



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

December 17, 2024

Amanda Davis, Manager
Parkway House
1111 Main Street
Saint Johnsbury, VT 05819

Dear Ms. Davis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 19, 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: 0162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2024
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NAME OF PROVIDER OR SUPPLIER PARKWAY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 MAIN STREET SAINT JOHNSBURY, VT 05819
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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 11/19/24 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following regulatory deficiencies were identified:	R100	<i>See attached</i>	
R180 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to maintain written documentation of training in direct care skills provided by the home's nurse on file and available for review for all facility staff. Findings include: The home's Staff Services and Staff Training policies and procedures are consistent with this regulatory requirement. On the afternoon of 11/19/24 the Manager was requested to provide documentation of trainings completed for a sample of 5 staff. Per review of the documentation provided, the Manager was unable to provide documentation of General Care and Supervision trainings completed for 5 out of 5 sampled staff. During interviews on the afternoon of 11/19/24, the Manager and Registered Nurse confirmed all of the home's Staff had received verbal in-person	R180		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Director of Residential Services 12/6/24

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2024
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R180	Continued From page 1	R180		
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trainings in direct care skills applicable to the General Care and Supervision training requirement, however documentation of the applicable trainings were not maintained on file and available for review for all staff.

R247 SS=F	VII. NUTRITION AND FOOD SERVICES	R247	<i>See attached</i>	
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7.2 Food Safety and Sanitation

7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview there was a failure to label perishable foods and beverages with the date the items were opened or prepared. Findings include:

The home's policies and procedures governing storage and labeling of perishable foods and beverages is consistent with this regulation.

During the tour of the home's kitchen commencing at 10:42 AM on 11/19/24 the following perishable food items were observed to be stored without labels indicating the date the items were opened or prepared as follows:

In the Kitchen refrigerator the following : Dairy products including cheese, milk, yogurt, heavy cream, and cottage cheese; sauces, dressings, condiments, and jelly; juice and a pitcher of an unidentified beverage prepared by the home; 3

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R247	Continued From page 2 bottles of flavored non-dairy creamer; a container of sliced deli meat with an expiration date of 11/4/24; and 3 containers of ice cream and sherbet. In non-refrigerated food storage areas: Containers of cereal and oats; breadcrumbs; oils; crackers; baking supplies; baked good prepared at the home; peanut butter and Fluff. The Manger confirmed these findings during the kitchen tour on the morning of 11/19/24.	R247		
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Facility: Parkway House

Survey Date: 11/19/2024

R180 – V. RESIDENT CARE AND HOME SERVICES

5.11.c Staff Services

Plan of Correction:

- The Residential Manager and Registered Nurse will generate written documentation reflecting previous in-person trainings provided to existing staff surrounding direct care skills.
- The Residential Manager and Registered Nurse will generate and maintain written documentation of any future in-person staff trainings surrounding direct care skills.
- The Residential Manager will ensure that the written documentation is incorporated into each staff member's training record and is available for review.
- The Residential Managers will conduct regular audits of all staff training records and address any deficits to ensure ongoing compliance with the regulation.
- The Licensee will complete periodic audits of staff training records to ensure ongoing compliance.

Date of corrective action – 12/18/24 and ongoing

R 180 Plan of Correction accepted by Jo A Evans RN on 12/17/24

R247 – VII. NUTRITION AND FOOD SERVICES

7.2 Food Safety and Sanitation

Plan of Correction:

- The perishable food items identified during the survey have received additional labeling to indicate the date of their opening and/or preparation.
- The non-perishable food items identified in the survey report continue to have their manufacturer's label and expiration and/or Best Buy dates.
- Residential staff will label all store-bought perishable food items to indicate their date of opening.
- Residential staff will label all perishable food items prepared within the home with a description of the food item and its date of preparation.
- The Residential Managers will conduct regular checks of the labeling of all perishable food items and will address any instances of non-compliance with the regulation.
- The Licensee will complete periodic checks of the labeling of perishable foods to ensure ongoing compliance.

Date of corrective action – 11/20/24 and ongoing

R 247 Plan of Corrections accepted by Jo A Evans RN on 12/17/24