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

[phone] 802-241-0344
[fax] 802-241-0343

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 26, 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 **November 10, 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
	1010	A. BUILDING: _____ B. WING _____	C 11/10/2025

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

(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 November 10, 2025, the Division of Licensing and Protection conducted an unannounced on-site investigation in response to a facility reported incident and a complaint. As a result, the following deficiencies were identified:	R100		
R142 SS=G	5.5.d General Care A home must provide each resident with adequate supervision and must facilitate obtaining assistive devices sufficient to prevent accidents, and/or to mitigate risk of injury due to accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and record review, there is a failure to ensure care in a safe environment, including adequate supervision to prevent accidents, or to mitigate the risk of injury due to accidents. This failure resulted in one applicable resident (Resident #1) sustaining extensive injuries requiring hospitalization. Findings include: The home's Assisted Living Resident Agreement under General Supervision includes monitoring the resident's activities, if necessary, to prevent harm. The home's Behavioral Intervention Policy states to report resident behaviors that have the potential to adversely affect the individual resident demonstrating the behavior, and if unable to initially determine factors that are causing the negative behavior the Registered Nurse or delegate is to begin a Behavioral Monitoring Log. The Behavioral Intervention Policy goes on to state staff will monitor the resident's behavior to determine the effectiveness of the plan and	R142	KD	

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 11/10/2025

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

(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
R142	Continued From page 1 document results in the nurse's notes. The home failed to develop or implement a behavioral plan for Resident #1 in accordance with its own policy. Per record review of Resident #1's documented care plan on the morning of November 10, 2025, the Resident's diagnosis includes both physical and cognitive impairments. The care plan further indicates that Resident #1 utilizes a walker for ambulation and requires continuous oxygen therapy via nasal cannula for respiratory support. The care plan identifies falls as an area of focus and includes a goal to reduce the occurrence of avoidable falls. Per record review conducted on the afternoon of November 10, 2025, progress notes dated September 23, September 24, October 15, October 16, and October 17, 2025, documented that Resident #1 experienced repeated episodes of hallucinations, fear, and delusional statements. These entries included reports of the Resident hearing music, seeing objects in water, and expressing fear that people were chasing them. Resident #1 was also documented as having falls September 23 and October 15, 2025. Despite these documented changes in mental and physical health, no behavioral monitoring plan was initiated, and the Resident's person-centered plan of care was not revised or updated. Per progress notes dated October 17, 2025, indicated that at approximately 11:30 PM, Resident #1 was found near the dining room, on the opposite side of the building from their room, stating that people were chasing them and that they heard music coming from the floor. Staff assisted Resident #1 back to their apartment using a wheelchair, provided water, and offered reassurance, noting that they would continue	R142		

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 11/10/2025

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

(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
R142	Continued From page 2 monitoring the Resident throughout the night. Per staff interview conducted on November 11, 2025, with the Night-Shift Caregiver on duty during the early morning hours of October 18th, 2025, the Caregiver reported that Resident #1 had been speaking about hearing music, experiencing hallucinations, and expressing that groups of people were chasing them, stating they were scared. The caregiver stated that Resident #1 was found at 11:30 PM on the opposite side of the facility, which was unusual because the Resident rarely left their room. The Caregiver noted that another staff member had alerted the team when they were unable to locate Resident #1, recognizing this behavior as out of character. The Caregiver further reported that after locating Resident #1 and assisting them back to bed, they reassured them they would return to check on them. The caregiver stated that they checked on Resident #1 at 1:00 AM and observed the Resident sleeping. Per record review of the Police Report dated October 18, 2025, at 2:15 AM, the report indicated that law enforcement responded to the home for a report of a resident who had jumped from a room window. Upon arrival the officer observed a resident lying on the ground and a community member who had called 911. The report documented that the caller who resides across from the home and had their windows open heard Resident #1call for help. The caller reported observing Resident #1 lying on the ground and appearing to be in pain. Emergency Medical Service were subsequently requested to respond to the scene. Resident #1 was taken to the Emergency Department via ambulance at approximately 2:30 AM.	R142		

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 11/10/2025

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

(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
R142	Continued From page 3 Per record review of the hospital care timeline, Resident #1 was transferred from the Emergency Department to the Surgical Intensive Care Unit on October 19, 2025. Review of the Hospital Discharge Summary under Surgical Course documentation indicated that Resident #1 sustained right-sided transverse process fractures of ribs and dislocation of the right AC joint resulting from a fall from a window. On the afternoon of November 10, 2025, the co-Executive Directors acknowledged these findings. These findings demonstrate that the home failed to ensure care and supervision were provided in a safe environment as required by State Rules. The home did not identify or address Resident #1's escalating behaviors and psychological symptoms-including hallucinations, fear, and delusional thinking- in the Resident's plan of care nor did it implement a behavioral monitoring plan as required by the home's own Behavioral Intervention Policy. Additionally, the home failed to provide adequate supervision to prevent accidents or mitigate the risk of injury. As a result of these failures Resident #1 exited a window, fell over six feet and sustained extensive injuries that required hospitalization. This deficiency is cited at harm level due to the injuries Resident #1 sustained during the incident that occurred in the early morning hours of October 18, 2025.	R142		
R159 SS=D	5.9.c (2) Nursing Services For each resident requiring a nursing overview, administration of medication, or nursing care, the registered nurse must:	R159	KD	

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 11/10/2025

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

(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
R159	Continued From page 4 Develop a person-centered written plan of care within 14 days after admission, in accordance with the nursing process and professional standards of practice, for each resident that is based on abilities and needs as identified in the resident assessment. The resident, and if the resident chooses, resident representatives such as family or close supports, must be invited and allowed to participate in care planning meetings. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being, and must be revised as the resident?s abilities and needs change This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failure to ensure the development of a person-centered written plan of care that identified goals and interventions to address a Resident's (Resident #1) episodes of altered perception, as well as the necessary measures to guide staff in managing these needs. Findings include: The home's Care Plan policy is consistent with this licensing rule. Per record review of Resident #1's care plan on the afternoon of November 10, 2025, the plan identifies the resident as having cognitive and physical impairments and requires use of a rolling walker. However, the care plan does not address the resident's documented episodes of altered perception, including reports that the resident	R159		

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 11/10/2025

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

(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
R159	Continued From page 5 believed people or voices were present and pursuing them. Per record review of the home's progress notes conducted on the afternoon of November 10, 2025, documentation reflects that Resident #1 experienced repeated changes in condition which included experiencing repeated episodes of hallucinations, fear, and delusional statements on September 23, September 24, October 15, October 16, and October 17, 2025. Despite these multiple documented behavioral and cognitive changes, the home failed to revise or update Resident #1's person-centered plan of care to address these concerns or to ensure the appropriate interventions and guidance for staff were implemented. These findings were acknowledged by the Executive Director on the afternoon of November 10, 2025.	R159		

R142

5.5.d General Care

Action to correct deficiency:

1. To ensure care in a safe environment, including adequate supervision to prevent accidents, or mitigate the risk of injury due to accidents, nursing staff have been reeducated on the Home's Behavior Intervention policy, which is already in place, along with a Behavior Log and Time Checks document.
2. The night shift nursing staff have been reeducated to identify and monitor any resident that exhibits any behaviors that could cause potential harm to themselves or others, contact the On-Call nurse to discuss beginning a behavior log, document a note in the EMAR, and communicate any change to the Director of Nursing and dayshift RN Shift Supervisor for follow up. It will then be determined if the resident should remain with an assigned caregiver, or 15- or 30-minute checks should begin. This charge has been updated in the homes Behavior Intervention Policy.
3. The home's procedure "How to update a Service Plan" has been changed to a policy and updated to include behavioral and mental status changes. The policy now states, "When there is any change to a resident's condition, be it a new infection, new diagnosis, fall, behavior, mental status, wound, etc. the Service Plan will be updated to reflect this new status change.".
4. Due to the incident resulting in injury on Resident #1, our maintenance department has begun the task of securing window stoppers on all windows in the home to prevent them from opening beyond 6 inches.

Measure/Systemic Change to ensure no recurrence:

1. All Converse Home staff will be educated on identifying behaviors or mental status changes during the nursing and non-nursing staff Care & Supervision and Emergency Response mandatory yearly trainings effective 11/21/2025. Non-nursing staff will be educated to bring their concerns to their direct supervisor who will communicate the information to the DON. Nursing staff will report observations to the Shift Supervisor nurse or DON, and it will be determined if a Behavior Log or other checks should be instituted.
2. The Behavioral Intervention Policy has been updated to include the night shift Charge of Shift will contact the On-Call nurse when a resident is exhibiting behaviors that are frightening or potentially hazardous to the resident or others. The Director of Nursing or other delegated Registered Nurse will review the previous night's documentation, assess the resident the following day and follow up on a plan for intervention.
3. The DON or delegated Registered Nurse will ensure the updated Service Plan policy has been followed after a change in condition, including mental status, has been identified.
4. Window stoppers will be assessed periodically by the maintenance department to ensure the safety of all residents.

Monitor:

1. The Director of Nursing and Assistant Director of Nursing will work together to ensure all new hires are fully trained and understand Behavioral Intervention and course of action based on the employee's department.

2. The DON and ADON will work with new Charge of Shift and Shift Supervisor nurses on the importance of monitoring and documenting identified changes in a resident status and all Registered Nurses will be educated on updating Service Plans. All new Service Plans implemented will be reviewed by the DON or delegated Registered Nurse.

Completion:

The clinical nursing team- Director of Nursing, Assistant Director of Nursing, Executive Director, and Director of Administration reviewed the updated policies and processes, will re-educate all staff, and implemented effective 11/27/2025.

R142 accepted by LTCM on 11-26-2025

R159
5.9.c Nursing Services

Action to correct deficiency:

The home's procedure "How to update a Service Plan" has been changed to a policy and updated to include behavioral and mental status changes. The policy now states, "When there is any change to a resident's condition, be it a new infection, new diagnosis, fall, behavior, mental status, wound, etc. the Service Plan will be updated to reflect this new status change."

Measure/Systemic Change to ensure no recurrence:

The DON, ADON, or delegated Registered Nurse will ensure the updated Service Plan policy has been followed after a change in condition, including mental status, has been identified.

Monitor:

The DON and ADON will work with new Charge of Shift and Shift Supervisor nurses on the importance of monitoring and documenting identified changes in a resident status and all Registered Nurses will be educated on updating Service Plans. All new Service Plans implemented will be reviewed by the DON or delegated Registered Nurse.

Completion:

The clinical nursing team- Director of Nursing, Assistant Director of Nursing, Executive Director, and Director of Administration reviewed the updated Service Plan policies and processes, will re-educate all staff, and implemented effective 11/27/2025.

R159 accepted by LTCM on 11-26-2025