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

October 7, 2026

Trasi Hricay, Manager
Arioli Community Care Home
15 Arioli Avenue
Barre, VT 05641-5214

Dear Ms. Hricay:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 16, 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
	0027	A. BUILDING: _____ B. WING _____	09/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARIOLI COMMUNITY CARE HOME	15 ARIOLI AVENUE BARRE, VT 05641

(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 9/16/2026 the Division of Licensing and Protection conducted an unannounced on-site annual re-licensure survey. The following deficiencies were identified.	R100		
R194 SS=F	5.10.d (3) Medication Management The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions regarding medication administration and documentation. v. Ensuring that all applicable staff are trained and delegated before the staff are permitted to administer any newly prescribed medication to any resident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to ensure the Registered Nurse assumes responsibility for teaching designated staff proper techniques for medication administration. Findings include:	R194		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Josi Hulay TITLE Program Manager (X6) DATE 9/29/26

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R194	Continued From page 1 Per record review, the facility's policy regarding medication administration and nursing delegation is consistent with the licensing rules. Per staff interview, at approximately 12:00 PM on 9/16/2026 the Registered Nurse confirmed Medication Technicians in training practice preparing medications and administering medications to residents under the supervision of delegated Medication Technicians who are not licensed nurses as part of the facility's medication administration training process. Per staff interview, these findings were confirmed by the Manager of the facility on the afternoon of 9/16/2026.	R194		
R385 SS=C	7.2.e Food Safety and Sanitation The use of outdated, unlabeled, or damaged canned goods is prohibited, and such goods must not be maintained on the premises. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there is a failure to ensure all goods are labeled with an opened date. Findings include: During a tour of the facility, commencing at approximately 09:40 AM on 9/16/2026, the goods observed to be opened and undated in the kitchen included, but are not limited; multiple packages of sliced bread, multiple packages of chips, a bottle of coffee creamer, a carton of half & half, and two boxes of cereal. Per staff interview, these findings were	R385		

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R385	Continued From page 2 acknowledged by the Manager of the facility on the morning of 8/31/2026.	R385		

Deficiency Statement Plan of Correction (PO0C)

(Please use additional pages if needed)

DLP Use Only:

Survey Date: 9/16/2026

Facility Name: Arioli Community Care Home

Deficiency Tag: R194	Staff that are in medication training were allowed to prepare medications during their shadow period, prior to being officially delegated, under the supervision of other med delegated staff.
How the deficiency was corrected:	Staff have been notified that they are no longer allowed to have precepting shadow staff prepare medication during their shadow period. The period is strictly for shadowing only, and once the shadowing staff has met with the nurse (status post the 2-week shadow window), only then will the shadowing staff be delegated by the RN.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	In speaking with the surveyor during their visit, it was questioned how medication delegation is performed at the Arioli group home. The RN replied with "Typically there is a two-week shadow period, and upon completion of the shadow period and the agency med delegation class, the RN meets with the new staff and reviews the special care procedures and medications for every client. The staff is given opportunities to ask any questions about the medications or SCPs at that time. If no questions exist, staff are then observed conducting a med preparation and pass while the RN observes. If staff does this correctly, they are delegated. If not, then remediation is provided". The surveyor then asked, "Are staff allowed to handle medications prior to the delegation?" To which the RN replied, "Yes, we've allowed staff the opportunity to prepare medications, just not administer them until they are officially delegated". The surveyor then replied with "The official way of performing a shadow period set forth by the state is that no medications are handled by staff prior to being delegated. Even if the staff are just preparing the medications, they must be delegated". The RN was unaware that this was the criteria set forth by the state and promised to revise this practice in the future.
System changes to ensure compliance with the regulation:	All Arioli staff were notified that the practice of med preparation and passing can only be done by those delegated. In addition, the Arioli RN teaches the medication delegation class and will mention this policy during all subsequent classes.
Date corrected:	9/29/26
Who will monitor to ensure compliance:	Arioli program RN
DLP Use Only	R194 Accepted by YA on 10/07/2026

Deficiency Tag: R385	There was a failure to ensure all goods are labeled with an opened date. The goods observed to be opened and undated in the kitchen included but are not limited; multiple packages of sliced bread, multiple packages of chips, a bottle of coffee creamer, a carton of half & half, and two boxes of cereal.

How the deficiency was corrected:	All opened and prepared food items were promptly labeled and dated immediately. In the future, upon opening or preparation, all food will be promptly labeled and dated. Labels will include the **name of the food, and date opened**. Food items that cannot be identified or whose dates cannot be verified will be discarded.
How you identified and applied the correction to other applicable aspects of your facility to ensure all potential deficiencies are corrected:	Signage was placed on the cabinets as visual reminders to staff, and all staff will have verbal reminders of food labeling at our next mandatory staff meeting (date TBD).
System changes to ensure compliance with the regulation:	Assistant Program Manager will be delegated to check that all food items are dated and labeled a minimum of twice weekly on Mondays and Fridays. Food items will also be checked when new grocery items come into the home.
Date corrected:	9/29/26
Who will monitor to ensure compliance:	Arioli Program Manager
DLP Use Only	R385 Accepted by YA on 10/07/2026