

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

June 8, 2012

Mr. William Spalding, Administrator  
Allenwood At Pillsbury Manor  
90 Allen Road  
South Burlington, VT 05403

Provider #: 0372

Dear Mr. Spalding:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 17, 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,



Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0372	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/17/2012
NAME OF PROVIDER OR SUPPLIER  ALLENWOOD AT PILLSBURY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 90 ALLEN ROAD SOUTH BURLINGTON, VT 05403		
(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 onsite re-licensure survey was conducted by the Division of Licensing and Protection on 04/16 & 17/2012. The following regulatory deficiency was identified:	R100	Re: R 302 We have posted a list of fire drills + have put reminders in our outlook calendars to complete fire drills in compliance w/ regulation. Dean Dennis is responsible (Head of Maintenance) w/ Liza Rixon, LPN holding accountable Emilia LA	4/18/12
R302 SS=E	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  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 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 reviews and staff interviews the facility failed to assure that fire drills were conducted at least on a quarterly basis. Findings include:  Per record review in the year 2011 there were fire drills conducted on 05/30, 06/30, 07/19, 08/04, and 09/08. There were no fire drills recorded for the remaining seven months. There were also no fire drills recorded in 2012. In an interview on 04/16/12 the facility Manager stated that, after checking with the Maintenance staff who co-ordinate drills, there were no drills conducted in 2011 or 2012 other than those provided for	R302		

Division of Licensing and Protection

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

STATE FORM

6899

A2DO11

TITLE

*Debra Jemey*  
5/17/12

(X6) DATE

If continuation sheet 1 of 2

Pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0372	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/17/2012
NAME OF PROVIDER OR SUPPLIER  ALLENWOOD AT PILLSBURY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 90 ALLEN ROAD SOUTH BURLINGTON, VT 05403		
(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
R302	Continued From page 1 surveyor review. The drills which were conducted took place on days, evenings and nights.	R302	See attachment.  R302 POC accepted with attached document. 5/29/12 Mltiqms RN / Pncotarn	

*Deborah J. Meyer RN*

**Liza Rixon**

---

**Revision to plan of correction**

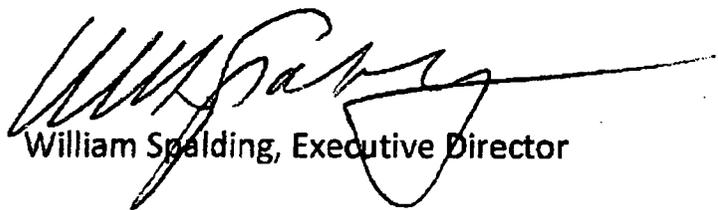
All fire drills are planned out for the year, and are in outlook calendars for appropriate staff. The head of maintenance will be responsible for the fire drills.

The nurse manager will audit fire drills monthly, assuring regulatory requirements are met for times of day and night and that a log is kept up to date documenting what transpired at each drill, including what staff were present.

Completion date 5/7/2012 and ongoing



Liza Rixon, LPN



William Spalding, Executive Director



Liza Rixon, LPN  
Nurse Manager  
Allenwood & Harborview at Pillsbury Senior Communities  
(802) 861-3748  
[lrixon@pillsburymanor.com](mailto:lrixon@pillsburymanor.com)