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

February 27, 2026

Darshane Campbell, Manager
Single Steps
62 Barre Street
Montpelier, VT 05602-3508

Dear Ms. Campbell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 11, 2026.** 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
	0153	A. BUILDING: _____ B. WING _____	C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGLE STEPS	62 BARRE STREET MONTPELIER, VT 05602

R151, R159, R190, & R206
Accepted 2/27/2026
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 February 11, 2026, the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident. The following regulatory deficiencies were identified:	R100		
R151 SS=D	5.7.c Assessment Each resident must also be reassessed annually and at any point in which there is a significant change in the resident's physical or mental condition, as defined in the instructional guide with the assessment instrument, available on the DLP website. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the licensee failure to ensure a significant change resident assessment was completed for one applicable resident (Resident #1) following a change in the Resident's physical and mental condition. Findings include: The home was unable to provide a written policy addressing the Registered Nurse's requirement of a resident reassessment following a significant change in a resident's physical or mental condition. Per record review conducted on the morning of February 11, 2026, review of hospital-generated medical record documentation (hospital discharge summary) obtained by the home indicated Resident #1 was admitted to the hospital on January 23, 2026, following administration of an incorrect medication,	R151		

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R151	Continued From page 1 resulting in sedation, altered mental status, and suspected aspiration pneumonitis. The Resident required intubation overnight, and was extubated on the morning of January 24, 2026, and was discharged with a five-day course of antibiotics. Per record review, conducted on the morning of February 11, 2026, review of Resident #1's progress notes revealed no reassessment following the January 23, 2026, hospitalization to address potential changes in the Resident's needs or required services after return from the hospital. Per interview conducted on the afternoon of February 11, 2026, the Manager and Registered Nurse confirmed a nurse did not complete a significant change assessment in response to Resident #1's change in physical and cognitive condition following the January 23, 2026, hospitalization.	R151		
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: 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	R159		

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R159	Continued From page 2 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 licensee failure to ensure a revised person-centered written plan of care was developed to address one applicable resident (Resident #1) following a change in physical and mental condition. Findings include: The home was unable to provide a written policy addressing the Registered Nurse's requirement to revise the person-centered plan of care following a significant change in a resident's physical or mental condition. Per record review conducted on the morning of February 11, 2026, review of hospital-generated medical record documentation (hospital discharge summary) obtained by the home indicated Resident #1 was admitted to the hospital on January 23, 2026, following administration of an incorrect medication, resulting in sedation, altered mental status, and suspected aspiration pneumonitis. The Resident required intubation overnight, and was extubated on the morning of January 24, 2026, and was discharged with a five-day course of antibiotics. Per record review, conducted on the morning of February 11, 2026, review of Resident #1's person-centered plan of care revealed no revision following the January 23, 2026, hospitalization to address potential changes in the Resident's	R159		

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R159	Continued From page 3 needs or required services after return from the hospital. Per interview conducted on the afternoon of February 11, 2026, the Manager and Registered Nurse confirmed a nurse did not update Resident #1's person-centered plan of care in response to Resident #1's change in physical and cognitive condition following the January 23, 2026, hospitalization.	R159		
R190 SS=D	5.10.b Medication Management The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Manager of the home failed to ensure medications were administered in accordance with the home's medication administration procedures. Findings include: The home's Medication Practice Policy requires staff to follow the six rights of medication administration: right client, right medication, right dose, right route, right time, and right documentation. Per record review conducted on the morning of February 11, 2026, of the home's Medication Administration Records indicated Resident #1 received Resident #2's morning doses of Lorazepam, Clonidine, Clozapine, Escitalopram	R190		

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R190	Continued From page 4 and Gabapentin. Per record review of the home's Medication Error Report dated January 23, 2026, at 8:00 AM, indicated that following medication administration, Resident #1 became lethargic, and exhibited slurred speech and was determined to have received another resident's medications. Emergency Medical Services were contacted and Resident #1 was transported to the hospital. The Registered Nurse and the Manager confirmed these findings on the afternoon of February 11, 2026.	R190		
R206 SS=F	5.10.h (4) Medication Management Medications left after the death or discharge of a resident, or outdated medications, must be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the licensee failure to ensure prompt disposal of outdated medications in accordance with accepted standards of practice and applicable rules. Findings include: The home's Medication Storage Policy states that the program Registered Nurse is responsible for supervising the disposition of medications which have been discontinued, expired, or contaminated and medications not fit for use will be destroyed.	R206		

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R206	Continued From page 5 During an inspection of the medication cabinet storage area conducted on the morning of February 11, 2026, multiple medications were observed retained and available for use. Observed medications included those without a current order, expired medications, discontinued medications, and medications lacking resident identification. Medications with prior administration dates included January 14, 2025, and December 24, 2024. Also observed were medications labeled "dropped and found," partially used bubble packs containing outdated medication, and medications held following refusal or absence of a current order. Medications present included but were not limited to Lorazepam, Clonidine, Escitalopram, Olanzapine, Clonazepam, Clozapine, Gabapentin, Methocarbamol and Risperidone. Per interview conducted on the afternoon of February 11, 2026, the Registered Nurse stated nursing oversight was currently being provided by multiple registered nurses covering the home and that the licensee was in the process of hiring a Registered Nurse to assume ongoing responsibility for the home's nursing services. The Registered Nurse further stated the identified medications would be disposed of that day and that the medication cabinet would be reviewed. The Register Nurse and the Manager confirmed these findings on the afternoon of February 11, 2026.	R206		

Deficiency Statement Plan of Correction (POC)

Survey Date: 2/11/2026

Facility Name: Single Steps

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
R151 5.7.c	Care plan was updated due to a significant change in physical condition.	Care plans are up to date. R151 Accepted 2/27/2026 Susan Canas Gregoire RN	2/18/2026	Manager will communicate with Nurse weekly to ensure Care Plans remain accurate.	Nurse and Program Manager
R159 5.9.c	Medical Assessment was completed by the Nurse.	Nurse reviewed all assessments on 2/13/26. R159 Accepted 2/27/2026 Susan Canas Gregoire RN	2/13/2026	Manager will communicate to Nurse when a resident is discharged from the hospital which will prompt the Nurse to complete a person-centered Medical Assessment which will include an update of the Care Plan.	Manager
R190 5.10.b	Manager and Nurse met with the staff to inform [redacted] of [redacted] mistake. Nurse required the Staff to retake the medication training course.	The other resident received their full dose of medication. Pharmacy worked with Staff to deliver an additional dose at the end of the week.	2/6/2026	Manager will ensure medications are handled appropriately and according to Single Steps' policies by including medication policy reviews during weekly supervisions.	Manager R190 Accepted 2/27/2026 Susan Canas Gregoire RN
R206 5.10.h	Nurse safely disposed of old and expired medication. Manager removed the container in which old medications were stored.	R206 Accepted 2/27/2026 Susan Canas Gregoire RN	2/23/2026	Medication storage of old medications are prohibited. Medications will be given as prescribed and according to the corresponding date in which they are meant to be ingested. Any unused medication is disposed of in a medication disposal bottle.	Manager

2/24/2026
Program Manager

Pronouns redacted by DLP 2-27-26