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

October 31, 2025

Stacey Bowen, Manager
St Joseph Kervick Residence Iii
131 Convent Avenue
Rutland, VT 05701

Dear Ms. Bowen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 6, 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
	0298	A. BUILDING: _____ B. WING _____	C 10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH KERVICK RESIDENCE III	131 CONVENT AVENUE RUTLAND, VT 05701

R210 and R342 Accepted 10-31-25
Susan Canas 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 October 6, 2025, the Division of Licensing and Protection conducted on unannounced on-site investigation of three facility reported incidents and one complaint. The following deficiencies were identified:	R100		
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire, provided the home maintains documentation of the training and ensures competency in the subject matter. The training must include, but is not limited to, the following: (1)Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different cultures, belief systems, abilities, gender	R210	R210 The home maintains a comprehensive staff training program consistent with all applicable licensing rules and regulations. 1. Mandatory Training Compliance: All staff will complete the required mandatory training necessary to meet state and licensing regulations. 2. Training Review and Tracking: A review of all staff training records has been completed, and a formal tracking system has been implemented to ensure ongoing compliance and to prevent future deficiencies. 3. Training Completion Deadlines: o All current employees will complete their required mandatory trainings by November 30, 2025. o All new employees will complete all mandatory training during new employee orientation and annually thereafter. 4. Training Tracking System Implementation: The training tracking system is fully implemented and operational on October 20, 2025, to monitor completion and renewal of all required training. 5. Ongoing Compliance: Department Heads will ensure that all staff remain current in all mandatory training as required by licensing standards by November 30, 2025, and continuously thereafter. R210 Accepted 10-31-25 Susan Canas Gregoire RN	

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R210	Continued From page 1 identities, sexual orientation; and (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure five out of five sampled staff completed annual training as required by State Rules. Findings include: The home's policies and procedures governing staff training are consistent with the licensing rules. On the morning of October 6, 2025, the Manager of the home was requested to provide documentation of completed annual training for a sample of five staff. Review of the documentation provided by the manager upon request showed that five out of five sampled staff had not completed all required annual training. Specifically, two staff had not completed the Resident Rights training; two staff had not completed the Policies and Procedures Regarding Mandatory Reporting of Abuse, Neglect, and Exploitation Training; and two staff had not completed the Communication Strategies, Person-Centered Care, Challenging Behaviors, and Understanding Dementia Training. In addition, all five staff had not completed the required training on Recognition of and Sensitivity to Different Cultures, Belief Systems, Abilities, Gender Identities, and Sexual Orientations, and five out of five sampled staff had not completed the Trauma Informed Care training as required by State Rules.	R210		

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R210	Continued From page 2 These findings were confirmed by the Manager on the afternoon of October 6, 2025.	R210		
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 observation, staff interview and record review the home failed to ensure the development and implementation of policies and procedures governing staff training for employees with limited English proficiency. Findings include: During a tour of the home conducted on the morning of October 6, 2025, a direct care staff member was observed providing one-on-one assistance to residents in a common area of the home. The staff member was unable to communicate in English with residents who require verbal direction and reassurance for safety and care tasks. Per staff interviews conducted on the morning of October 6, 2025, it was determined that the employee did not speak, read or understand English. Per additional staff interviews, staff reported that all required trainings, including resident rights, abuse prevention and dementia care were presented only in English. Two non-English speaking staff conveyed that they brought some of the English-language training	R342	R342 The home maintains comprehensive written policies and procedures governing all services provided. Copies of these policies are available for review upon request by residents, their representatives, advocacy organizations, and the licensing agency. We currently train staff whose primary language is not English through various communication modalities to ensure competence in their positions. We will now formalize the policy. 1. Development of New Policy: A formal policy will be established regarding training and support for staff whose primary language is not English or who use English as a second language. 2. Assessment of English Proficiency: All new staff will be evaluated for English language proficiency during general orientation to ensure effective communication and comprehension of policies, procedures, and resident care requirements. 3. Training and Support: The home is committed to working closely with staff to ensure that all employees receive proper training and clearly understand the home's policies and procedures. The new policy will outline additional training and support measures for staff who use English as a second language. 4. Ongoing Evaluation: English proficiency will be reviewed during general orientation for all new employees and periodically thereafter to ensure continued understanding and compliance. 5. Implementation Timeline: The formal policy on training and support for staff with English as a second language will be completed and implemented by November 30, 2025	

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R342	Continued From page 3 materials home, translated them independently or with help and returned the completed documents to the facility. Per record review, not all their training had been completed. Per record review of training records showed all modules and competency tests were printed and signed in English only. On the afternoon of October 6, 2025, the Manager was requested to provide policies and procedures governing staff training for employees who do not speak, read, or write in English. The Manager confirmed that such policies and procedures had not been developed or implemented and were unavailable for review. The Manager added that this was an area they had been exploring but had not yet implemented.	R342	R342 Accepted 10-31-25 Susan Canas Gregoire RN	