

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

December 16, 2013

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 **November 19, 2013**. 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

RECEIVED
Division of PRINTED: 12/02/2013
FORM APPROVED
DEC 13 13 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 _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 11/19/2013
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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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K 000	INITIAL COMMENTS	K 000		
K 046 SS=D	<p>An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 11/19/13. The following are regulatory violations.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide emergency lighting of at least 1.5 hour duration in one area of the facility.</p> <p>Per observation on 11/19/13, accompanied by the facility Administrator, the emergency light located on the second floor in the rear emergency egress stairway did not work when tested.</p>	K 046	<p><u>K046 Life Safety Code Standard</u></p> <p><u>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u> Battery was replaced for the second floor emergency light on 11/21/13.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u> All Residents are at risk from 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> Reeducation of Maintenance Director on checking emergency lights for proper working order weekly by 12/16/13.</p> <p><u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u> Administrator/Designee will audit all emergency lights for proper working order weekly for 3 months. Results will be reviewed at the quarterly QA meeting.</p> <p><u>5. Include dates when a corrective action will be completed.</u> Administrator will be responsible for monitoring to assure compliance with POC and regulatory requirements by 12/16/13.</p> <p><i>K046 POC accepted 12/16/13 - Benard/PML</i></p>	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</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 ensure that electrical wiring is in accordance with NFPA 70, National Electrical Code in one room of the facility.</p> <p>Per observation on 11/19/13, accompanied by the facility Administrator, the power cord for the electric bed located in the southwest corner of Room #12 was damaged.</p>	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John Santora</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>12/10/13</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 her 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.

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			<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> Room #12 electric bed power cord was ordered and replaced on 12/2/13.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</u> All Residents are at risk from 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> Reeducation for Maintenance Director on weekly checks on bed power cords for damage was done on 11/20/13</p> <p><u>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</u> Administrator/Designee will do weekly audits on bed power cord damage for 3 months. Results will be reviewed at quarterly QA meeting.</p> <p><u>5. Include dates when a corrective action will be completed.</u> Administrator will be responsible for monitoring to assure compliance with POC and regulatory requirements by 12/16/13.</p> <p><i>P.047 POC accepted 12/16/13 J.Bonard/AMC</i></p>	