VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

December 26, 2025

Ms. Heather Impey, Administrator
Menig Nursing Home
215 Tom Wicker Lane
Randolph Center, VT 05061

Provider ID #: 475058

Dear Ms. Impey:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **November 18, 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.

Sincerely,

Pamela M Cota RN
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475058	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menig Nursing Home	**215 Tom Wicker Lane , Randolph Center, Vermont, 05061**

(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) COMPLETION DATE
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite revisit survey at the facility on 11/18/25 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The revisit was for the survey dated 9/17/25. The following regulatory violation was identified:	F0000	Preparation, Submission, and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the alleged violations or conclusions set forth in the statement of	
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to store food in accordance with professional standards for food service safety. This is a repeat deficiency for this facility, with the violations cited during the previous two recertification surveys dated 9/17/25 and 7/25/24.	F0812	F 0812 Food Procurement, Store/Prepare/Serve-Sanitary The facility will ensure food is stored in accordance with professional standards for food service safety. The facility identified all residents residing at the facility as having the potential to have been affected by the alleged deficient practice.	10/08/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Heather Gray	LNHA	12/29/25

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F0812 SS = F	Continued from page 1 Findings include: During kitchen observations on 11/18/25 at 9:36 AM, an open wrapper of tortillas was observed being stored on a crate along with a package of English muffins and a package of bread without a date. The Kitchen Manager stated that the manufacturer of these items doesn't have an expiration date for them. Additionally she stated that the English muffins are "supposed to be able to be in the refrigerator for up to six months" and that the way she checks to see if they are still good or not would be by testing for spoilage by touching the food, tasting the food, and observing the way it looks to see if it's spoiled. The Kitchen Manager also reported they don't individually label packets of bread that have been taken out of the fridge or freezer. She confirmed that both the bread and the English muffins should have labels for when they were taken out of the freezer to indicate when they expire. During observation on 11/18/25 at 9:45 AM, the freezer revealed a pie crust that had a clear plastic bag over it and was open to the air and had no expiration date. The following items were missing expiration dates: hot dog buns, an open bag of two different kinds of frozen pastries, chicken stock, beef ravioli, pumpkin cake, and veggies crumbles. The Kitchen Manager confirmed that these items did not have a date on them and that they should. A container with approximately eight heads of ginger in it had grey matter growing on the ginger and the ginger appeared dry and cracked. The ginger did not have a date for when it should be discarded on it. The Kitchen Manager confirmed that the ginger had mold on it and was probably from three weeks ago, and that she would discard the ginger. Additionally, during this observation, there were coconut flakes dated 10/24. The Kitchen Manger confirmed that not all staff are labeling items with the month, date, and year. A plastic package of Tuna was observed in a sealed container in the fridge with no expiration date and the Kitchen Manager confirmed that it did not have an expiration date on it. She reported being able to tell when it is expired by opening it, smelling it, and tasting it. A container of 16 oz beef base was observed with no expiration date along with the eggs in the refrigerator, both of which the Kitchen Manager confirmed. An observation on 11/18/25 at 10:20 AM of their dry storage, revealed three dented cans, garbanzo beans without a date, dark red kidney beans without a date, and canned tomatoes without an expiration date. The Kitchen Manager confirmed that the dented cans should not be used and that she would have to look up when the	F0812	1. All bread products without identified expiration date were disposed of on 11/18/2025. 2. All items identified in freezer that were expired, and/or missing an expiration date were disposed of 11/18/2025. Ginger, coconut flakes, unlabeled tuna, beef base and eggs located in refrigerator were disposed of on 11/18/25. 3. All items identified in dry storage without expiration dates were disposed of 11/18/2025.	Completed 11/18/2025 Completed 11/18/2025 Completed 11/18/2025

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F0812 SS = F	Continued from page 2 canned items expire as they don't have a date on the cans. Per observation of the upstairs kitchenet on 11/18/25 at 12:39 PM, an orange sherbert was observed that didn't have an expiration date on it and bread that did not have a label to identify when it expired or when it was taken out of the fridge. A Kitchen Staff Member confirmed that the orange sherbert didn't have an expiration on it, that the bread did not have a label for when it was taken out of the fridge, or when it expires. Additionally, eight ritz cracker peanut butter packages were observed to be expired with a date of 11/17/25, 23 Ocean Spray cranberry individual serving size packets had expired with an expiration date of 10/24/25, and a container for hand poured sugar was expired with a date of 11/1.The Kitchen Staff Member confirmed the eight ritz packets were expired, that the 23 Ocean spray cranberry packets were expired, and that the sugar was expired. Per review of the facilities policy titled "Food Preparation, Storage and Distribution" dated 11/21/23, it states "Nutrition and Food Service (NFS) staff is responsible for preparing, storing and distributing food in a safe and sanitary manner... Foods are prepared, stored and distributed following the Safety Management Program that specifies both safety and sanitation guidelines... All Nutrition and Food Service staff are responsible for assisting with food storage and sanitation." Per interview with the Administrator on 11/18/25 at 1:50 PM, she confirmed that the safety management program referenced in their policy is talking about the Servesafe policy. Per review of the Safety Management Program referenced, the Servesafe Policy, no date, it states how long products can be opened for before discarding dry food products that require a temperature of 50 degrees Fahrenheit to 70 degrees Fahrenheit. It does not identify how to store fresh produce, wet goods, or those requiring a temperature control outside this range. Per review of professional standards of Food Safety (FoodKeeper App | FoodSafety.gov), it identifies that commercially baked and pre sliced bread should be consumed "3-5 days in the pantry from the date of purchase" and when frozen it should be consumed in 3 months if frozen "from the date of purchase." For ginger root, it identifies that it should be consumed "2-5 days if in the pantry from the date of purchase"	F0812	4. All cans identified as dented removed from central stock and identified as dented cans not for use 11/18/2025. 5. All items identified in kitchenette without expiration date or label to identify expiration date were disposed of. Any items in kitchenette identified as expired were disposed of on 11/18/2025 6. Reeducation to be provided to all dietary staff members to include appropriate labeling, expiration dates, receiving guidelines, dented can policy, rotation of food products and food storage guidelines. 7. Audits will be conducted twice a week by internal dietary manager and or designee x 8 weeks and then continue monthly x 3 months to ensure compliance with professional food storage standards. 8. Audits will be conducted by external Gifford hospital designee weekly x 8 weeks and then monthly x 3 months. To ensure compliance with food storage requirements. The results of all audits will be presented to the QAPI committee to review trends, effectiveness and obtain further recommendation for remedial interventions or monitoring as	Completed 11/18/2025 Completed 11/18/2025 Completed 1/5/2026

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F0812 SS = F	Continued from page 3 and "2-3 weeks if refrigerated from the date of purchase."	F0812	The Kitchen Manager/ Administrator are identified as responsible for overseeing this plan of correction. **Tag F812 POC accepted on 12/22/25 by G. Prefontaine/S. Stem**	