

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

August 5, 2011

Mr. Robert Sterling, Administrator  
Green Mountain Nursing And Rehabilitation  
475 Ethan Allen Avenue  
Colchester, VT 05446

Dear Mr. Sterling:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 13, 2011**. 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.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/22/20  
FORM APPROVE  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/13/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREEN MOUNTAIN NURSING AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446</b>
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(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) COMPLETION DATE
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bathroom caused pain. Per review of Resident # 99's Comprehensive Assessment, s/he is cognitively intact and requires the assistance of two people for transferring. On 7/12/11 at 12:05 P.M., the Director of Nursing Services, during interview, indicated that having a resident wait for 43 minutes for assistance to be toileted is too long and that the expectation is that staff address the residents requests for assistance in a timely manner.

F 241

The Quality Assessment and Assurance Committee will monitor along with the Administrator and DNS for three months and take action as needed.

**Completion Date: 8/2/2011**

F241 POC Accepted 8/3/11  
G. Coleman RN / J. McCreary RN