unann ey on 8/23/22. T iencies were ide	ouced on site re-licensure he following regulatory		Please see attached Plan of Co	
	intiled.		In a consideration international distribution of Conflicts, And Variables, Let' 12	rrection
V. RESIDENT CARE AND HOME SERVICES		R140		
5.8 Physician Services				
hone shall be co ician/licensed p	ountersigned by the ractitioner within 15 days of		5	
d on record rev a failure to ensu nedication was ician within 15 d	ew and staff interview thére re the medication order for signed by the prescribing ays for one applicable			
prescribed Bude sthma) 0.5 mg/n cation Administr st 2022 indicate daily. At 2:07 P e confirmed the ged from twice of ssion with the p rage issues, and	sonide (inhaled medication once daily. Resident #1's ation Record (MAR) for d Budesonide was ordered M on 8/23/22 the Registered medication order was laily to once daily per rescriber due to insurance I signed orders for the			
IUTRITION AND) FOOD SERVICES	R232		
	anone shall be co cian/licensed pr ate the order wa REQUIREMENT d on record revi failure to ensu- nedication was cian within 15 d ent (Resident #1 eview of orders arescribed Bude thma) 0.5 mg/m eation Administr st 2022 indicate daily. At 2:07 Pl confirmed the ged from twice co sion with the p age issues, and cation change w UTRITION ANE	All physicians' orders obtained via none shall be countersigned by the cian/licensed practitioner within 15 days of ate the order was given. REQUIREMENT is not met as evidenced d on record review and staff interview thère failure to ensure the medication order for nedication was signed by the prescribing cian within 15 days for one applicable ent (Resident #1). Findings include: eview of orders dated 5/16/22 Resident #1 rescribed Budesonide (inhaled medication thma) 0.5 mg/ml once daily. Resident #1's ration Administration Record (MAR) for st 2022 indicated Budesonide was ordered daily. At 2:07 PM on 8/23/22 the Registered confirmed the medication order was led from twice daily to once daily per assion with the prescriber due to insurance age issues, and signed orders for the ration change were not obtained. UTRITION AND FOOD SERVICES	hone shall be countersigned by the cian/licensed practitioner within 15 days of ate the order was given. REQUIREMENT is not met as evidenced d on record review and staff interview thére infailure to ensure the medication order for medication was signed by the prescribing cian within 15 days for one applicable ent (Resident #1). Findings include: eview of orders dated 5/16/22 Resident #1 prescribed Budesonide (inhaled medication thma) 0.5 mg/ml once daily. Resident #1's eation Administration Record (MAR) for st 2022 indicated Budesonide was ordered daily. At 2:07 PM on 8/23/22 the Registered e confirmed the medication order was ged from twice daily to once daily per asion with the prescriber due to insurance age issues, and signed orders for the eation change were not obtained. UTRITION AND FOOD SERVICES and Protection	tione shall be countersigned by the cian/licensed practitioner within 15 days of ale the order was given. REQUIREMENT is not met as evidenced d on record review and staff interview thère i failure to ensure the medication order for hedication was signed by the prescribing cian within 15 days for one applicable ent (Resident #1). Findings include: eview of orders dated 5/16/22 Resident #1 rescribed Budesonide (inhaled medication thma) 0.5 mg/ml once daily. Resident #1's hation Administration Record (MAR) for st 2022 indicated Budesonide was ordered daily. At 2:07 PM on 8/23/22 the Registered confirmed the medication order was ged from twice daily to once daily per asion with the prescriber due to insurance age issues, and signed orders for the hation change were not obtained. UTRITION AND FOOD SERVICES R232

RIGO- R302 POCS accepted 9/24/22 JEVANSRN/PME

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/23/2022		
	0027						
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ARIOLI C	OMMUNITY CARE HOME		LIAVENUE VT 05641				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
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		R232				
	by: Based on observation was a failure to plan a and therapeutic diets advance. Findings inc During a tour of the Re	and staff interview there nd write menus for regular at least one week in lude: esidential Care Home					
	menu posted in the kit the same few menu of week including salad a kitchen tour the staff n prepares most of the h the items served at me	t 9:36 AM on 8/23/22 the schen was observed to list otions for every day of the and yogurt. During the nember who stated s/he nome's meals confirmed ealtimes are not listed on at least a week in advance.					
R235 SS=F	VII. NUTRITION AND	FOOD SERVICES	R235				
		ust follow the written, bstitution must be made, e recorded on the written					
	by: Based on observation was a failure to follow	is not met as evidenced and staff interview there a written, posted menu, ions on the written menu.					
	During a tour of the Re (RCH) commencing at	esidential Care Home 9:36 AM on 8/23/22 it was					

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6899

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If continuation sheet 2 of 6

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(EACH DEFICIENC REGULATORY OR tinued From page erved that the iter ed for lunch were ed in the kitchen member who sta nome's meals con from the items li stitutions are not	TATEMENT OF DEFICIENCIES ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 2 ms staff stated would be a not listed on the menu . During the kitchen tour the ated s/he prepares most of infirmed when items served sted on the menu the	B. WINGADDRESS, CITY, STATE DLI AVENUE , VT 05641 PREFIX TAG R235	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	08/23/2022
SUMMARY ST (EACH DEFICIENC REGULATORY OR tinued From page erved that the iter ed for lunch were ed in the kitchen member who sta nome's meals con from the items li stitutions are not	ATEMENT OF DEFICIENCIES WINDST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 2 ms staff stated would be a not listed on the menu . During the kitchen tour the ated s/he prepares most of nfirmed when items served sted on the menu the recorded.	PLI AVENUE , VT 05641	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
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erved that the iter ed for lunch were ed in the kitchen member who sta nome's meals co from the items li stitutions are not	ms staff stated would be e not listed on the menu . During the kitchen tour the ated s/he prepares most of nfirmed when items served sted on the menu the recorded.			
NUTRITION AND	FOOD SERVICES			
		R247		
Food Safety and	Sanitation			
led, dated and he At or below 40 de	ood and drink shall be eld at proper temperatures: grees Fahrenheit. (2) At or ahrenheit when served or e.			
ed on observatior a failure to label	is not met as evidenced a and staff interview there and date all perishable food efrigerators. Findings			
 commencing a hable food items prune juice, or dded cheese, an all condiments in entering the kited The second reging the kitchen c 	t 9:36 AM on 8/23/22 including opened apple ange juice, 2 bags of unsealed bag of pepperoni, the first fridge observed then were not labeled and frigerator observed when ontained opened yogurt, age cheese containers that dated. Additionally the			
	e: g a tour of the R) commencing a lable food items e, prune juice, or ded cheese, an Il condiments in entering the kitc The second ref ng the kitchen c naise, and cott not labeled and er section of the	in both facility refrigerators. Findings le: g a tour of the Residential Care Home) commencing at 9:36 AM on 8/23/22 hable food items including opened apple e, prune juice, orange juice, 2 bags of ded cheese, an unsealed bag of pepperoni, Il condiments in the first fridge observed entering the kitchen were not labeled and The second refrigerator observed when ing the kitchen contained opened yogurt, maise, and cottage cheese containers that not labeled and dated. Additionally the er section of the first fridge and the erated section of the second fridge did not	le: g a tour of the Residential Care Home) commencing at 9:36 AM on 8/23/22 hable food items including opened apple of prune juice, orange juice, 2 bags of ded cheese, an unsealed bag of pepperoni, Il condiments in the first fridge observed entering the kitchen were not labeled and The second refrigerator observed when ing the kitchen contained opened yogurt, maise, and cottage cheese containers that not labeled and dated. Additionally the er section of the first fridge and the	le: g a tour of the Residential Care Home) commencing at 9:36 AM on 8/23/22 hable food items including opened apple or prune juice, orange juice, 2 bags of ded cheese, an unsealed bag of pepperoni, Il condiments in the first fridge observed entering the kitchen were not labeled and The second refrigerator observed when ing the kitchen contained opened yogurt, maise, and cottage cheese containers that not labeled and dated. Additionally the er section of the first fridge and the

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6899

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If continuation sheet 3 of 6

Division of Licensing and Protection

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:			E SURVEY PLETED
	0027		B. WING		08	/23/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		15 ARIO	LIAVENUE			
ARIOLICO	OMMUNITY CARE HOME	BARRE,	VT 05641			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
R247	Administrator confirm	a. During the kitchen tour the ed items in both d perishable food items that	R247			
R266 SS=E	IX. PHYSICAL PLAN	г	R266			
	9.1 Environment					
	9.1.a The home mus safe, functional, sanit comfortable environm					
	by: Based on observation	is not met as evidenced and staff interview there e care in a safe, functional, gs include:				
	tiles, grout, and baset the tub in the bathrood room were soiled with bathroom was stained covered with dust, and stored on the counter in a toilet paper holde walls in the bathroom were in need of clean vents in Resident #3'	t 9:36 AM on 8/23/22 the board along the exterior of m adjacent to the living grime. The tub in this l, the exhaust fan was d the toilet paper roll was beside the sink instead of r. The tile, grout, floor, and adjacent to the dining room ng. The air conditioner s room were dirty, and there				
	room. An unlocked ca contained cleaning su residents of the home disabled, including on	v screen in Resident #4's binet in the laundry room pplies was accessible to the who are developmentally e Resident (Resident #2) ngesting cleaning chemicals				

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If continuation sheet 4 of 6

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	0027		B. WING	08	/23/2022		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ARIOLI CO	OMMUNITY CARE HOME		LI AVENUE VT 05641				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
R266	stored in an unlocked of a drawer used to s room was slanted ou During the facility tou acknowledged the ar	d cabinet. The wooden facing store rags in the laundry twards and in need of repair. Ir the Administrator eas observed to be in need ir, and stated a request has	R266				
R302 SS=D	IX. PHYSICAL PLAN	Т	R302				
	9.11.c Each home sl available to staff and a plan for the protect event of fire and for the when necessary. All periodically and kept under the plan. Fire c at least a quarterly be day among morning, night. The date and the	mergency Preparedness hall have in effect, and residents, written copies of ion of all persons in the he evacuation of the building staff shall be instructed informed of their duties drills shall be conducted on asis and shall rotate times of afternoon, evening, and ime of each drill and the g staff members shall be					
	by: Based on record revie was a failure to condu- basis. Findings includ Per review of records	for fire drills conducted					
	first quarter (January	ear there was no re drill conducted during the / - March) of 2022. On the the Administrator confirmed					

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6899

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Division of Licensing and Protection (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING_ 0027 08/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **15 ARIOLI AVENUE** ARIOLI COMMUNITY CARE HOME BARRE, VT 05641 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R302 Continued From page 5 R302 no fire drills were conducted during the first quarter of 2022.

Division of Licensing and Protection STATE FORM

6899

N30Z11

If continuation sheet 6 of 6

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 19th. 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 calking where needed. The bathroom adjacent to the living room is getting a new vanity, new paint throughout the bathroom as well as calking. 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 31st 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