



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 12, 2023

Mr. Jonathan Phyfe, Manager
Roadhouse
5 Giudici Street
Barre, VT 05641-3410

Dear Mr. Phyfe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 28, 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.

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", written over a light blue horizontal line.

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: 0615	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/28/2023
NAME OF PROVIDER OR SUPPLIER ROADHOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5 GIUDICI STREET BARRE, VT 05641			
(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	
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted on 11/28/23 by the Division of Licensing and Protection. The following regulatory violations were identified:	R100			
R232 SS=F	VII. NUTRITION AND FOOD SERVICES 7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance. This REQUIREMENT is not met as evidenced by: Based on staff interview there has been a failure to develop a planned and written menu. Findings include: Upon review of the weekly menu presently utilized by RCH staff, the RCH manager confirmed on the afternoon of 11/28/23 s/he is unaware who actually planned the present menu, acknowledging it is repeated week after week without diversity, noting there is no consistent planning. Refer to R-238	R232			
R238 SS=F	VI. NUTRITION AND FOOD SERVICES 7.1.a. (7) The home shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. This REQUIREMENT is not met as evidenced by:	R238			

R-232 POC accepted 12/11/23
M. McIntosh, RN

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

Paul Phyllis

TITLE

Residential Program Manager 12/7/2023
MP

(X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0615	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/28/2023
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R238	<p>Continued From page 1</p> <p>Based on staff interview and record review, there was a failure to maintain adequate food supplies on the premises to meet the requirements of the planned weekly menu. Findings include:</p> <p>During a tour of the RCH on 11/29/23 at 10:30 AM, food supplies in both the refrigerator and basement freezer were limited and did not comply with the menu. The posted menu had stated dinner meals for the week of 11/27 -12/2/23 would include: ham steak; fish sticks and hot dogs. These food items were not available. The lunch menu, repeatedly states a choice of cold cuts with cheese and lettuce would be served. Although there were cold cuts, neither cheese or fresh lettuce was available. The only other food in the refrigerator included a container of strawberries and 1 yogurt along, a dozen eggs. and condiments and salad dressings. The menu is presently repeated each week without a change, limiting variety and not meeting nutritional standards. During the tour, staff interviewed stated "...we do not follow the menu". Per interview at 2:00 PM, the RCH manager confirmed s/he does not create the menu and is unaware who actually has developed it. The manager further acknowledged meal planning is inconsistent and not meeting nutritional requirements, often serving store bought frozen dinners. Presently staff are responsible for the preparation of the evening meal, however decisions of what will be served is not based on whether each meal served is nutritionally balanced. Food supplies noted in the basement freezer consisted of frozen hamburger; pork chops, beef liver (surveyor informed .."no one eats"), 1 Kielbasa, a bag of tater tots, frozen macaroni & cheese dinner and sausage patties. Tator tots was the only food listed on the menu that was actually available for dinner for the week.</p>	R238	<p>R-238 POC accepted 12/11/23 M. McIntosh, RN</p>		

Division of Licensing and Protection

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R238	Continued From page 2	R238		
R266 SS=D	<p>X. PHYSICAL PLANT</p> <p>3.1 Environment</p> <p>3.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff there was a failure to maintain a sanitary environment associated with the first floor bathroom. Findings include:</p> <p>During the tour of the facility on 11/28/23 at 10:30 AM, the first floor bathtub was observed to be have peeled non slip tub treads and newer tub treads dispersed on the bottom of the bathtub. Both the old and newer treads were heavily stained with soiled adhesive and debris. The observation was confirmed by the manager on the afternoon of 11/28/23.</p>	R266		

R-266 POC accepted 12/11/23
M. McIntosh, RN

Roadhouse Plan of Correction site survey of November 28, 2023

VII. NUTRITION AND FOOD SERVICES

R232 7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance.

"Based on staff interview there has been a failure to develop a planned and written menu."

POC: All residents will be afforded opportunity to meet with members of the residential staff, on a weekly basis, to permit time and opportunity for all residents to make special meal requests, for the following week. In addition, the facility RN will provide guidance and education to all residential staff members, promoting nutritionally balanced meals, of a varied nature, such that all residents will be provided with high quality, fresh food items and meals, of high nutritional content, daily. The weekly menu will be prepared and written each week and will be posted in a common area (i.e.: kitchen) for all staff and residents to see, without constraint. At the conclusion of each week, the written menu will be maintained on site, permitting easy and ready access for future review. A member of the residential staff will prepare a list of needed food items, prior to attending to the weekly grocery store purchasing activities, in accordance with the established menu prepared in advance, of the following week.

The effective date of this correction action will be December 15, 2023.

R-232 POC accepted
M. McIntosh, RN 12/11/23

R238 7.1.a.(7) The home shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus.

"Based on staff interview and record review, there was a failure to maintain adequate food supplies on the premises to meet the requirements of the planned weekly menu."

POC: All necessary menu items will be purchased in sufficient quantity, on a regularly scheduled day of the week, set aside for the purpose of making regular grocery purchases, thus ensuring that all needed food items are fresh, of good quality, are nutritionally satisfactory, and available on hand at the residence, as indicated on the pre-planned and written, weekly menu. An identified residential staff member will prepare a grocery list each week, ensuring that all needed menu ingredients are available, and on hand at the residential facility, as indicated on the written menu, on a weekly basis.

The effective date of this correction action will be December 15, 2023.

R-238 POC accepted
M. McIntosh, RN 12/11/23

IX. PHYSICAL PLANT

R266 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.

“Based on observation and confirmed by staff, there was a failure to maintain a sanitary environment associated with the first-floor bathroom.”

POC: The facility manager will oversee the replacement of non-slip adhesive treads on the bottom of the bathtub, located on the first floor of the residence. Such oversight will include ensuring adequate removal of existing treads, as well as fully cleaning and sanitizing of the bathtub floor area, prior to the installation of new non-slip tread materials, onto the bathtub floor area, of one (1) uniform layer. The residential facility manager will inspect the condition of the bathtub floor area weekly, to ensure that standards of cleanliness and sanitation are maintained.

The effective date of this corrective action will be January 1, 2024.

R-266 POC accepted 12/11/23

M. McIntosh, RN