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

November 10, 2025

Kellie Decicco, Manager
Converse Home
272 Church Street
Burlington, VT 05401-4695

Dear Ms. Decicco:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1010	A. BUILDING: _____ B. WING _____	C 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONVERSE HOME	272 CHURCH STREET BURLINGTON, VT 05401

R193 & R225 Accepted 11-7-25
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 15, 2025, the Division of Licensing and Protection conducted an unannounced, on-site relicensure survey, in conjunction with an investigation of two facility-reported incidents. No deficiencies were identified in relation to the facility reported incidents. The following deficiencies were identified as a result of the relicensure survey: :	R100		
R193 SS=F	5.10.d (2) Medication Management A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. Delegation must be resident (1) specific for each medication. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure the Registered Nurse delegates responsibility for medication administration prior to permitting designated staff to administer specific medications to specific residents of the home. Findings include: The home's Delegation of Medication Administration or Assistance Policy revised on April 3, 2025, states that the appropriate procedures are followed for the delegation of administering or assisting with medications in accordance with licensing regulations. Additionally, it states that the Registered Nurse will have the authority and responsibility of implementing and monitoring the delegation	R193	KD	

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R193	Continued From page 1 process to effect safe, accurate medication administration or assistance by properly educated staff. Per interview conducted on the morning of October 15, 2025, with the Registered Nurse (RN) responsible for medication delegation in the home, the RN stated that they had not completed the medication delegation process for training for unlicensed staff and were not aware that this was a state rule. The RN further explained that all previous medication delegation and related training had been conducted by a former Registered Nurse who is no longer employed by the home. These findings were confirmed by the Registered Nurse on the morning of October 15, 2025. In response, the Registered Nurse initiated medication-delegation training for all licensed and unlicensed staff authorized to administer medications.	R193		
R225 SS=F	5.12. b (4) Records/Reports The home must keep and maintain the following records: 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 there	R225	KLO	

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R225	Continued From page 2 is a failure to ensure all background checks were completed as required for 2 out of 5 staff. Findings include: The residence's background check policy is consistent with the state licensing rules. On October 15, 2025, documentation of criminal records and abuse registry checks on file at the residence was reviewed for a sample of 5 staff. Per record review, yearly background checks were not completed as required for 2 out of 5 sample staff. This finding was confirmed by the Manager of the home on the afternoon of October 15, 2025	R225		

R193 Accepted 11-7-25
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R193
5.10.d.(2)

Action to correct deficiency:

1. The Delegation of Medication Administration or Assistance Policy has been updated to reflect the State Rule 5.10.d.(1), (2,) (3), for reference.
2. The Delegation of Medication Administration or Assistance Policy has been updated to reflect the Director of Nursing or Assistant Director of Nursing will be identified upon hire as the registered nurse who must delegate the responsibility for the administration of specific medications to designated staff for designated residents.

Measure/Systemic Change to ensure no recurrence:

1. When a new Director of Nursing or Assistant Director of Nursing is hired, their orientation will include the observation and redelegation to non-licensed nursing staff who have successfully completed the Medication Administration class to transfer delegation to be under the new Registered Nurses license.
2. As reflected in the policy, the DON, ADON, or Charge of Shift nurse will check off non-licensed care staff after reviewing medication administration policies and procedures and observing resident specific medication administration.
3. Any non-licensed med passer with unsatisfactory performance will be taken off medication administration and work directly with the Assistant Director of Nursing/Educator until satisfactory completion and execution of medication administration. This may be a temporary or permanent change, and final determination will be made by the Director of Nursing.

Monitor:

1. The Assistant Director of Nursing/Educator will maintain a spreadsheet with all current residents listed for each med passer. As new residents move in, ADON will ensure med passers receive resident specific delegation and are then checked off on the tracking tool.
2. The ADON and DON will continue to provide education and support, ensuring all med passers are competent on medication administration obligations and following the 6 Rights of Medication Administration with reeducation as necessary.

Completion:

The clinical nursing team- Director of Nursing, Assistant Director of Nursing and the Co-Executive Director reviewed the delegation process, updated, re-educated staff, and implemented effective 10/31/202.

R225 Accepted 11-7-25
Susan Canas Gregoire RN

R225
5.12.b.(4)
Action to correct deficiency:

The home must keep and maintain the results of criminal record and adult abuse registry checks for all staff on file.

The Human Resource Manager will run all state and national criminal background checks and adult abuse registry checks for all staff upon hire or re-hire to the organization, and annually.

Measure/Monitor to ensure no recurrence:

The Administration Department will complete an audit of all background checks following the completion of the Annual Background Check process to ensure all Converse Home employees and contract staff have completed and clean background checks on file.

Completion:

The Administration Department has revised the Background Check policy to include the annual audit of all Converse Home employees and contract staff. This went into effect on 10/31/25.