



AGENCY OF HUMAN SERVICES
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 1, 2012

Ms. Sonya Saltis, Administrator
Saltis Home
1141 Main Street
Castleton, VT 05735

Provider #: 0164

Dear Ms. Saltis:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey conducted on **August 20, 2012**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

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: 0164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2012
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NAME OF PROVIDER OR SUPPLIER SALTIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1141 MAIN STREET CASTLETON, VT 05735
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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, on-site, re-licensure survey was conducted by the Division of Licensing and Protection on 08/20/12. The follow deficiency was identified.	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and interview, the facility failed to develop a plan of care for two of three Residents in the sample. This affected two (#7 and #3) of three sampled Resident records. Findings include: 1. Review of the clinical record for Resident #7 on 08/20/12 revealed an admission date of 06/01/12 and a diagnosis of schizoaffective disorder versus major depressive disorder with psychotic features. No plan of care was located in the clinical record to indicate what assistance was required by Resident #7. During observations at the 12:00 P.M. meal, Resident #7 required no assistance. Resident #7 was independently mobile and pleasant during the meal. Interview of the Caregiver on 08/20/12 at 12:30 P.M. revealed that Resident #7 required medication management to ensure compliance,	R145	R145 5.9c Actions Taken to Correct Deficiency: Manager and Nurse updated all care plans of all 8 residents at Saltis Home on 9/25/2012. A check list system has been put into place to ensure care plans are kept updated and complete. Manager will check every 2 weeks that care plans are current. Corrective actions will be monitored by nurse and manager during scheduled meetings at least monthly Corrective Actions are in place as of 9/25/2012.	
			R145 POC accepted. J. Mykhew RN/9/27/12	

Division of Licensing and Protection

Sonya Sallis

TITLE *manager*

(X6) DATE

9/25/2012

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

STATE FORM

Peggy Russell RN 9/25/12

If continuation sheet 1 of 2

PMK

Division of Licensing and Protection

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R145	<p>Continued From page 1</p> <p>required assistance with meals and housekeeping tasks and required cues, general supervision and reminders to maintain personal appearance and appointment schedules. The Caregiver stated that the plan of care was normally located in the medication administration book and that one had been developed after Resident #7 was admitted. The Caregiver verified that a plan of care was not located in the record or in the medication administration record and could not locate a plan of care during the visit.</p> <p>2. Review of the clinical record for Resident #3 on 08/20/12 revealed an admission date of 07/04/12 and diagnoses of schizophrenia and anxiety. No plan of care was located in the clinical record to indicate what assistance was required by Resident #3. During the meal observation at 12:00 P.M. Resident #3 was pleasant and conversed with other residents and staff. Resident #3 was neat and appropriately dressed and independently mobile. Resident #3 indicated that assistance was provided to find a job and the Resident would be starting to work soon.</p> <p>Interview of the Caregiver on 08/20/12 at 12:30 P.M. revealed that Resident #3 required medication management to ensure compliance, required assistance with meals and housekeeping tasks and required cues, general supervision and reminders to maintain personal appearance and appointment schedules. The Caregiver stated that the plan of care was normally located in the medication administration book and that one had been developed after Resident #3 was admitted. The Caregiver verified that a plan of care was not located in the record or in the medication administration record and could not locate a plan of care during the visit.</p>	R145	<p>R145 Care Plans are Completed for Resident # 3 and Resident #7. 9/25/12.</p> <p>R145 POC accepted. J. Myrskiu RN 9/27/12</p>	

Division of Licensing and Protection
STATE FORM

8559 KOX211

If continuation sheet 2 of 2

Sonya Salke, manager, 9/25/2012
Peggy Duggan RN 9/25/12