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

December 31, 2025

Mary Belanger, Manager
St Joseph's Residential Care Home
243 North Prospect Street
Burlington, VT 05401-1609

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 9, 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
	0155	A. BUILDING: _____ B. WING _____	C 12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S RESIDENTIAL CARE HOME	243 NORTH PROSPECT STREET BURLINGTON, VT 05401

R225, R232, R358 and R467
Accepted 12-29-25
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 December 9, 2025, the Division of Licensing and Protection conducted an unannounced on-site relicensure survey in conjunction with two complaint investigations. The following deficiencies were identified:	R100		
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 interviews and record reviews there is a failure to ensure all background checks were completed as required for 1 out of 5 staff. Findings include: The home background check policy is consistent with the state licensing rules. On December 9, 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 1 out of 5 sample staff. This finding was confirmed by the Manager of the home on the afternoon of December 9, 2025.	R225		
R232 SS=D	5.12.c (5) Records/Reports Any reports, allegations, or incidents of abuse, neglect, exploitation of residents or	R232		

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R232	Continued From page 1	R232		

misappropriation of resident property must be reported to the licensing agency.

i. The licensee and staff must report any case of suspected abuse, neglect or exploitation of a resident to Adult Protective Services (APS). A separate report must also be made to the licensing agency. APS may be contacted by calling toll-free 1-800-564-1612. The licensing agency may be contacted by calling toll-free 1-888-700-5330. The home must make the reports to APS and to the licensing agency immediately but not later than within 48 hours of learning of the suspected, reported or alleged incident.

ii. In addition to filing the reports as described above, a home must conduct its own investigation and must take immediate steps to prevent further abuse, neglect or exploitation from occurring. The results of the home ' s investigation must be reported to the licensing agency within 5 business days from the date of the initial report of the allegation. The home's investigation and determination must not delay reporting of the alleged or suspected incident to Adult Protective Services
and to the licensing agency.

iii. Incidents involving resident-to-resident abuse must be reported to the licensing agency any time a resident alleges, or the licensee or staff observe or suspect, verbal, physical or mental abuse; sexual abuse, if an injury has resulted; or if there is a pattern of abusive behavior.
(A) All resident-to-resident incidents, even minor ones, must be recorded in the resident ' s record.
(B) The home must notify legal representatives and families (if permitted) about the incident(s)

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R232	Continued From page 2 and must document the report and the plan the home developed to address the behaviors. the following reports with the licensing agency: This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to notify the Licensing Agency and failed to make a timely report to Adult Protective Services (APS) regarding an allegation of potential resident-to-resident abuse involving residents of the home. Findings include: Per review of the home's Incident Reporting policy indicated that the policy aligns with applicable licensing requirements for reporting incidents, including allegations of abuse. Per record review conducted on the afternoon of December 9, 2025, review of the home's incident summary dated November 7, 2025, indicated that Resident #1 reported an alleged incident of unwanted physical contact involving Resident #2, which reportedly occurred on November 4, 2025. The documentation identified Resident #2 as the individual alleged to have been involved in the incident. Per additional record review on December 9, 2025, review of the Adult Protective Services (APS) report documentation indicated that the home reported the incident to APS at 10:52 AM on November 7, 2025, which was not within the required 48-hour reporting timeframe as required by State Rules. Per staff interview the Manager confirmed that the home did not report the alleged resident- to-	R232		

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R232	Continued From page 3 resident incident to the Licensing Agency and that the report to Adult Protective Services was not made within the required 48-hour timeframe following discovery of the allegation.	R232		
R358 SS=F	6.10 Resident's Rights The resident's right to privacy extends to all records and personal information. Personal information about a resident must not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records are subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the home failed to ensure resident rights to privacy related to records containing private health information. Findings include: Per the home's Resident Rights Policy, which was posted in a common area, residents have the right to privacy, which extends to all records and personal information. Per observation conducted during the home tour on the afternoon of December 9, 2025, the Controlled Substance Medication Administration Record was observed unsecured and unattended on top of a medication cart in a common hallway. This record contained individually labeled pages identifying residents who were prescribed	R358		

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R358	Continued From page 4 controlled substances, including each resident's name, specific medication, dosage, scheduled administration times, and staff signatures verifying administration. Per observation conducted during a second review of the same medication cart on the afternoon of December 9, 2025, an "After Visit Summary" from a resident's medical appointment was observed unsecured and unattended on the medication cart. The document contained individually identifiable health information, including a resident's health history. In these instances, private health information was accessible to residents, visitors and unauthorized personnel, constituting a failure to safeguard protected health information in violation of State Rules. Per interview conducted on the afternoon of December 9, 2025, the Registered Nurse confirmed these findings..	R358		
R467 SS=F	12.3.a Nursing Home Level of Care The home must provide, based on the preferences of each resident, an ongoing program of activities designed to meet the interests of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the home failed to provide a sufficient, ongoing program of activities and engagement designed to promote social interaction, quality of	R467		

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R467	Continued From page 5 life and meet the interests and preferences of each resident. Findings include: The home was unable to provide a written policy addressing resident activities and engagement, including movement-based activities and activity frequency. Based on observation of the home's December Activities Calendar, movement-based activities were scheduled on 2 of the 31 days in the month, with the remaining 29 days not including opportunities for resident physical movement activities. Based on record review conducted on the morning of December 9, 2025, the home documented eight movement-based activities over a 91-day period. During this period, the home served 32 residents, with an average of five residents participating in each activity. Records further reflected that the movement-based activities offered were limited in frequency and variety and included ladder ball (one occurrence with no participation), balloon volleyball (one occurrence), Zumba (five occurrences) and one drum circle activity. Per record review of documentation provided by the home on the afternoon of December 9, 2025, 14 of the 32 residents were receiving Enhanced Care Services, indicating increased care and supervision needs. Despite this, the home did not provide a sufficient or consistent program of physical or movement-based engagement. The home's Manager acknowledged the findings during an exit conference on December 9, 2025, and reported plans to establish an exercise classroom.	R467		

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Deficiency Statement Plan of Correction (POC)

Survey Date: December 19, 2025

Facility Name: St. Joseph Residential Care Home

Deficiency Tag	How the deficiency was corrected	How other potential residents identified, and corrective action taken	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R225	Missing background check was run on the same day as the survey. The outdated background check was for an agency staff member	Internal audit conducted to verify all agency staff and employee background checks are complete and up to date. R225 Accepted 12-29-25 Susan Canas Gregoire RN	1/15/2026	DON will confirm that we have current background checks on file for agency staff working at SJRC. Office of Safe Environments runs all employee background checks upon hire and annually.	DON-for agency staff Administrator conducts monthly audit to ensure all backgrounds are in current.
R232	Report of abuse, neglect and exploitation was reported late to APS due to incident being reported late on a Friday afternoon. An oversight was made by not notifying Licensing and Protection as required. Report was sent to Licensing and Protection regarding this incident.	Internal Audit conducted to ensure proper and timely reporting. No other incidents found. R232 Accepted 12-29-25 Susan Canas Gregoire RN	1/15/2026	All staff will be reeducated on Abuse, Neglect and Exploitation and the reporting mandates. Staff will be reeducated on SJRC reporting policy and procedures.	Administrator will monitor for compliance.
R358	Controlled substances medication record will be kept locked in the medication cart. Controlled substances medication administration record will be transferred to	R358 Accepted 12-29-25 Susan Canas Gregoire RN	3/20/26	DON will ensure to educate nursing staff on importance of not leaving PHI in view or accessible to others. DON will educate nursing staff that all PHI needs to be locked up and out of sight and not left unattended or in view of others.	Director of Nursing

	electronic records by March 20th, 2026. After Visit summaries will be placed locked in the medication cart if they are handed to a nurse while on the floor. Reeducation in-services related to HIPAA and PHI compliance will be provided to all nursing staff by January 31st.		12/23/25 1/31/26		
R467	We believe that our activity calendar reflects the interest of our current resident population. We will add additional exercise programming 3 times a week	Resident survey will be conducted to determine what residents would like to see on calendar for movement-based programing.	2/1/2026	Administrator will review monthly activity calendar prior to posting to ensure that movement-based programming is available each week. R467 Accepted 12-29-25 Susan Canas Gregoire RN	Administrator