



**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

May 24, 2024

Stacey Johnson, Manager  
Ave Maria Community Care Home  
19 School Street  
Richford, VT 05476-1130

Dear Ms. Johnson:

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

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>0005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVE MARIA COMMUNITY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19 SCHOOL STREET RICHFORD, VT 05476</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:  On 4/16/24 the Division of Licensing and Protection Conducted an unannounced on-site investigation of one complaint. Findings include:	R100	Plan of Correction accepted by Jo A Evans RN on 5/23/24. See the attached document to review the corrective actions accepted by the Surveyor.  <i>Please see Attachment.</i>	
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  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:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure 2 out of 5 sampled staff	R179		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stacey Johnson</i>	TITLE <i>manager</i>	(X6) DATE <i>5-13-24</i>
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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/16/2024</b>
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R179	<p>Continued From page 1</p> <p>completed all required yearly trainings. Findings include:</p> <p>The home's Personnel Policy 314 entitled Educational Assistance effective 5/1/2011 states, "Vermont State Regulations mandate that all Direct Care Staff receive at least 12 hours of education yearly", and indicates all Direct Care Staff are required to complete all mandatory training.</p> <p>Per review of staff training records for a sample of 5 staff, 2 out of 5 staff did not complete all required yearly trainings. At 12:55 PM on 4/16/24 this finding was confirmed by the Financial Manager for the facility that manages the home, and acknowledged by the Manager.</p> <p>This deficient practice is a risk for more than minimal harm for all facility residents due to inadequate staff education and training to safely and effectively provide resident care.</p>	R179	<p><i>Please See Attachment</i></p>	

**Deficiency Statement Plan of Correction (POC) for Survey Date: 4/16/2024**

**Facility Name: Ave Maria Community Care Home**

<b>Deficiency Regulation</b>	<b>How the deficiency was corrected</b>	<b>Date corrected</b>	<b>System changes to ensure compliance of the regulation</b>	<b>Who will monitor to ensure compliance</b>
R179	The two sample staff members have completed additional training to meet the minimum requirement of 12 hours of education yearly.	5/13/2024	On 4/23/24 the Finance manager along with the facility manager, changed the settings within the Relias program so staff are assigned monthly training sessions for the year. This will allow for a more consistent training/education schedule throughout the year and prevent staff from prematurely completing trainings which can lead to an extensive period of time with no training/education.	Facility Manager and HR Manager
			R179 Plan of Correction accepted by Jo A Evans RN on 5/23/24	