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DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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 5, 2013

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

Dear Mr. Danforth:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 8, 2013**. 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: 10/21/2013  
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 _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/01/2013
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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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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The Division of Licensing and Protection performed an unannounced onsite complaint investigation on 9/25/13. The investigation was concluded on 10/8/13 after further offsite interviews and record review. The following regulatory violation was identified:</p> <p><b>F 371 SS=E 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</b></p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions:</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to prepare, distribute and serve food under sanitary conditions. Findings include: On 9/25/13 at 8:15 AM, the following unsanitary conditions were observed in a theater style popcorn unit situated in the facility lobby. The glass panes of the popcorn unit were coated with a thick film of grease and popcorn crumbs were adhered to the outside of the popper unit and scattered on the lower tray. The popper bowl had a thick build-up of yellow grease on the outside and dark grease build up on the lid and interior. When the doors of the unit were opened, there was a strong rancid odor present. Per interview with a dietary aide on 9/25/13 at 1:21</p>	F 000	<p><b>F 371-FOOD PROCURE/STORE/PREPARE/SERVE/SANITARY</b></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>Popcorn machine was cleaned and removed from Facility on 9/25/13.</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>No Residents were harmed 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>Re education of Activity Director on cleaning of popcorn machine and any activity that includes food preparation will follow Sanitary regulations, was done on 9/26/13.</p> <p><u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u></p> <p>Executive Director/Designee will Do random audits during Activities involving food for Sanitary preparation and serving for 3 months. Results will be reviewed at Quarterly QA meeting.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>John Danforth</i>	TITLE  Executive Dir.	(X6) DATE  10/31/13
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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 disclosed 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 disclosed following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to program participation.

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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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F 371	Continued From page 1 PM, she/he confirmed the condition of the popper unit (except for the odor as does not have a sense of smell) and reported that the unit is used on Fridays by the activities director and that it was his/her responsibility to clean it. At 1:48 PM the facility DNS, confirmed the above observations and the activity director's use/responsibility for the unit.	F 371	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>5. Include dates when a corrective action will be completed.</b></p> </div> <p>Executive Director will be responsible for monitoring to assure compliance with POC and regulatory requirements by 11/8/13.</p> <p>F371 POC accepted 11/5/13 Pmcatapw</p>	