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
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Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

June 15, 2026

Stacey Johnson, Manager
Ave Maria Community Care Home
19 School Street
Richford, VT 05476-1130

Dear Ms. Johnson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 21, 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
	0005	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVE MARIA COMMUNITY CARE HOME	19 SCHOOL STREET RICHFORD, VT 05476

(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 5/21/2026 the Division of Licensing and Protection conducted an unannounced on-site annual survey. The following deficiencies were identified:	R100	Corrective actions for tags R206, R224 and R999 accepted by Jo A Evans RN on 6/15/2026. Please see the attached document to review the accepted corrective actions for all tags cited. Please See Attachment	
R206 SS=F	5.10.h (4) Medication Management Medications left after the death or discharge of a resident, or outdated medications, must be promptly disposed of in accordance with the home's policy and applicable standards of practice.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is not met as evidenced by: Based on observation and staff interview there is a failure to promptly dispose of outdated medications. Findings include: The home's Disposal of Medications policy states, "Medications will be disposed of in accordance with current state law and USFDA recommendations." This policy does not identify a time frame for disposal of medications other than controlled substances. The time frame identified for disposal of controlled substances is 72 hours. During a review of the home's medication storage area on the morning of 5/21/2026 the following expired medications were observed to be stored in the medication cart: 1. Lorazepam 0.5 mg tablets expired 9/7/2025. This medication is a controlled substance. 2. Hyoscyamine 0.125 mg tablets expired 9/7/2025 3. Prochlorperazine 10 mg tablets expired	R206		

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R206	Continued From page 1 9/7/2025 4. Menthol 7.5 mg Cough Drops expired 11/2025 5. Hydrocortisone 2.5% topical cream expired 1/2026 6. Guaifenesin 100 mg/5 ml oral Chest Congestion Oral Syrup expired 2/2026 7. Carbamide Peroxide 6.5 % Earwax Removal Drops expired 3/2026 8. Witch Hazel Pads expired 3/2026 9. Diphenhydramine 25 mg capsules expired 3/23/2026 10. Stool Softener with Laxative 50 mg/8.6 mg tablets expired 4/4/2026 11. Vitamin B12 5000 mcg Sublingual Liquid expired 4/2026 12. Docusate Sodium 100 mg capsules expired 5/1/2026 13. Acetaminophen 500 mg tablets expired 5/2/2026 This finding was confirmed by the Med Tech on duty at 11:16 AM on 5/21/2026.	R206	Please see Attachment	
R224 SS=F	5.12.b (3) Records/Reports The home must keep and maintain the following records: For residents requiring nursing care, including nursing overview or medication management, the record must also contain: initial assessment; annual reassessment; significant change assessment; licensed health care provider ' s admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of licensed health care provider visits, signed telephone or electronic orders and treatment documentation; and resident plan of care.	R224		

JO

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R224	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure reports of hospice provider visits are maintained on file and available for review in the resident records for 4 applicable residents (Residents #1, #2, #3 and #4). Findings include: Per interview with the Director of Nursing commencing at 10:20 AM on 5/21/2026, and per record review, Residents #1, #2 and #3 passed away while receiving hospice care at the home; and Resident #4 was currently receiving hospice services. On the afternoon of 5/21/2026 the Director of Nursing was requested to provide reports of hospice services on file and available for review in Residents #1's, #2's, #3's and #4's records. At 4:48 PM on 5/21/2026 the Director of Nursing confirmed the home does not maintain reports of hospice provider visits for all applicable residents. The Director of Nursing further confirmed the hospice reports on file in Resident #1's record was limited to a hospice referral form, and Resident #2's record did not include reports of hospice care and services.	R224	Please see Attachment	
R999 SS=F	Miscellaneous This REQUIREMENT is not met as evidenced by: 1.8 License Required The terms residential care home, assisted living, or assisted living residence or words to that effect	R999		

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R999	Continued From page 3 may not be used by any facility in its title, brochure, admission agreement, or other written or promotional materials unless the facility has a valid license to operate as a residential care home or assisted living residence issued by the Department of Disabilities, Aging and Independent Living. Based on observation, staff interview and record review this licensing requirement is NOT MET as evidenced by written materials about the home on the website for the organization that manages the home which misrepresents this Residential Care Home by using words indicative of an Assisted Living Residence. Findings include: Per record review, the home's is licensed to operate as a Residential Care Home by the Vermont Division of Licensing and Protection. Per observation, the home page of the website for the organization that manages the home includes use of the terms "assisted living" and "assisted living residents" when referring to the home and the residents who reside at the home. At 2:10 PM on 5/21/2026 the Finance Manager confirmed these findings.	R999	Please see Attachment	

JD

Deficiency Statement Plan of Correction (POC)

Survey Date:5/21/2026

Facility Name: Ave Maria Community 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
R206	All expired meds were immediately removed from the medication cart and discarded according to the medication policy.	Medtechs reconciled other resident's medications to see if other medications were expired. None were found	6/19/2026	Modifying medication policy to reflect a time frame of 24hrs to dispose of expired medications that are returnable. All expired meds that are returnable to the pharmacy will be placed in the designated medication return bin. Meds that are not refundable will be discarded according to the medication policy. Medtechs will perform monthly medication reconciliation to identify potential expired meds.	Nursing
R224	Requested hospice provider visit documentation to keep in the resident's chart	The current hospice resident is the only resident in the facility on hospice, so no other residents could be identified.	6/19/2026	Nursing will review with both hospice agencies the expectation on requiring copies of all visits and reports for all hospice residents so the home can maintain these documents in the chart.	Nursing
R999	Reviewed the homes website for wording containing "assisted living" and sent a request to our web hosting partner to replace "assisted living" with residential care.	N/A	6/19/2026	Annual Review of our website to monitor that "assisted living" language is not used when posting items to our website.	Administration

R206 Plan of Correction accepted by Jo A Evans, RN on 6/15/2026

R224 Plan of Correction accepted by Jo A Evans, RN on 6/15/2026

R999 Plan of Correction accepted by Jo A Evans, RN on 6/15/2026