

**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

May 17, 2023

Ms. Heather Presch, Administrator Merten's House 73 River Street Woodstock, VT 05091-1265

Dear Ms. Presch:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey conducted on **May 1, 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,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

## PRINTED: 05/11/2023 FORM APPROVED

	of Licensing and Protect				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	JF GURREG HUN	IDENTIFICATION NUMBER:	A. BUILDING	:	COMPLETED
		47\$002	B. WING		05(04(2022
					05/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	TATE, ZIP CODE	
MERTEN'	SHOUSE	73 RIVER	RSTREET		
	UNCOOL	WOODS'	TOCK, VT 0509	91	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX			PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
					8
S 000	Initial comments		S 000	•	
	The Division of Licens	sing and Protection			
		ounced, onsite re-licensure			
		The following regulatory			
	deficiency was cited a				
\$330	7.14 (a)(1-3) DIFTAR	Y SERVICES - SANITARY	S330		
SS=F	CONDITIONS				
	Comprise			S330 Dietary Services -	
	7.14 (g) The facility m	ust <sup>.</sup>		-	
	1. procure food from			Sanitary Conditions	
		ry by Federal, State, or local		Observed unlabeled food items	
	authorities;	ry by reactal, otate, or local		were discarded on 5/1/23. Oth	er
	•	tribute and serve food under			
	sanitary conditions; an			food storage areas were	
	3. dispose of garbage			inspected on 5/1/23 and any	
		e una relude property.		unlabeled items were discarded	d.
				Policies were developed	
	This REQUIREMENT	is not met as evidenced		-	
	by:	is not met as evidenced		pertaining to Food Preparation	
	-	, staff interview, and record		(including frozen items that	
	review, the facility faile			require defrosting/thawing) an	d l
	distribute and serve for				~
	conditions. Findings in	5		Labeling and Dating of Food	
	contaitions. r inaings i			Items.	
	Per observation on 5/	1/2023 at approximately		Dietary Staff to be trained on the	ne
		g conditions were observed		policies on or before 5/19/23.	
	in the kitchen:	g contaitions were observed			
		r, frozen meat was in the		Audits and observations will be	
		nout any mechanism to		conducted weekly by the	
		erature while defrosting,		Executive Director or Designee	to
	such as cold running v	•		ensure compliance with the	
	-	ened vegetable juice had		· ·	
		es in the top of the container		policies.	
		was no opening date on		Results will be presented	
	this container.			quarterly at QAPI X4 to ensure	
		iner of sour cream, an			
	opened container of c			ongoing compliance.	
	-	iced cheese did not contain			
	labels with dates that	-			
ivision of Lice	nsing and Protection			L	
	-	UPPLIER REPRESENTATIVE'S SIGNATURI	E	TITLE	(X6) DATE
h	Que D.	I			5/14/23
	Con ag Ma		6899	Executive Director	
TATE FORM		٠.	6623	J5O911	If continuation sheet 1 of 2

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Division of Licensing and Protect STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/01/2023	
		47S002				
	ROVIDER OR SUPPLIER	73 RIVER	DDRESS, CITY, ST			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID         PROVIDER'S PLAN OF CORRECTION           PREFIX         (EACH CORRECTIVE ACTION SHOULD BE           TAG         CROSS-REFERENCED TO THE APPROPRIATE           DEFICIENCY)         DEFICIENCY)		(X5) COMPLETE DATE	
\$330	Continued From page 1 - Flour and sugar were stored in bulk out of their original packaging without labels or dates of any kind. Per policy review, the facility does not have a standardized policy or procedure for safe thawing of frozen foods or labeling of opened/prepared foods.		\$330	Tag S330 POC accept K. Ruffe/P. Cota	ed on 5/17/23 by	
	AM, the Administrate	2023 at approximately 10:00 or confirmed that the food tion practices observed are			·	
sion of Lice	ensing and Protection					