

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 19, 2012

Mr. John Danforth, Administrator
Redstone Villa
7 Forest Hill Drive
St Albans, VT 05478-1615

Provider #: 475055

Dear Mr. Danforth:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **October 23, 2012**. Please post this document in a prominent place in your facility.

We will 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

Enclosure



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

PRINTED: 10/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475055	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2012
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NAME OF PROVIDER OR SUPPLIER REDSTONE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478
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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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K 000	INITIAL COMMENTS	K 000		
K 017 SS=D	<p>An unannounced onsite Life Safety Code inspection was completed on 10/23/12 by the Division of Fire Safety. The following are violations of Life Safety Code requirements.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure proper fire resistance for 2 rooms in the facility. Findings include:</p> <p>Per observation on 10/23/12, accompanied by facility staff, the corridor doors to rooms 6 and 7 close hard and do not latch.</p>	K 017	<p>K017 Life Safety Code Standard</p> <p>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The doors to Room #6 and Room #7 were addressed and close easily and latch on 10/26/12.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents have the potential to be at risk by this deficient practice.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>Maintenance Director was educated on routine checks on all doors closing and latching properly on 10/24/12.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>Administrator/Designee will do random audits weekly to check door closing and latching properly for 3 months. Results will be reviewed at the Quarterly QA meeting.</p> <p>5. Include dates when a corrective action will be completed.</p> <p>Administrator will be responsible for compliance of POC and regulatory requirements by 11/16/12.</p> <p><i>K017 POC accepted 11/19/12 JBened/Pmc</i></p>	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John Danforth</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11/13/2012</i>
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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.

Pmc

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NAME OF PROVIDER OR SUPPLIER REDSTONE VILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478		
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K 147	<p>Continued From page 1</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2 in one area of the facility. Findings include:</p> <p>Per observation on 10/23/12, accompanied by facility staff, the cellar ceiling light near the lockers at the base of the stairs is not properly wired. The conductors are exposed and there is no wire clamp.</p>	K 147	<p>K147 Life Safety Code Standard</p> <p><u>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>The cellar ceiling light near the lockers at the base of the stairs was repaired per the National Electrical Code Standard by the Electrician on 10/30/12.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u></p> <p>All residents have the potential to be at risk by this alleged deficient practice.</p> <p><u>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</u></p> <p>Maintenance Director was educated on protocol for monitoring electrical concerns in the building on 10/24/12.</p> <p><u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u></p> <p>Administrator/Designee will do random audits weekly with Maintenance Director for 3 months. Results to QA committee</p> <p><u>5. Include dates when a corrective action will be completed.</u></p> <p>Administrator will be responsible for monitoring and compliance of POC per regulatory requirements by 11/16/12.</p> <p><i>K147 POC accepted 11/16/12 JBened/PMC</i></p>		