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

February 12, 2026

Liza Rixon, Manager
Sterling House At Richmond
61 Farr Road
Richmond, VT 05477-9301

Dear Ms. Rixon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 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.

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
	0591	A. BUILDING: _____ B. WING _____	C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT RICHMOND	61 FARR ROAD RICHMOND, VT 05477

(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 1/14/26 the Division of Licensing and Protection conducted an unannounced on-site annual survey and investigation of one complaint. The following deficiencies were identified:	R100	Plan of Correction for all deficiencies cited accepted by Jo A Evans RN on 2/11/2026. Please see the attached document to review the corrective actions for each deficiency cited.	
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire, provided the home maintains documentation of the training and ensures competency in the subject matter. The training must include, but is not limited to, the following: (1)Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different cultures, belief systems, abilities, gender identities, sexual orientation; and	R210		

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
	0591	A. BUILDING: _____ B. WING _____	C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT RICHMOND	61 FARR ROAD RICHMOND, VT 05477

(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
R210	Continued From page 1 (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure 2 out of 5 sampled staff completed the required trainings. Findings include: The home's Orientation and Staff Training policy states Direct Care Staff are required to complete staff trainings based on the current licensing requirements. During the survey conducted on 1/13/26 the Manager was requested to provide documentation of trainings completed by 5 sampled staff. Per review of the documentation provided 2 out of 5 sampled staff did not completed the required trainings. This finding was confirmed by the Manager at 5:19 PM on 1/14/26.	R210		
R232 SS=D	5.12.c (5) Records/Reports Any reports, allegations, or incidents of abuse, neglect, exploitation of residents or 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	R232		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0591	A. BUILDING: _____ B. WING _____	C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT RICHMOND	61 FARR ROAD RICHMOND, VT 05477

(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
R232	Continued From page 2 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) 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 there is a failure to notify the licensing agency and the Adult Protective Services regarding a report to the home indicative of suspected abuse. Findings	R232		

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
	0591	A. BUILDING: _____ B. WING _____	C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT RICHMOND	61 FARR ROAD RICHMOND, VT 05477

(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
R232	Continued From page 3 include: The home's policies and procedures governing mandatory reporting are consistent with this licensing rule. Per record review Resident #1 is diagnosed with multiple chronic medical conditions; and has episodes of fear, anxiety, and paranoia. The most recent Resident Assessment on file in Resident #1's record indicates Resident #1's ability to make decisions is moderately impaired; their short term and long term are not intact; and their cognitive status, skills and/or abilities declined during the 90 days prior to completion of the assessment on 11/6/26. During an interview commencing at 12:37 PM the Manager stated Resident #1 had reported something to their doctor that was written on an appointment form. Per record review, following a medical appointment an Office Visit Summary dated 10/27/25 was returned to the home which included a provider's note stating Resident #1 was having trouble with another resident who Resident #1 reported was not respecting their boundaries, and indicated Resident #1 did not want this resident in their room or near them. Progress Notes on file in Resident #1's record do not include documentation of actions taken in response to the home's receipt of this report. During the interview conducted on the afternoon of 1/13/26, the Manager stated when they read the provider's note they felt it was important to make sure Resident #1 was safe. The Manager described actions taken to investigate the information reported in the Office Visit Summary including interviewing Resident #1 and reviewing surveillance footage. The Manager stated when	R232		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0591	A. BUILDING: _____ B. WING _____	C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT RICHMOND	61 FARR ROAD RICHMOND, VT 05477

(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
R232	Continued From page 4 they spoke with Resident #1 about this issue the Resident was unable to articulate any concerns. At 12:46 PM on 1/13/26 the Manager confirmed the home did not notify the Adult Protective Services and the licensing agency following receipt of a report indicating potential abuse of Resident on 10/27/25, and stated in retrospect this issue should have been reported.	R232		
R381 SS=F	7.2.a Food Safety and Sanitation Each home must procure food from sources that comply with all laws relating to food and food labeling. The home must ensure that all food is safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks must be rejected and kept separate until returned to the supplier. This STANDARD is not met as evidenced by: Per observation and staff interview there is a failure to ensure cans with dents are rejected and kept separate until returned to the supplier. Findings include: Policies and procedures on file at the home governing dented cans were consistent with this licensing rule. During the facility tour commencing at 10:11 AM on 1/13/26, five #10 dented cans of food were observed to be stored on the same shelves as food to be served to residents of the home. This finding was confirmed by the Manager during the kitchen tour on 1/13/26.	R381		

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
	0591	A. BUILDING: _____ B. WING _____	C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT RICHMOND	61 FARR ROAD RICHMOND, VT 05477

(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
R463 SS=D	12.1.a Nursing Home Level of Care The provision of nursing home level of care means the provision of services that require specialized knowledge, judgment and skill, all of which meet the standards of nursing as set forth in 26 V.S.A. Chapter 28. A home that wishes to admit or retain a resident who requires nursing home level of care must obtain prior written approval from the licensing agency in the form of a variance and must demonstrate to the licensing agency's satisfaction that it has the capacity to provide the necessary care and services. Enhanced Residential Care providers must provide the services agreed to in the Enhanced Residential Care provider agreement with the state of Vermont and outlined in their Admissions Agreements with ERC residents This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review there is a failure to obtain a variance from the licensing agency to retain one applicable resident (Resident #2) who requires nursing home level of care. Findings include: The home's Level of Care Nursing Services policy has not been updated per the current licensing rules. Per record review Resident #2 has experienced significant decline due to advanced Vascular Dementia resulting in this resident requiring nursing home level of care. Progress Notes and home healthcare provider notes indicate Resident #2 was admitted into hospice care on 12/12/25 and requires requires feeding; continuous oxygen supplementation; incontinence care; and assistance with all activities of daily living including transfers, ambulation, bathing and	R463		

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
	0591	A. BUILDING: _____ B. WING _____	C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE AT RICHMOND	61 FARR ROAD RICHMOND, VT 05477

(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
R463	Continued From page 6 personal hygiene. During an interview on the afternoon of 1/14/26 the Manager of the home confirmed Resident #2's significant decline in ability to perform all activities of daily living and admission into hospice care. At 3:40 PM on 1/14/26 the Manager confirmed a level of care variance to retain Resident #2 had not been obtained from the licensing agency.	R463		

Deficiency Statement Plan of Correction (POC)

Survey Date: 01/13/2026

Facility Name: Sterling House at Richmond

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R210 Accepted by Jo A Evans RN on 2/11/2026	Education was completed. Other staff members were reviewed for compliance.	2/14/2026	Check off sheet will be implemented to ensure each staff member is in compliance. Checklist will be reviewed monthly	Manager
R232 Accepted by Jo A Evans RN on 2/11/2026	Complaint investigation was forwarded to DLP and to APS	01/14/2026	Review completed about reporting requirements with management team Manager will review complaints to ensure that any complaints that require reporting are reported timely	Manager or designee
R381 Accepted by Jo A Evans RN on 2/11/2026	Dented cans were removed immediately. Audit conducted to ensure no other dented cans were on the shelves	01/14/2026	Education provided to staff. Posted notice to remind staff.	Manager or designee will monitor weekly x3weeks and Monthly x2months to ensure compliance.
R463 Accepted by Jo A Evans RN on 2/11/2026	Variance for Resident #2 was submitted to DLP Other residents were reviewed to ensure no other residents require a variance.	2/14/2026	Residents with change a change of status will be reviewed for potential need of LOC variance. Completed 2/9/2026	Manager