



**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

November 7, 2023

Ms. Kathy Chandler, Manager  
Emma's Place  
Po Box 75  
Wallingford, VT 05773

Dear Ms. Chandler:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 17, 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

802-241-0393

ATTN: NATALIA

Or Bur

PRINTED: 11/07/2023  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0816	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/17/2023
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NAME OF PROVIDER OR SUPPLIER  EMMA'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 76 WALLINGFORD, VT 05773
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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)	(X6) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensure survey and complaint investigation was conducted by the Division of Licensing and Protection on 10/17/23. Regulatory deficiencies were not identified as a result to the complaint investigation, however regulatory findings were identified related to the re-licensure survey. Findings include:	R100		
R250 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the Manager failed to ensure food items stored within the refrigerator were within appropriate date of use. Findings include:</p> <p>Per observation of the refrigerator at 9:10 AM, food items were observed to be outdated and stored for use, the food items identified were 8 ounce of mozzarella shredded cheese expired on 4/5/23, Sliced American cheese (deli) with use sell by date of July 18, 23. Sliced lunch meat without a label to identify the item and/or indicate use by date, 8 ounce bag of Mexican Taco Style shredded cheese expired on 7/17/23, 8 ounce bag Italian blended style shredded cheese expired on 1/18/23, jar of Chunky Salsa expired on 7/29/23 and Burrito Tortilla 10 inch wraps expired on 5/19/23.</p> <p>Per interview on 10/17/23 at 9:20 am the</p>	R250	<p>Manager will check all food products, including dry goods, canned foods, refrigerated foods and foods being taken out of freezer for damage, expiration date, proper labels -</p> <p>Staff has been educated re: proper labeling - we have printed labels for use -</p> <p>There are specific guidelines</p>	

Division of Licensing and Protection

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

*[Signature]* 11-7-23

STATE FORM

*[Signature]* 11/7/23

*[Signature]* 11/7/23  
*[Signature]* 11/7/23

for food storage and labeling posted on refrigerator  
the above instituted on 11/1/23

CUWN11

If continuation sheet 1 of 2

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER  EMMA'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 75 WALLINGFORD, VT 05773		
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R250	Continued From page 1  Manager confirmed the expiration date and use by dates on the food items identified.	R250	Tag R250 Accepted by Carol Scott-LTCM 11-7-23  <i>W. Landry 11-7-23 ✓</i>	