



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*

June 3, 2026

Ms. Shellie Stevens, Administrator
Mayo Healthcare Inc.
71 Richardson Avenue
Northfield, VT 05663

Provider ID #: 475053

Dear Ms. Stevens:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **May 13, 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.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

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

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475053	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Mayo Healthcare Inc.			STREET ADDRESS, CITY, STATE, ZIP CODE 71 Richardson Avenue , Northfield, Vermont, 05663	
(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
E0000	Initial Comments The Division of Licensing and Protection conducted an emergency preparedness review on 5/13/26 during the re-certification survey to determine compliance with 42 CFR Part 483.73 Emergency Preparedness requirements for Long Term Care Facilities. There were no regulatory findings.	E0000	This Plan of Correction (POC) is submitted to meet the requirements of established federal and state laws and does not constitute admission of deficiencies.	6/16/2026
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey from 5/11/2026 through 5/13/2026 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. A deficiency was cited as a result of this survey. Findings include:	F0000	F801 The survey team reviewed with the Administrator the Federal regulation at which point the dietary manager was signed up for the dietary manager certification the same day.	
F0801 SS = F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization	F0801	Mayo updated the job description to reflect the educational requirements per the Federal Regulations while surveyors were on site. No residents were at risk due to this alleged deficient practice. The dietary manager, who has been a Mayo Employee for 25 years has been in this role for 15 months under the mentorship of the previous dietary manager, Jen Garton, who does hold her CDM certification effective through Aug 31, 2026. (also attached) Attached is the registration for the dietary manager's dietary manager certification. Upon completion, we will forward the certification document to DLP. Mayo is committed to providing quality care to our resident's and we thank you for the surveyor's time, professionalism and commitment to quality care as well.	

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



Shellie Stevens

LNHA

6/21/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F0801 SS = F	Continued from page 1 recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications- (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary			F0801	Tag F0801 POC accepted on 6/2/26 by J. Wilder/S. Stem		

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F0801 SS = F	Continued from page 2 managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is NOT MET as evidenced by: Based upon interview and record review, the facility failed to ensure that the director of food and nutrition services meets minimum qualification if a qualified dietitian is not employed full-time. Findings include: Per interview with the Dietary Manager on 5/12/26 at 10:30 AM, she stated she has been in the position for 6 months and confirmed she is not certified as a dietary or food service manager and does not meet the educational and experience requirements in the absence of a certification. Per interview with the facility dietitian on 5/12/26 at 10:30 AM, she stated she does not work full time. Per record review of the Head Chef/Kitchen Manager job description, as of 5/13/26, it states that qualifications for the position include a dietary manager certification. Per interview with the Administrator on 5/12/26 at 12:30 PM, she confirmed the dietitian is not full-time at the facility and that the dietary manager does not meet the certification, education or experience requirements to serve as a dietary manager.	F0801					

CDM® | CFPP® | Certified Dietary Manager
Certified Food Protection Professional

Credential Verification

This verifies that as of 06/02/2026

Mrs Jennifer Garton

Certification ID Number: 421731

is certified through 08/31/2026 as a

Certified Dietary Manager, Certified Food
Protection Professional (CDM, CFPP)

and is credentialed by the Certifying Board
for Dietary Managers

Kenneth W. Hanson CDM, CFPP

CBDM Chair, 2025 - 2026

CBDM® | Certifying Board for
Dietary Managers
The credentialing agency for
Association of Nutrition & Foodservice Professionals **ANFP®**

ACCREDITED
CERTIFICATION PROGRAM



NCCA BY ICE

*CDM, CFPP certification status should
always be verified as of the current date,
as status may change at any time.*

*Visit www.CBDMonline.org and click on
the Verify Credentials link at the top of
the page.*



ORDER CONFIRMATION

Date: 05/12/2026

Transaction ID: 93359

Status: Complete

On Focus Solutions

PO Box 1332 Bangor, Me. 04402-1332

ken@onfocussolutions.com

Event Name: ServSafe Manager Certification ([view](#))

Ticket	Description	Quantity	Price	Total
	(For ServSafe Manager Certification)			
Online	This ticket can be used once at any of the dates/times below.	1	\$179.95	\$179.95

*Kitchen
Education.*

Date/Time:

- ServSafe Manager Course
03/17/2021 8:00 am - 03/17/2033 5:00 pm (America/New_York)

Venue

- Online ([view](#))

64400

Registration Details ()

- Attendee Christina Bell (cbell@mayohc.org)
Registration Code: 93359-511-1-b2f9 - Approved

Custom Questions and Answers:

Language English Language English

State Where Employed Vermont State Where Employed Vermont

Additional Charges/Discounts

Name	Description	Quantity	Unit Price	Total
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Taxes

* Taxable items. The total amount collected for taxes is reflected in the total(s) below.

Tax Name	Description	Rate	Tax Amount
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Grand Total: \$179.95 USD

Payments

Payment Method	Date	Transaction Id / Cheque #	P.O. / S.O.#	Status	Amount
PayPal Commerce	05/12/2026 12:56 pm	74H05290SB607941P		Accepted	\$179.95
Total Paid					\$179.95 USD
Amount Owed:					\$0.00 USD

Additional Information:

Venue Details:

[Online !\[\]\(e1c624d4757f08486e89482c18364c17_img.jpg\) Map and Directions](#)

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