VERMONT

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

March 5, 2025

Stacey Johnson, Manager
Ave Maria Community Care Home
19 School Street
Richford, VT 05476-1130

Dear Ms. Johnson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 5, 2025.** 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0005	A. BUILDING: _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVE MARIA COMMUNITY CARE HOME	19 SCHOOL STREET RICHFORD, VT 05476

(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: On 2/5/25 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey and an investigation of one anonymous complaint. The following regulatory deficiencies were identified:	R100		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to complete a resident assessment following significant changes in one applicable resident's condition (Resident #1). Findings include: The home's policies and procedures governing resident assessments are consistent with this regulatory requirement. Per staff interview on September of 2024 Resident #1 experienced the onset of falls resulting in injuries. Per interview with the Financial Manager on 2/5/25, Resident #1 has also experienced a general decline over several months prior to the survey and investigation conducted on 2/5/25.	R136	See attachment	

Division of Licensing and Protection

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R136	Continued From page 1 Per record review, the most recent Resident Assessment on file for Resident #1 was an annual reassessment signed by the Registered Nurse as complete on 3/6/24. At 4:18 PM on 2/5/25 the Finance Manager confirmed a significant change assessment was not completed by the Registered Nurse in response to Resident #1's onset of repeat falls with injuries and general decline.	R136		
R291 SS=F	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure water temperatures at or below 120 degrees Fahrenheit in one resident accessible area of the home. Findings include: The home's policies and procedures governing water temperatures in resident accessible areas are consistent with this regulatory requirement. At approximately 11:40 AM the water temperature in the kitchen was observed to be 125.2 degrees Fahrenheit. The kitchen is open to the common areas of the home and accessible to residents. This finding was confirmed by the Staff on Duty, and acknowledged by the Financial Manager for the organization that owns and manages the home. Following adjustments made to the the home's	R291	See Attachment	

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R291	Continued From page 2 water heating system by the Financial Manager, water temperatures in this area of the home were observed to be maintained at or below 120 degrees Fahrenheit on the afternoon of 2/5/25.	R291	See Attachment	

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Deficiency Statement Plan of Correction (POC)

Survey Date: 2/5/2025

Facility Name: Ave Maria Home

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R136 Corrective actions accepted by Jo A Evans RN on 3/2/25	A significant change in status assessment was completed for resident #1 on 2/17/2025	2/17/2025	Nursing will incorporate resident changes as a standard agenda at the monthly staff meetings where nursing rounds about the residents. This will provide another opportunity for nursing to identify a change in status.	Nursing
R291 Corrective actions accepted by Jo A Evans RN on 3/2/25	An under-the-sink thermostatic mixing valve is installed on the kitchen sink hot water line to control the water temperature accurately.	3/14/2025	Staff will continue to monitor and record water temperatures every week to ensure temperatures do not exceed 120 degrees.	Manager

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