



**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

September 27, 2024

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 August 26, 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>0155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST JOSEPH'S RESIDENTIAL CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>243 NORTH PROSPECT STREET BURLINGTON, VT 05401</b>
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R100	Initial Comments:  On 8/26/24 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey and investigation of one complaint. No deficiencies were identified related to the complaint investigation. The following deficiencies were identified during the relicensure survey :	R100	Please see attached documents for Plan of Correction	
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179	Corrective actions for all tags accepted by Jo A Evans RN on 9/27/24. Please see attached document to review all accepted corrective actions.	

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

TITLE

(X6) DATE

*Mary Belanger*  
STATE FORM

Administrator

09/23/2024

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of required yearly trainings for 5 out of 5 sampled staff. Findings include:</p> <p>The facility's staff training procedures include a list of staff trainings to be completed</p> <p>At 1:28 PM on 8/26/24 the Administrator was requested to provide documentation of staff trainings completed by a sample of 5 staff. Per review of the training documentation provided by the Administrator and Director of Nursing on the afternoon of 8/26/24, five out of 5 sampled staff did not complete all required yearly trainings.</p> <p>This finding was confirmed by the Director of Nursing at 3:53 PM on 8/26/24.</p>	R179		
R190 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(4)</p> <p>The results of the criminal record and adult abuse registry checks for all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of all required criminal record and abuse registry background checks for 1 out of 5 sampled staff. Findings include:</p> <p>The home's procedures include a list of background checks to be completed</p>	R190		

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R190	Continued From page 2  At 1:28 PM on 8/26/24 the Administrator was requested to provide documentation of criminal record and abuse registry checks completed for a sample of 5 staff. Per review of the documentation provided by the Administrator on the afternoon of 8/26/24, all required criminal record and abuse registry checks were not completed for 1 out of 5 sampled staff.  This finding was confirmed by the Administrator at 4:36 PM on 8/26/24.	R190		
R246 SS=F	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure perishable food items free of spoilage. Findings include: Facility policies and procedures on file are consistent with this regulatory requirement.  During a tour of the home commencing at 10:15 AM on 8/26/24 spoiled vegetables were observed in the kitchen walk-in refrigerator including whole tomatoes with mold spots; three bins of degraded	R246		

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R246	Continued From page 3  finely chopped onions, peppers, and tomatoes; chopped lettuce, and whole carrots and a yellow squash with areas of discoloration and withering. Opened expired containers of sour cream and cottage cheese were also observed in the walk-in refrigerator. In the service area adjacent to the dining room three squeeze bottles of unrefrigerated BBQ sauce were observed and confirmed to be stored on a shelf with labels on the containers indicating the containers were filled on 8/16/24 and 8/20/24, and a large bottle of unrefrigerated BBQ sauce was stored on a shelf in the Kitchen.  These findings were confirmed by the home's Administrator during the tour of the kitchen and dining areas on the morning of 8/26/24.	R246		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES  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 perishables foods and beverages with the dates the items were opened or prepared. Findings include:  Facility policies and procedures on file are consistent with this regulatory requirement.	R247		

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R259	Continued From page 5	R259		
R259 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure cleaning chemicals are stored in a separate locked compartment within the food storage area. Findings include:</p> <p>Facility policies and procedures on file are consistent with this regulatory requirement.</p> <p>During a tour of the home commencing at 10:15 AM on 8/26/24 cleaning chemicals including disinfectants, sanitizers, and detergents were observed to be stored on and directly beside shelf used for storage of food items in the kitchen of the home. The food storage shelf was constructed of an open metal framework which offered no protection from exposure to chemical splashes, spills, leakage, and fumes.</p> <p>This finding was confirmed by the home's Administrator during the tour of the kitchen on the morning of 8/26/24.</p>	R259		
R266 SS=F	IX. PHYSICAL PLANT	R266		

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R247	<p>Continued From page 4</p> <p>During a tour of the home commencing at 10:15 AM on 8/26/24 the following perishable foods and beverages were observed without dates indicating when the items were opened or prepared:</p> <ol style="list-style-type: none"> <li>1. Opened undated perishable items in the food service area adjacent to the dining room included containers of milk, juices, condiments and sauces, whipped topping, and jelly in the refrigerator; containers of ice cream and sherbet including a 3 gallon container of ice cream without a lid in the freezer; boxes and bins of cereal on the shelves and countertops.</li> <li>2. Opened undated perishable items in the kitchen walk-in refrigerator included bins of chopped vegetables, bags of shredded cheese, containers of cottage cheese and sour cream, a bag of peeled garlic cloves, an unsealed stainless steel bin of a red sauce without an identifying label, and an unsliced deli turkey.</li> </ol> <p>Unopened undated items moved from the freezer to the walk-in refrigerator for thawing including a container of juice concentrate for the juice dispenser, a whole unsliced deli turkey breast, and two cases of Prairie Creek meat.</p> <ol style="list-style-type: none"> <li>3. Opened undated dry goods and unrefrigerated items on a kitchen shelf included oils, honey and molasses, vinegars, cooking wine, sauces, cereal grains, and rice.</li> </ol> <p>These findings were confirmed by the home's Administrator during the tour of the kitchen and dining areas on the morning of 8/26/24.</p>	R247		

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R266	<p>Continued From page 6</p> <p>9.1 Environment</p> <p>9.1.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 staff interview there was a failure to ensure care in a safe environment related to storage of chemicals in unsecured areas accessible to residents; and the failure to utilize caution signs to prevent falls and injury in bathrooms left with wet flooring after mopping. Findings include:</p> <p>Facility policies and procedures are on file related to this regulatory requirement.</p> <p>During a tour of the home commencing at 10:15 AM on 8/26/24 the following environmental safety concerns were observed:</p> <ol style="list-style-type: none"> <li>1. Hazardous chemicals including disinfectants, sanitizers, detergents and an insecticide were observed to be unsecured and accessible to residents in the open unattended dishwashing room adjacent to the dining room. Hazardous chemicals were also observed to be accessible to residents in an unlocked maintenance closet on the second floor of the home, and in an unlocked cabinet in the laundry room on the third floor. Residents of the home have varying ability to safely manage access to chemicals.</li> <li>2. A sharps container with used needles was observed unsecured and accessible to residents in the unlocked laundry room on the second floor of the home. This is risk for infection.</li> </ol>	R266		



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R266	<p>Continued From page 7</p> <p>3. Bathrooms located on both sides of the maintenance closet on the second floor of the home were observed without caution signs in place when the floors were wet after mopping. This is a risk for falls and injury. The Surveyor was alerted to this issue by a resident exiting one of the bathrooms who stated, "Be careful, it is slippery in there" as s/he exited the bathroom.</p> <p>These findings were confirmed by the Director of Nursing during the tour of the second and third floors of the home on the morning of 8/26/24.</p>	R266		

Plan Of Correction

**V. Resident Care and Home Services**

**R179**

**5.11 Staff Services**

- All mandatory in-services will be audited by the assigned staff manager to ensure that all (7 topics) required mandatory educational in-service materials are present before distribution to staff.

Completed by 9/24/2024

- All required readings and quizzes and other inservice materials will be put together in a packet and dispersed to employees on an annual basis by the assigned staff manager.
- All staff will be responsible to return the material back to their manager by the required due date.
- Each packet will have a due date and where to return documentation.
- The Nurse Manager will be responsible for providing, tracking and auditing the mandatory inservice for the nursing department to ensure compliance.
- The Administrative Assistant will be responsible for providing, tracking and auditing the mandatory inservice for all non-nursing departments ensuring compliance.
- The nurse manager or delegated staff member will audit in-service records monthly to ensure that all nursing staff are current on required in-services. Those not current will be given one warning, including the final due date. If in-services are not completed by the due date, staff members will be taken off the work schedule until all required in-services are submitted.
- The administrative assistant will audit in-service records monthly to ensure that all non-nursing staff are current on required in-services. Those not current will be given one warning, including final due date. If in-services are not completed by the due date, staff members will be taken off the work schedule until all required in-services are submitted.

R179 Plan of Correction accepted by Jo A Evans RN on 9/27/24

R190

5.12.b.(4)

Vermont Catholic Charities runs complete background checks for all new employees and runs background checks annually on all employees. Vermont Catholic Charities contracts with Sterling and they run complete background checks including VTAHS Adult/Child Registry checks and VCIC. Further, Vermont Catholic Charities run the VT AHS Adult/Child Registry checks and VCIC. Moving forward we will continue to run the VT AHS and VCIC internally, but we will print and scan the VTAHS Adult/Child Registry and VCIC checks to supplement the Sterling report.

New hires; run immediately. Existing staff annually.

In short, new and current employees (annuals) will have state checks printed and included in the background check package, then uploaded to the individual SharePoint sites.

Manager is responsible to ensure all needed background checks are completed.

Completed by 9/06/2024

R190 Plan of Correction accepted by Jo A Evans RN on 9/27/24

R246

VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a

- **Weekly review of in-stock inventory to ensure foods are within expiration date and are properly labeled**
- **The kitchen manager is responsible for compliance.**
- To be completed by 9/24/2024

R246 Plan of Correction accepted by  
Jo A Evans RN on 9/27/24

R247

VII. NUTRITION AND FOOD SERVICES

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: R247 Based on observation and staff interview there was a failure to label perishables foods and beverages with the dates the items were opened or prepared.

- **Re-train staff about labeling,**
- **Place visual signs to remind staff of temperature and labeling requirements make more available labels and markers**
- **Kitchen Manager responsible for ensuring compliance**

To be completed by 9/15/2024

R247 Plan of Correction accepted by Jo A Evans RN on 9/27/24

R259

7.3.1

All chemicals will be labeled clearly and kept in a secure locked storage closet when not in use.

Home Manager and Maintenance Supervisor will ensure compliance by doing weekly audit.

Completed 9/30/2024

R259 Plan of Correction accepted by Jo A Evans RN on 9/27/24

R266

9.1.1a

Closets that contain chemicals will have a keypad lock installed to prevent the need for a key to access the cleaning supplies. **Completed by 10/15/2024 or sooner due to parts are not in stock.**

All staff have been informed that the laundry rooms and housekeeping closets doors must be closed when not in use. Housekeepers and caregivers are responsible for ensuring the doors are shut when not in use. **Completed 9/15/2024**

If door(s) are found open staff member will be given

a corrective action write up. Continual offenses may lead to termination.

The Home Manager is responsible for compliance. **Completed by 9/25/2024**

Chemicals are now kept in the locked cabinet outside of the kitchen. Build a separation wall between the chemicals needed to wash dishes and rack to avoid splashes. All unused chemicals will be locked in the cabinet outside the kitchen.

The dining manager is responsible for compliance. **Completed by 9/25/2024**

2. Sharps containers will be stored on the third floor. This floor is not accessible to residents.

Director of Nursing is responsible for compliance.

**Completed by 9/15/2024**

3. Housekeepers have been retrained to squeeze out as much excess water as possible and place wet floor signs before they start mopping. House manager will be responsible for compliance.

**Completed by 9/15/2024**

R266 Plan of Correction accepted by Jo A Evans RN on 9/27/24