STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475053	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mayo Healthcare Inc.	71 Richardson Avenue Northfield, VT 05663

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 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 dietician 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 dietician 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.

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 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