VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

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AGENCY OF HUMAN SERVICES

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

July 2, 2025

Taylor Haggett-Hannigan, Manager
Arioli Community Care Home
15 Arioli Avenue
Barre, VT 05641-5214

Dear Ms. Haggett-Hannigan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 9, 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

PRINTED: 06/16/2025
FORM APPROVED

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
	0027	A. BUILDING: _____ B. WING _____	06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARIOLI COMMUNITY CARE HOME	15 ARIOLI AVENUE BARRE, VT 05641

(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 on-site relicensure survey was conducted by the Division of Licensing and Protection on June 9, 2025. The following regulatory violations were identified.	R100	R226 and R342 Accepted 7-2-25 Susan Gregoire RN	
R226 SS=F	5.12.b.(5) Records/Records The home must keep and maintain the following records: A written report of any accident, incident, or illness involving a resident must be placed in the resident's record. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review there was a failure to document and keep on file incident reports involving residents falling in the home. Findings include: Policies and procedures related to falls and incident reporting were not maintained on file and were not available for review upon request. Per observation during the facility tour commencing at 8:29 AM on June 9, 2025, a resident was observed standing, losing their balance, and falling into a seated position on the floor. The caregiver assisted the resident back to a standing position, and the resident walked away without further assistance. When questioned regarding documentation of the incident, the caregiver indicated that reports are not completed for falls deemed non-serious. During an interview conducted at 10:15 AM, the	R226		

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R226	Continued From page 1 Registered Nurse stated that all falls, regardless of severity, should be documented. The Registered Nurse acknowledged that developing a written policy to formalize this practice would be appropriate. During the afternoon of June 9, 2025, the Manager confirmed that incident reports related to resident falls are not consistently completed or maintained in the residents' records.	R226		
R342 SS=F	5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy must be available at the home for review upon request by residents and their representatives, advocacy organizations and the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to develop policies and procedures governing all areas of service provided by the home. Findings include: During the course of the annual survey conducted on June 9, 2025, the Manager was requested to provide written policies addressing accident and incident reporting, delegation and training related to medication administration, meal service schedules, and staffing requirements. During the afternoon of June 9, 2025 the Manager confirmed the requested policies above had not been developed by the home.	R342		

Arioli Group Home
15 Arioli Ave.
Barre VT 05641
Timothy.Rogers@wcmhs.org

Date: 6/25/25, Revision 7/1/2025
Re: Department of Disabilities Aging, and Independent Living
Division of Licensing and Protection.

To whom it may concern:

This letter is a direct response and Plan of Correction, to the letter we received from your office surrounding our June 9th inspection.

In response to R226SS=F 5.12.b.(5) Records/Records: During our monthly staff meeting we addressed with all house staff the importance of documenting *any* adverse events. Staff have been made aware that any illnesses, falls, or accidents involving patient injury or need to be documented as incident reports and that nursing needs to be notified at the onset of the event. Subsequent events have been documented appropriately and nursing has been notified. A written policy surrounding documentation of these events is in process of being authored. Taylor Haggett-Hannigan House/Program manager will be responsible for maintaining compliance of event reporting by house staff.

R226 Accepted 7-2-25
Susan Gregoire RN

In response to R342SS=F 5.15 Policies and Procedures: Policies are in the process of being developed, and or older policies modified to be reflective of procedures surrounding accident and incident reporting, delegation of med administration, meal schedules and staffing requirements. Any policies and procedures that have been signed by the previous RN home CDS nurse, will be signed and updated by the current home nurse Tim Rogers RN. Tim Rogers will be responsible for maintaining compliance in regard to med delegation, and follow up assessments/interventions surrounding incident reports.

R342 accepted 7-2-25
Susan Gregoire RN

Sincerely,

Timothy M. Rogers RN and Taylor Haggett-Hannigan Program Manager