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 21, 2025

Eric Bach, Manager
Canterbury Inn
46 Cherry Street
Saint Johnsbury, VT 05819-2290

Dear Mr. Bach:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 24, 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
	0119	A. BUILDING _____ B. WING _____	C 02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERBURY INN	46 CHERRY STREET SAINT JOHNSBURY, VT 05819

(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 2/24/25 the Divisionof Licensing and Protection conducted an unannounced on-site annual relicensing survey and an investigation of one complaint. There were no regulatory deficiencies identified related to the complaint investigation. The following regulatory deficiencies were identified during the annual relicensure survey:	R100	Corrective actions for all tags cited accepted by Jo A Evans RN on 3/21/25. Please see the attached document to review the corrective actions for all tags cited.	
R147 5S=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure medication orders for 3 out of 4 sampled residents included a specific dose and frequency of administration. Findings include: Policies and procedures governing information to be included in medication orders were not on file and available for review on request during the survey conducted on 2/24/25. Per review of February 2025 Medication Administration Records and prescriber's orders on file for a sample of 3 residents, medication orders for 3 out of 4 sampled residents did not	R147		

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R147	Continued From page 1 include a specific dose and/or specific frequency of administration as follows: 1. Resident #1: a. "Cyclobenzaprine HCl 5 mg tablet 1 tab by mouth twice a day as needed". This order does not include a specific frequency of administration to include the amount of time between doses. 2. Resident #2: a."Hyoscyamine 0.125 mg 1-2 tabs PO/SL every four hours as needed". This order does not include a specific dose. b. "Morphine Sulfate 20 mg/1 ml 0.25 - 1 ml every 1-4 hours as needed". This order does not include a specific dose and a specific frequency of administration. 3. For Resident #3: a."Morphine Sulf (0.25 - 1 ml) Orally every 1 to 4 hours for moderate to severe pain S.O.B.". This order dose not include the medication strength, the specific dose to be administered, and the specific frequency of administration. b. "Prochlorperazine 10 mg tab 1 tab PO for nausea and vomiting". This order does not include a frequency of administration. c. "Acetaminophen 325 mg tablet 2 tabs (650 mg) by mouth three times a day as needed". This order does not include the amount of time between doses. d. "Hyoscyamine 0.125 mg 1 to 2 tabs PO every 4	R147		

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R147	Continued From page 2 hours for secretions". This order does not include a specific dose. e. "Fentanyl Patch 12 mg TOP TD 72". This order does not clearly state the frequency of administration. These findings were confirmed by the Registered Nurse at 5:55 PM on 2/24/25.	R147		
R167 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to develop plans for the administration of PRN (as needed) psychoactive plans by staff other than a nurse. Findings include:	R167		

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R167	Continued From page 3 Policies and procedures governing development of plans for the administration of psychoactive medications by staff other than a nurse have not been developed by the home On the afternoon of 2/24/25 the Registered Nurse (RN) was requested to provide documentation of plans for the administration of PRN psychoactive medications by staff other than a nurse for review. At 2:54 PM on 2/24/25 the RN confirmed written plans for the administration of PRN psychoactive medications were not on file and available for review for all applicable residents of the home.	R167		
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure medications managed by the home are stored in locked compartments to prevent access to residents and other unauthorized individuals. Findings include:	R173		

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R173	Continued From page 4 Policies and procedures governing secure storage of medications were not on file and available for review on request during the survey conducted on 2/24/25. During a tour of the home commencing at 10:10 AM on 2/24/25 the following medications were observed to be unsecured and accessible to resident and other unauthorized individuals: 1. In an unlocked mechanical room on the basement level of the home medications including Biofreeze, Zinc Oxide Ointment, A & D ointment, and Lidocaine 4% topical pain relief patches were observed to be accessible to residents. 2. Unsecured medications were observed in 2 resident rooms including Tucks Medicated Pads in Resident #3's room and Anti -Itch Powder in Resident #4's room. These finding were confirmed by the Manager during a review of findings following the tour of the facility on the morning of 2/24/25.	R173		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review all required criminal background checks were not completed as required for 5 out of 5 sampled	R190		

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R190	Continued From page 5 staff. Findings include: Policies and procedures governing staff background checks were not on file and available for review on request during the survey conducted on 2/24/25. On 2/24/25 the Manager of the home 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 Manager, national criminal record checks were not completed for 5 out of 5 sampled staff as required. These findings were confirmed by the Manager at 3:09 PM on 2/24/25.	R190		
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review policies and procedures governing areas of service provided by the home were not on file and available for review. Findings include: During the annual survey conducted on 2/24/25 the Manager was requested to provide the home's policies and procedures for review. On the afternoon of 2/24/25 the Manager confirmed policies and procedures governing services	R200		

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R200	Continued From page 6 provided by the home were not on file and available for review as they had been lost due to a fire which occurred at the home in April of 2021.	R200		
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 is a failure to reject dented cans are rejected and kept separate from food to be served to residents until returned to the supplier or wasted. Findings include: Policies and procedures governing damaged can goods were not on file and available for review on request during the survey conducted on 2/24/25. During a tour of the home commencing at 10:10 AM on 2/24/25 multiple dented cans of beans, corn, tomato paste, and tuna were observed to be stored with food to be served to residents. This finding was confirmed by the Chef at approximately 10:55 AM on 2/24/25.	R246		

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R259	Continued From page 7	R259		
R259 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 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. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure chemicals in the food storage area are kept in a separate locked compartment to prevent food contamination. Findings include: Policies and procedures governing storage of cleaning chemicals in the food storage areas of the home were not on file and available for review on request during the survey conducted on 2/24/25. During a tour of the home commencing at 10:10 AM on 2/24/25 cleaning chemicals were observed to be stored on the same shelves as food items in the dry storage area of the home including Ecolab Lime Away, detergents, bleach, germicides, grill cleaner, and sanitizers. This finding was confirmed by the Chef at approximately 11:00 AM on 2/24/25.	R259		
R266 SS=F	IX. PHYSICAL PLANT	R266		

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R266	Continued From page 8 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: Based on observation and staff interview there is a failure to ensure care in a safe environment related to the storage cleaning chemicals and other poisonous substances in areas of the home accessible to residents. Findings include: Policies and procedures governing secure storage of hazardous substances including cleaning chemicals were not on file and available for review on request during the survey conducted on 2/24/25. During a tour of the home commencing at 10:10 AM on 2/24/25 cleaning chemicals and other poisonous substances were observed to be stored in the unlocked laundry room on the basement level of the home including spray bottles of Ecolab Stainblaster Enzyme Boost and Rapid Multi Surface Disinfectant Cleaner. An unlocked mechanical room located on the same hallway was observed with unsecured products containing hazardous chemicals including boxes of Polident, and McKesson Dermal Wound Cleanser. There are resident rooms located on the basement level of the home; and residents who reside in other areas of the home can freely access the laundry room and mechanical room via the elevator and stairways. Additionally, cans of Lysol Disinfectant Spray, and a bottle of acetone based fingernail polish	R266		

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R266	Continued From page 9 remover were observed in resident rooms during the facility tour. These findings were confirmed by the Manager during a review of findings following the tour of the home on the morning of 2/24/25.	R266		
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 maintain water temperatures at or below 120 degrees Fahrenheit in 2 shared bathrooms accessible to residents of the home. Findings include: Policies and procedures governing water temperatures in resident accessible areas of the home were not on file and available for review on request during the survey conducted on 2/24/25. During a tour commencing at 10:10 AM on 2/24/25 water temperatures were observed to be greater than 120 degrees Fahrenheit in 2 shared bathrooms of the home including: 1. 125.2 degrees Fahrenheit in a shared bathroom on the home's L Unit. 2. 126.2 degrees Fahrenheit in a shared bathroom on the second floor of the home. These findings were confirmed by the Manager	R291		

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R291	Continued From page 10 following the tour of the home conducted on the morning of 2/2/4/25. On the afternoon of 2/24/25, water temperatures in the applicable resident accessible areas were confirmed with the Manager to be maintained at or below 120 degrees Fahrenheit following adjustments made to the home's water heating system.	R291		

Deficiency Statement Plan of Correction (POC)

Survey Date: February 24, 2025

Facility Name: Canterbury Inn

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R147 Plan of correction accepted by Jo A Evans RN on 3/21/25	Our contracted pharmacy as of 3/17/2025 has developed a report which will indicate Name, Medication, Date Medication Ordered, Dose, and Frequency. All new medications will include any *likely* Side Effects to be monitored. This report will be generated whenever a medication change occurs and before each provider visit to allow reconciliation with the provider's list. This list will be kept in the resident's medical record under Provider's Orders.	3/17/2025	New report created by our pharmacy as of 3/17/2025, new policy in place.	Care Team, DON
	A policy regarding specific frequency for all medications has been written. All providers have been notified valid orders must contain specific frequency, ranges will not be accepted. Orders from Hospice have all been corrected. Providers have made necessary changes; currently working to have all needed changes sent to Omni for profile updates. Also a policy indicating the facilities standardized times for medication administration has been written.	3/17/2025	New policy in place. Non-compliant orders will be refused.	Care Team, DON
R167 Plan of correction accepted by Jo A Evans RN on 3/21/25	A policy for administration of PRN psychoactive medications has been written. Policy includes procedure for individual Resident Care Plan development at time of order.	3/17/2025	New policy in place.	Care Team, DON
R173 Plan of correction accepted by Jo A Evans RN on 3/21/25	Residents with medications or chemicals in their rooms will be provided with a locking box for them to keep the medications or chemicals in. They will only be permitted to have these items in their rooms if they are assessed medically capable to do so by the Director of Nursing. Residents and families in disagreement with this have been referred to the Ombudsman.	03/18/2025	Daily resident room checks to assist them in storing medications and chemicals in the locking boxes.	Care Team, Housekeeping

	Facility rooms used to store medications or chemicals will be now be equipped with auto locking doors that are no longer capable of being unlocked when closed.	03/20/2025	Door. now auto lock.	Care Team, Housekeeping, Admin. Staff
R190 Plan of correction accepted by Jo A Evans RN on 3/21/25	National background checks now completed through Turning Point Data.	03/14/2025	National background checks will now be run on all new hires, NOT just on new hires moving from another state as described to us in previous survey.	Admin. Staff
R200 Plan of correction accepted by Jo A Evans RN on 3/21/25	Policy/Procedure has been added for each finding during survey.	03/14/2025	Policy and Procedure writing policy/Procedure has been added to Administrative Policy and Procedures.	Admin. Staff
	Recreation of Dietary policies/procedures completed	03/12/2025	Refer to policy and procedure writing policy/procedure	Admin. Staff
	Recreation of Facility policies/procedures started	04/30/2025	Refer to policy and procedure writing policy/procedure	Admin. Staff
R246 Plan of correction accepted by Jo A Evans RN on 3/21/25	Food refusal policy created. Space in storage area clearly marked for foods that cannot be used/ consumed has been designated for disposal, return or donation.	3/12/2025	Delivery date inspections and on-going packaging reviews.	Dietary Staff
R259 Plan of correction accepted by Jo A Evans RN on 3/21/25	Chemicals have been moved to a separate, auto-locking storage room from the supply room.	3/12/2025	Change in storage space.	Dietary Staff
	Chemicals in the kitchen space have been placed in a locking metal cabinet.	3/12/2025	Added locking cabinet to kitchen.	Dietary Staff
R266 Plan of correction accepted by Jo A Evans RN on 3/21/25	Laundry room will now become a locked room with an auto locking door. Chemicals in the laundry room will be stored in a locked cabinet with not occupied by a staff member or locked. Resident access requires chemicals to be locked prior to their entry. Residents wishing to do their own laundry who are not deemed eligible through assessment to have access to chemicals will be referred to the Ombudsman.	3/20/2025	Added an auto-locking door and a locking chemical cabinet to the laundry room.	Any Staff accessing the laundry room

R291 Plan of correction accepted by Jo A Evans RN on 3/21/25	New policy put in place for heating system re-starts to monitor hot water as boilers have been found to return to factory settings.	3/12/2025	New policy.	Facilities and Admin. Staff