

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

February 15, 2013

Mr. Christian Andresen, Administrator
Single Steps
62 Barre Street
Montpelier, VT 05602

Provider #: 0153

Dear Mr. Andresen:

Enclosed is a copy of your acceptable plans of correction for the re-licensure survey and two complaint investigations conducted on **January 3, 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



FEB 04 2013

PRINTED: 01/11/2013
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2013
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NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE 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-licensure survey and two complaint investigations were conducted by the Division of Licensing and Protection on 1/2/13 & 1/3/13. There were no regulatory violations cited related to the two complaints. Based on information gathered during the re-licensure survey, the following regulatory violations were cited.

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, within 14 days of admission, a comprehensive assessment for one of three residents (Resident #3) in the sample. Findings include:

Per record review on 1/2/13, Resident #3 was admitted to the home on 7/31/12. The comprehensive assessment for Resident #3 was signed by the nurse and dated 10/3/12. During an interview at 3:35 PM on 1/2/13, the staff Team Leader confirmed that the admission assessment for Resident #3 was dated 10/3/12, exceeding 14 days from admission on 7/31/12.

R134

An admission checklist will be developed and implemented that covers the requirements for admission paperwork. This check list will include dates for when the assessment needs to be completed. The house manager or assistant will be responsible for ensuring completion.

2/15/13

Division of Licensing and Protection

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

TITLE *Single Steps Dir.*

(X6) DATE
1/31/13

PMC

Division of Licensing and Protection

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R247 SS=D	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the home failed to assure that resident foods were held at temperatures below 40 degrees Fahrenheit in one of two refrigerators. Findings include:</p> <p>During the initial tour of the home's kitchen on 1/2/13 at 10:20 AM, one of two refrigerator/freezer units used to store resident foods (including lunch meat) was found to lack a thermometer in the refrigeration compartment. The unit did have a thermometer and daily temperature log for the top freezer section. The staff person accompanying this surveyor on the tour examined the interior of the refrigerator compartment and did not locate a thermometer.</p>	R247	<p><i>A thermometer will be placed in each refrigerator/freezer. Daily temp checks will be done and documented. They will be reviewed monthly by house director or assistant.</i></p>	2/1/13
R302 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed</p>	R302		

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R302	Continued From page 2 periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to conduct fire drills in the past year which rotated through one of four required times of day (morning, afternoon, evening, night). Findings include: On 1/2/13 a review of the home's fire drill records for the previous year revealed that there were no fire drills conducted during the night shift (11:00 PM to 7:00 AM). The staff Team Leader confirmed on 1/2/13 at 12:50 PM that the fire drill records reflected morning, afternoon and evening drills, with no drills conducted during the 11:00 PM to 7:00 AM period.	R302	<i>The facility director will review the fire drill record the end of the second week of each month to ensure a drill is done monthly. The facility director will ensure a fire drill is conducted during the night shift. One will be scheduled for June and one scheduled for August.</i>	<i>8/31/13</i>
			<i>R134, R247, + R302 POC's accepted 2/7/13 JHomer RN / PMC</i>	