VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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AGENCY OF HUMAN SERVICES

June 3, 2025

Ms. Shellie Stevens, Administrator
Mayo Healthcare Inc.
71 Richardson Ave
Northfield, VT 05663-5644

Dear Ms. Stevens:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **May 7, 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.

Sincerely,

PamelaMCotaRN
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475053	A. BUILDING _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYO HEALTHCARE INC.	71 RICHARDSON AVE NORTHFIELD, VT 05663

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E 000	Initial Comments An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection on 5/7/25 including Emergency Preparedness Requirements for 42 CFR Part 483 requirements for Long Term Care Facilities. The result of the Emergency Preparedness Survey identified no regulatory violations.	E 000	This Plan of Correction (POC) is submitted to meet the requirements of established federal and state laws and does not constitute admission of deficiencies.	6/16/25
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey from 5/5/25 through 5/7/25 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiencies were identified:	F 000		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	F 812	F812 All expired foods were removed from the shelves; floor has been mopped and waitress trays washed/sanitized per facility protocol. All residents are at risk for this alleged deficient practice. All dining staff have been re-educated on the F812-storage of food, dry storage, freezer storage, labeling all foods to allow for proper rotating and disposal when indicated. Dietary task lists have been updated Random weekly audits X 4 and monthly X2 to ensure proper outdated food removed from service, waitress trays sanitized after each service, floor mopped nightly, steamed table cleaned after each service. The results of these audits will be brought to the QAPI team for review and to determine if further intervention is required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Shellie Stevens, MSN-RN, Licensed Nursing Home Administrator 5/22/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 812	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to store food in accordance with professional standards for food service safety and failed to maintain a sanitary kitchen. Findings include: Per observation of the kitchen on 5/5/25 at 6:20 AM, the floor was observed to be coated with a sticky substance. There was a food serving station that had dried peas and onions on it. Per observation of the walk-in freezer on 5/5/25 at approximately 6:30 AM, a container of frozen pesto was dated to be used by 4/28/25. Per observation of the walk-in refrigerator there was a bag of pepperoni that had a use by date of 5/4/25. There was a bowl of chocolate pudding that had an expiration date of 5/4/25. There was a hot dog placed on a plate that had an expiration date of 5/3/25. Per observation of dry kitchen area there was a bowl of granola that had an expiration date of 4/25/25. There was a bowl of chocolate chips with a use by date of 4/30/25. Per observation on 5/5/25 at approximately 6:35 AM of a kitchen cabinet, there was a bowl of chocolate chips with an expiration date of 4/30/25. There were (10) 3.25-ounce packs of vanilla pudding with an expiration date of 4/28/25. There was a bottle of maple syrup with a use by date of 4/13/25. An interview was conducted with Kitchen Staff Member #1 on 5/5/25 at 6:46 AM. Kitchen Staff Member #1 confirmed these items had expired	F 812	**Tag F 812 POC accepted on 6/3/25 by T. Dougherty/S. Stem**	

This was residential care kitchen. Surveyor updated not nursing home facility. SS

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F 812	Continued From page 2 and were not disposed. Kitchen Staff Member #1 confirmed that the floor of the kitchen was sticky and that the serving tray had food debris on it from the previous day's meal. Kitchen staff member #1 stated, "I use this [serving station] for breakfast." A second observation of the kitchen was performed on 5/6/25 at 8:53 AM. The (10) 3.25-ounce vanilla pudding packs were still not disposed of. On 5/6/25 at approximately 8:55 AM Kitchen Staff Member #2 confirmed that the pudding packs had expired and were not previously disposed of on 5/5/25 after the initial observation.	F 812		
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long	F 851		

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F 851	Continued From page 3 term care facility (for example, housekeeping). §483.70(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual). §483.70(p)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency. §483.70(p)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS. §483.70(p)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is not met as evidenced by:	F 851		

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F 851	Continued From page 4 Based on interview and record review the facility failed to meet the requirement for Payroll Based Journal (PBJ) data submission for the first quarter of the facility's fiscal year 2025, October-December 2024. Findings include: Per record review of the PBJ Data Report for the first quarter of the fiscal year 2025 provided by Centers for Medicare & Medicaid Services (CMS), the report identifies areas of concern specific to the facility. The concerns reported for the first quarter of the 2025 fiscal year were: failure to submit data for the first quarter, a one-star rating for staffing, excessively low weekend staffing, no registered nurse hours, and failure to have Licensed Nursing Coverage 24 Hours/Day. During an interview on 5/7/25 at 10:03 AM with the facility Administrator and the Director of Nursing, it was confirmed that the Payroll Based Journal data was not submitted for the first quarter of the facility's fiscal year. The facility was made aware of the error in February 2025 when they discovered, online, that their Nurse rating had dropped to one and that facility's PBJ was not being reported. They contacted the new, current payroll system administrator to correct the data submission problem; the new systems' team was not successful in correcting the data submission problem. During the time of changing over to a new payroll system, the facility was keeping a log of all staffing hours and schedules They continue to keep this log. The data submission problem was reviewed by the Quality Assurance/Quality Improvement team and was reported to the Board. The Board approved the request to change back to the	F 851	Past noncompliance: no plan of correction required.	

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F 851	Continued From page 5 previous payroll system. The facility switched back to their previous payroll system and has had no further issues with noncompliance for Payroll Based Journal data submissions. Corrective action was completed by 2/25/25. Based on the facility submitting evidence of corrective action, the findings are cited as past noncompliance.	F 851		