

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

November 18, 2011

Ms. Roxanne Ladabouche, Administrator
Giordano Manor
34 Canada Street
Swanton, VT 05488

Provider #: 0038

Dear Ms. Ladabouche:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 5, 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:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488
---	--

(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-licensure survey was conducted by the Division of Licensing and Protection on 10/4-10/5/11. Based on information gathered, a regulatory violation was cited.	R100		
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the home failed to provide and maintain a safe environment for ambulatory residents (some with cognitive deficits and mental health disorders). Findings include: Per observation during the initial tour of the home on 10/4/11 from 9:40 AM to 10:30 AM, products containing potentially hazardous chemicals were found unsecured and accessible to residents in multiple common use areas. In the second floor large bathroom, an unlocked closet contained two spray bottles of "409" disinfectant and one spray bottle of Clorox bleach cleanser. The second floor kitchenette was observed to have an unlocked cabinet under the sink which contained one open container of Comet powdered cleanser, one spray can of Endust and one spray can of Pledge furniture polish. In the smaller bathroom on the second floor, the windowsill held one can Lysol spray disinfectant and one spray bottle of Clorox bleach cleanser. On the first floor, the large bathroom contained an unlocked cabinet under	R266		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Manager* (X6) DATE *10/22/11*
Royanne Ladabouche

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2011
NAME OF PROVIDER OR SUPPLIER GIORDANO MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 34 CANADA STREET SWANTON, VT 05488		
(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
R266	Continued From page 1 the sink which held one spray bottle Clorox bleach cleanser and on quart bottle of Liquid Plumr brand drain treatment. One spray bottle Clorox bleach cleanser, one spray can of Lysol disinfectant, and one spray bottle of "409" disinfectant was observed on the toilet tank in the half bath on the first floor. The unlocked cabinet under the kitchen sink was observed to contain a spray bottle of glass cleaner, Resolve rug cleanser spray, Pledge furniture polish spray, Comet powdered cleanser, and Lysol disinfectant spray. A bottle of nail polish remover was observed in an open cabinet in the kitchen. In an interview at 11:50 AM on 10/4/11, the home's manager confirmed that potentially hazardous chemical cleaning products including Clorox bleach spray, Lysol disinfectant spray, Liquid Plumr brand drain treatment, "409" disinfectant, and nail polish remover were accessible to ambulatory residents with cognitive deficits and mental health disorders. These products were confirmed as present in the two bathrooms and kitchenette on the second floor, as well as in the kitchen and two bathrooms on the first floor.	R266	As of 10-07-2011 all chemicals, cleaners, and sprays of any Hazardous nature have been put into cupboards and locks have been applied. Since staff uses these cleaning agents daily, if any lock is broken, it will be reported to maintenance and be fixed immediately. R 266 POC accepted 11/3/11 Jane Hosmer RN	