

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
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Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

December 3, 2013

Mr. John Danforth, Administrator Redstone Villa 7 Forest Hill Drive St Albans, VT 05478-1615

VIA FAX (802) 524-3071 AND FIRST CLASS MAIL

Provider ID #: 475055

Dear Mr. Danforth:

The Department of Public Safety, Division of Fire Safety completed a Life Safety Code survey at your facility on **November 19, 2013**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy as evidenced by the attached CMS-2567 whereby corrections are required. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Plan of Correction (POC)

A POC for the deficiencies, which is your allegation of compliance, must be received by **December 13, 2013.** Failure to submit an acceptable POC by **December 13, 2013** may result in imposition of remedies or termination of your provider certification. Your POC must contain the following:

- What corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- The dates corrective action will be completed.



This survey becomes part of the enforcement cycle that began on October 8, 2013. All remedies outlined in the letter sent to you by the Centers for Medicare and Medicade Services, dated November 18 may still be imposed.

Allegation of Compliance

If you believe these deficiencies have been corrected, you may contact Frances L. Keeler, RN, MSN, DBA, Assistant Division Director, Division of Licensing and Protection with your written credible allegation of compliance. If you choose and so indicate, the POC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, the recommended remedy listed above would not be imposed at that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, a civil money penalty may be imposed by the CMS Regional Office beginning on the last day of survey and continue until substantial compliance is achieved. Additionally, the CMS Regional Office will impose the other remedies indicated above or revised remedies, if appropriate.

Informal Dispute Resolution

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In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Frances L. Keeler, RN, MSN, DBA, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for submitting a POC for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,

Pamela Cota, RN Licensing Chief