

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

January 18, 2012

Ms. Coleen Kohaut, Administrator
Holiday House Residential Care Home
642 Sheldon Road
Saint Albans, VT 05478

Provider #: 0541

Dear Ms. Kohaut:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 16, 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, MS
Licensing Chief

PC:ne

Enclosure



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Division of
LIC 27 2

PRINTED: 12/15/2011
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0541	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/16/2011
NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 642 SHELDON ROAD SAINT ALBANS, VT 05478		
(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 re-licensure survey and complaint investigation was conducted on 11/14/2011 through 11/16/2011. There were regulatory violations identified in relation to the re-licensure survey and no regulatory violations identified during the investigation of two complaints.	R100		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services; using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on record interviews and staff interviews, the facility failed to assure that admission assessments were completed within 14 days of admission for 3 residents (Residents #2, #7, and #8). Findings include: 1. Per record review, Resident #2 record showed an admission date of 08/03/2011 and there was no admission assessment conducted (and no significant change assessment). In an interview on 11/15/2011 at 10:45 AM the RN (Registered Nurse) acknowledged that no admission assessment had been completed for the resident upon her return from the hospital. The resident was admitted to the hospital on 08/02/2011 and returned to the facility on 08/03/2011 more than	R135	R135 – Resident Care and Home Services 1. Billing software was changed and billing staff in serviced that admission dates on face sheet will not change arbitrarily. Date of Correction 11/17/2011	

Division of Licensing and Protection

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

Coleen Kohout, Manager
TITLE

(X6) DATE

12/27/11

STATE FORM

6899

QV8C11

If continuation sheet 1 of 3

PMC

Division of Licensing and Protection

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R135	Continued From page 1 24 hours after her admission to the hospital. In an interview with the Business Office representative on 11/15/2011 at 11:15, a new admission date was created by the billing system and the resident was discharged on 11/02/2011 and readmitted 11/03/2011. 2. Per record review, Resident #7 was admitted on 03/16/2009 and the admission assessment was completed on 04/09/2009. The finding was confirmed by the facility RN in interview on 11/15/2011. 3. Per record review, Resident #8 was admitted on 08/26/2011 and the admission assessment was completed on 09/19/2011. The finding was confirmed by the facility RN on the afternoon of 11/15/2011.	R135	2 & 3. The covering RN's have been in serviced on resident assessments to ensure that assessments will be done in a timely manner within 14 days of admission in the absence of the Resident Service Director. Date of Correction 11/17/2011 <i>R135 POC accepted 1/3/12 M Higgins RN / P. Mastarn</i>	
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: Per observation and staff interview, the facility failed to assure a sanitary environment was maintained. Findings include: Per observation during a kitchen tour at 11:20 AM on 11/14/2011 the following were observed: 1). A sink in the dishwashing area used for rinsing dishes contained a screen with food debris and paper in it. The kitchen manager stated that the screen was cleaned after each meal but had not	R266	R266 – Physical Plant 1-9) The items noted from 1-9 were corrected on 11/14/2011. The Residential Care Manager educated and inserviced the Dietary Manager in proper sanitary guidelines and assisted in creating a cleaning schedule of the kitchen and dietary equipment along with a procedure to ensure the cleaning schedule is being followed. Date of completion 11/17/2011	

*R266 POC accepted 1/3/12
M Higgins RN / P. Mastarn*

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R266	<p>Continued From page 2</p> <p>been cleaned after breakfast. When it was pointed out that the screen contained peas and green beans, s/he acknowledged that the screen had not been cleaned at the end of the previous day.</p> <p>2). The back splash of the sink in the dishwashing area was coated with grease.</p> <p>3). There was a very dirty trash can lid resting on the dish rinsing sink.</p> <p>4). There were air vents heavily coated with grease and dust over the dishwasher, the steam table and in the front of the cooking range hood.</p> <p>5). The cooking range top was coated with grease and food particles.</p> <p>6). The microwave oven interior was coated with splattered food and liquid.</p> <p>7). On a rack of clean utensils a ladle with food particles and a strainer with food particles were among the clean utensils.</p> <p>8). An open window near the cooking area had a dirty screen. There were food processor blades resting on the windowsill in front of this window.</p> <p>9) The pot sink is a chemical sink which the kitchen manager stated was checked daily with test strips however the staff was unable to locate strips and there was no log maintained for the tests. The kitchen manager also stated that ECHO labs checks the sink monthly.</p> <p>All above findings were confirmed with the kitchen manager and the facility manager at 11:40 AM on 11/14/2011. **This is a repeat violation also cited in the 2008 survey.</p>	R266		