

Division of Licensing and Protection  
103 South Main Street  
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

August 7, 2015

Ms. Margaret Rocque, Administrator  
Heaton Woods  
10 Heaton Street  
Montpelier, VT 05602-2480

Dear Ms. Rocque:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 14, 2015**. 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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/14/2015
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NAME OF PROVIDER OR SUPPLIER  HEATON WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 10 HEATON STREET MONTPELIER, VT 05602
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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) COMPLETE DATE
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R100	Initial Comments:  An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection from 7/13/15 through 7/14/15. Based on information gathered, the following regulatory violation was identified.	R100		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7 Assessment  5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to complete an assessment, as supplied by the licensing agent, within 14 days of admission for 1 of 8 applicable residents (Resident # 2). Findings include:  During record review, Resident #2 was found documented as admitted to the home on 10/3/14. The comprehensive assessment tool provided by the licensing agent was signed as complete by the Registered Nurse (RN) on 11/12/14. During an interview on 7/13/15 at 3:45 PM, the RN confirmed that the assessment had been completed more than 14 days after admission.	R134	<p><i>Don has a system in place to assure assessments are completed. It has worked without exception for the past 8 months 8/3/15</i></p> <p><i>R134 POC accepted 8/3/15 JHamon/RN/PMC</i></p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Margaret Keegan, Executive Director</i>	TITLE	(X6) DATE 8/3/15
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