



**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 24, 2024

Chadd Viger, Manager  
Grace House  
35 Washington Street  
Rutland, VT 05701-5029

Dear Mr. Viger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 11, 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>0514</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRACE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 WASHINGTON STREET RUTLAND, VT 05701</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
T 001	Initial Comments  An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 9/11/24. Regulatory deficiencies were identified. Findings include:	T 001		
T 116 SS=D	<p>VII.7.1.a.4 Nutrition and Food Services</p> <p>7.1 Food Services</p> <p>7.1.a Menus and Nutritional Standards</p> <p>7.1.a.4 The residence must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the TCR failed to ensure posted menus were updated to reflect substitutions for meals.</p> <p>Per record review, the facility menu for 9/11/24 indicated Ham and provolone cheese sandwiches to be served at lunch. Through observation, ham and provolone cheese were not observed available within the home storage areas as available to be served for lunch. Additionally, through the course of the onsite visit the menu was not updated to reflect, the lunch meal to be served.</p> <p>Per resident interview at 1:30 PM, the resident confirmed, to prepare food that is "around", such as an pantry food items and/or food within the refrigerator. The residents indicated, to typically only eat two meals a day, is aware of the menu,</p>	T 116	<p>Response to T 116: Grace House manager will retrain staff to update the menu when changes are made, to ensure clients are aware (in writing) of the change. This retraining will occur by 11/24/2024.</p> <p style="color: blue; text-align: center;">T 116 Accepted Jenielle Shea, RN 10/24/24</p> <p style="text-align: right;"><i>Chadd Viger</i> MS, LADC, CEO</p>	10/24/24

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Division of Licensing and Protection

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T 118	<p>Continued From page 2</p> <p>to be spoiled, and in a secondary refrigerator 4 single serving containers of applesauce. Additionally, deli ham and provolone cheese were not observed within the home and available for the lunch meal.</p> <p>Per interview on 9/11/24 at 1:40 PM the Manager, acknowledge the menu, confirmed the available fruit within the home and acknowledge the supply is low, and does not support the homes census of 8 residents, along with, confirming deli ham and provolone cheese were not available within the home for lunch on 9/11/24. S/he explained a staff member is delegated the task of planning the weekly menu and ensuring food is available per the menu. S/he included, fruits are to be available to all residents for the breakfast and lunch meals, available in adequate portions with a variety of options per serving size guidelines.</p>	T 118		
T 130 SS=F	<p>VII.7.2.e 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 record review, the TCR failed to ensure food items that are outdated were not maintained within the cold storage of the home.</p> <p>Per observation during the facility tour commencing at 9:40 AM deli meat turkey was observed stored within the refrigerator with a use</p>	T 130	<p>Response to T 130: Grace House Manager will retrain staff to conduct refrigerator audits nightly, to ensure expired items are discarded. This retraining will be facilitated by 11/24/2024.</p> <p><b>T130 Accepted Jenielle Shea, RN 10/24/24</b></p>	

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T 130	<p>Continued From page 3</p> <p>by date of 8/31/24 and American cheese with a use by date of 8/30/24.</p> <p>Per record review of the facility menu, Turkey and cheese sandwiches were served on 9/10/24.</p> <p>Per interview on 9/11/24 at 1:40 PM the Manager confirmed the menu, and that outdated Turkey and Cheese were the deli meats available and served for lunch to facility residents per the menu on 9/10/24. The Manager indicated, to check the refrigerator routinely for proper labeling and expired foods.</p>	T 130		