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

June 26, 2026

Eric Bach, Manager
Canterbury Inn
46 Cherry Street
Saint Johnsbury, VT 05819-2290

Dear Mr. Bach:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 12, 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
	0119	A. BUILDING: _____ B. WING _____	C 05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERBURY INN	46 CHERRY STREET SAINT JOHNSBURY, VT 05819

(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 5/12/2026 the Division of Licensing and Protection conducted an unannounced on-site annual survey and an investigation of one complaint. There were no deficiencies identified during the complaint investigation.. The following deficiencies were identified during the annual survey:	R100		
R228 SS=D	5.12.c (2) Records/Reports A home must file the following reports with the licensing agency: Any untimely deaths or serious injury as a result of an accident or incident must be reported to the licensing agency and a record kept on file. i. In those deaths in which the law applies (such as an unexpected, untimely dearh, pursuant to 18 V.S.A. §5205 (a), the manager is responsible for immediately notifying the regional medical examiner. ii. In those deaths in which the medical examiner need not be notified, the manager must: (A) Follow the instructions of the deceased, legal representative, if any, next of kin, or other relative regarding funeral and other related arrangements. (B) In instances where the services of an undertaker are not immediately available, and the resident occupied a multi-bed room, the manager must arrange for the immediate removal of the body of the deceased resident to a separate unoccupied room. (C) Remove a deceased resident's body from the home within a reasonable amount of time, given the circumstances, but in any case, within the time required by the local town or municipal ordinance, if any. iii. When a resident dies unexpectedly or within	R228		

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R228	Continued From page 1 two (2) weeks of a fall, injury or incident (such as choking, exposure, etc.), the licensee must send a report to the licensing agency with the following information: (A) Name of resident; (B) Circumstances of the death; and (C) Circumstances of any recent injuries, falls, or incidents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to report one applicable resident's death which occurred within 2 weeks of a fall (Resident #1). Findings include: During an interview commencing at 11:00 AM on 5/12/2026 the Director of Nursing confirmed Resident #1 sustained a fall on 4/22/2026 and passed away on hospice on 4/23/2026. On the afternoon of 5/12/2026 the Director of Nursing confirmed Resident #1's death within 2 weeks of a fall was not reported to the licensing agency as required.	R228		
R403 SS=F	9.1.c Environment The home must ensure that the resident environment remains as free of accident hazards as possible. Maintaining a safe environment must	R403		

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R403	Continued From page 2 include the safe storage and clear labeling of chemical agents, which must include secure storage of such agents if the home has residents with cognitive impairment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure secure storage of chemical agents the prevent resident access to hazardous substances. Findings include: The residence is home to residents with varying abilities to safely manage access to chemical agents. The home's Chemical Storage Policy states, "All chemicals of any kind will be stored in rooms either under the direct supervision of staff or locked at all times. Chemicals of any kind will be locked in cabinets or cleaning carts if they are in an area accessible by residents not under the direct supervision of a staff member.: At 12:32 on 5/12/2026 a container filled with combs soaking in a disinfecting solution was observed in an unlocked cabinet in the room where the home's salon is located. This room is kept unlocked and accessible to residents. This finding was confirmed by the Director at 12:36 PM. At 12:55 PM on 5/12/2026 bottles of spray starch, non-starch Easy Iron spray, and spray bottles of wrinkle releaser were observed to be stored in an unlocked cabinet in the second floor activity room. This finding was confirmed by the Director on the afternoon of 5/12/2026.	R403		

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R470	Continued From page 3	R470		
R470 SS=F	12.5 Nursing Home Level of Care Bed Rails - Prior to installing a side or bed rail, the licensee must attempt to use appropriate alternatives. If a side or bed rail is used, the licensee must ensure the correct installation, use, assessment and maintenance of the rail(s). This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there is a failure to ensure bed rails installed on 5 beds in the home are securely installed, assessed, and maintained to mitigate risks associated with use of this assistive equipment. Findings include: The home's Bedrail policy states, "Rails will be installed by staff and inspected on a regular basis to ensure secure attachment to bed and appropriate placement. The space between the rail and the headboard must be a maximum of 11 inches. The top of the rail will be a minimum of 5 inches above the mattress. All devices will be securely attached to the bed frame; or, with the manufacture's strapping device [sic]." During an interview commencing at 11:00 AM on 5/12/2026 the Director of Nursing, stated the home's Supervisor of Housekeeping and the Housekeeping Staff are responsible for installing bed rails used at the home and performing checks to ensure the bedrails in use are correctly installed weekly and as needed. On 5/12/2025, five adult portable bed rail assistive devices installed on beds in the home were observed to not be securely installed to prevent movement during use and gaps between the mattress and rails. This finding was confirmed	R470		

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R470	Continued From page 4 by the Co-Owners of the home during the course of the afternoon of 5/12/2026.	R470		

Deficiency Statement Plan of Correction (POC)

(Please use additional pages if needed)

DLP Use Only:
Tags 228, 403, 470 accepted by C. Scott LTCM on 6-26-26

Survey Date: May 12, 2026

Facility Name: Canterbury Inn

Deficiency Tag:	R228
How the deficiency was corrected:	Line item added on post-death checklist requiring an inquiry into a fall in the previous 2 week period as a reporting prompt.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	Reviewed previous year of deaths for falls within 2 weeks of death.
System changes to ensure compliance with the regulation:	Checklist updated so that when someone dies there is a specific action item to check for any fall within the last 2 weeks. If there has been a fall in the last two weeks there is a specific instruction on the Release of Body checklist prompting notification of the Director for reporting the DAIL.
Date corrected:	5/28/26
Who will monitor to ensure compliance:	Director
DLP Use Only	**R228 accepted by C. Scott LTCM on 6-26-26**

Deficiency Tag:	R403
How the deficiency was corrected:	Contracted hairdressers have been made aware they left Barbasol out of their locked cabinet behind a closed, unlocked cabinet door in the beauty parlor. We have reviewed the Chemical Storage Policy with the Hairdressers. Chemical moved back to a locked cabinet.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	
System changes to ensure compliance with the regulation:	Beauty Parlor cabinets are now opened and inspected for chemicals after the hairdressers leave.
Date corrected:	5/12/26
Who will monitor to ensure compliance:	Director / Housekeeping Supervisor
DLP Use Only	**R403 accepted by C. Scott LTCM on 6-26-26**

Deficiency Tag:	R403
How the deficiency was corrected:	Spray starch and Downy Wrinkle Releaser were removed from the craft room and placed in a locked box.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	Activity room cabinets have been inspected for other cleaning and laundry chemicals.
System changes to ensure compliance with the regulation:	Created an ironing policy to give parameters around ironing chemical use.
Date corrected:	5/12/26
Who will monitor to ensure compliance:	Director / Housekeeping Supervisor
DLP Use Only	**R403 accepted by C. Scott LTCM on 6-26-26**

Deficiency Tag:	R470
How the deficiency was corrected:	All bed rails have been secured and re-inspected. Policy update made outlining more specific stability and safety needs. Inservice provided to Facility staff on 5/28/2026.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	All bedrails have been re-inspected by the director and nursing director. Policy and tracking logs updated after staff training. Tracking logs are now weekly. Training included proper use and installation as well as policy review.
System changes to ensure compliance with the regulation:	Created an ironing policy to give parameters around ironing chemical use.
Date corrected:	5/28/26
Who will monitor to ensure compliance:	Director / Housekeeping Supervisor
DLP Use Only	**R470 accepted by C. Scott LTCM on 6-26-26**