
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

October 17, 2013

Ms. Linda Simoneaux, Administrator
Alternatives
10 Lincoln Street
Springfield, VT 05156

Provider #: 0601

Dear Ms. Simoneaux:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite re-licensing survey and complaint investigation conducted on **September 18, 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:ne

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	OCT 15 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 09/18/2013
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ALTERNATIVES

**10 LINCOLN STREET
SPRINGFIELD, VT 05156**

(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) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and complaint investigation were conducted by the Division of Licensing and Protection on 9/18/13. There was one regulatory deficiency identified.	R100		
R188 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that resident records included all of the required information. Findings include: Per record review on 9/18/13, there were no photographs of the residents observed to be present in the medical record. Per interview at 3:05 PM, the home's manager confirmed that they did not have a photograph of the residents in any of the medical records as required by the	R188	R188 - 5.12.b(2) Starting 9-20-2013 all residents have a recent photo in the chart, unless they object. Objections will be noted in the chart. Linda Simoneaux RN Charts will be checked for completion within 24 hrs of admit date & time. Addendum per phone call on 10/16/13 @ 10:05 am, the home manager will be responsible for monitoring for compliance. R188 POC accepted with addendum 10/16/13 K Campos RN PMU	9-20-2013

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PMU
2013 → *10/10/13*

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER ALTERNATIVES	STREET ADDRESS, CITY, STATE, ZIP CODE 10 LINCOLN STREET SPRINGFIELD, VT 05156
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R188	Continued From page 1 regulation.	R188		