VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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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

August 12, 2025

Jennifer Silva, Manager
Davis Home
45 State Street
Windsor, VT 05089-1213

Dear Ms. Silva:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 15, 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
	0021	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS HOME	45 STATE STREET WINDSOR, VT 05089

R213, R403 and R443 Accepted 8-11-25 Susan Gregoire RN

(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 July 15, 2025 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following deficiencies were identified:	R100		
R213 SS=F	5.11.e (2) Staff Services The licensee must take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references, contacting the Division of Licensing and Protection, the Department for Children and Families and the Department of Public Safety's Vermont Criminal Information Center (VCIC) or another national background check vendor to see if prospective employees are on the Vermont abuse registries or have a record of convictions in any state or territory. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the home failed to obtain the required annual criminal background checks for two out of five sampled staff. Findings include: Per record review, the home's Background Check Policy, dated April 1, 2006, had not been updated to reflect current Vermont State Rules. Per record review conducted on the morning of July 15, 2025, the home failed to obtain the required annual rechecks through the Vermont Criminal Information Center (VCIC) and the Adult and Child Abuse Registeries for one of five sampled staff and failed to obtain any background checks for another sampled staff member.	R213	all background and abuse ✓s complete. 7/31/25 Office manager has set up system in office for notifications if missing record checks and yearly updates. R213 Accepted 8-11-25 Susan Gregoire RN	

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R213	Continued From page 1 Per interview conducted on the afternoon of July 15, 2025, the Manager confirmed that the annual background checks had not been completed in accordance with Vermont State Licensing Rules.	R213		
R403 SS=F	9.1.c Environment The home must ensure that the resident environment remains as free of accident hazards as possible. Maintaining a safe environment must include the safe storage and clear labeling of chemical agents, which must include secure storage of such agents if the home has residents with cognitive impairment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure the safe storage of chemical agents, including cleaning products and insecticides. Findings include: The Home's Cleaning Supplies and Chemicals Policy states that "All cleaning supplies and chemicals will be kept out of reach of residents and locked if needed. This includes laundry products, air freshener sprays, and dishwasher cleaner." During the tour of the home on the morning of July 15, 2025, unsecured chemicals were observed to be stored and accessible to residents of the home in an unlocked hall closet including containers of Disinfectant Spray, Glass Cleaner, 409 Grease Cleaner and Raid Wasp and Hornet Insecticide. These chemicals were observed to be accessible to vulnerable adults residing in the home.	R403	Closet Locked currently 7/31/25 Added for Manager Weekly Check list View Locked Cabenet if Not locked Lock + Investigate Why it was Not locked. This weekly list is sent to Administator and Nurse. R403 Accepted 8-11-25 Susan Gregoire RN	

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R403	Continued From page 2 Per interview, these findings were confirmed by the Manager on July 15, 2025.	R403		
R443 SS=F	9.11.d Disaster and Emergency Preparedness There must be an operable telephone on each floor of the home, available to residents at all times. A list of emergency telephone numbers must be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure the availability of an operable telephone with posted emergency numbers was available and accessible to residents on the second floor of the home. Findings include: Per interview with the Manager, the home did not have a policy addressing the availability of a resident accessible telephone with posted emergency numbers. During a tour of the home on the morning of July 15, 2025, no operable telephone accessible to residents was observed on the second floor, and no emergency contact numbers were posted as required. Per interview, the Manager acknowledged this finding on the afternoon of July 15, 2025.	R443	Emergency #'s posted by all phones. upstairs Phone to be installed with emergency #s Added to Manager Check list Emergency #'s posted. This Report goes to Administrater + Nurse to make sure Phone is in designated area 8/21/25 R443 Accepted 8-11-25 Susan Gregoire RN	