



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 14, 2022

Ms. Mary Belanger, Manager
St Joseph's Residential Care Home
243 North Prospect Street
Burlington, VT 05401-1609

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 15, 2022**. 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 cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/15/2022
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401		
(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 follow-up survey was conducted on 11/16/22 by the Division of Licensing and Protection to determine regulatory compliance after the completion of a complaint investigation conducted on 7/26/22. The following regulatory violation was identified to not be back in compliance with the Residential Care Home Licensing Regulations effective 10/3/2000:	{R100}	Please see attached plan of correction.	
{R266} SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: During a tour of the residence on 11/15/22 at 10:25 AM accompanied by the staff Oversight RN the following observations were made: 1. First floor bathroom toilet was soiled with excrement on seat and bowl. 2. The first-floor half bathroom noted a toilet seat with a missing toilet seat cover. The remains of the cover included exposed cracked plastic fasteners still mounted on the toilet creating a potential hazard for residents when sitting on the toilet. 3. The second-floor bathroom found a shower curtain and rod laying on the floor outside of the walk-in shower. Maintenance staff stated at the time of observation, the rod had fallen on 11/14/22 and needs to be replaced, yet the shower curtains and rod were left on the floor creating a tripping hazard and residents unable to	{R266}		

Division of Licensing and Protection

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

TITLE

(X6) DATE

Mary K. Bolinger

Administrator

12/12/22

R266 POC accepted 12/13/22 Fincimbsh RN/pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/15/2022
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401		
(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
{R266}	Continued From page 1 use the shower. In addition a hole and crack approximately 6 inch long was noted in the shower stall. 4. The radiator cover in the second floor bathroom was observed to be rusted and soiled. The corner portion of the cover was not intact and fell off when touched exposing a sharp metal protrusion creating a potential hazard for residents when using the bathroom. In addition, the sprinkler heads in the bathroom were heavily covered with dust. 5. Ceiling tiles used to access interior ceiling wiring were observed to be loose to include 1 tile that fell when manipulated by staff during the tour. Other access tiles were observed to not be secured to the ceiling strapping and had the potential to fall. All observations were confirmed by the RN at the time of the tour.	{R266}		

R266:

- The bathrooms will now be checked when nursing/housekeeping staff do rounds. Effective 12/12/2022. This will be conducted by nursing staff on 2 hour rounds as well as housekeeping staff when cleaning each floor.

The following repairs will be monitored by administrator to ensure completion of projects by due dates.

- Toilet seat has been replaced. 12/1/2022
- Shower curtain and rod have been replaced. 12/1/2022
- Cracks in shared showers will be repaired by 12/30/2022
- Radiator covers in bathrooms will be repaired and painted by 12/30/2022
- Sprinkler heads will be cleaned by 1/30/2022.
- Ceiling tiles that were damaged from water leak, will be replaced by 12/30/2022.