

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

October 4, 2011

Diann Ward, Administrator
Mountain View of Vershire
397 McIver Road
Vershire VT 05079

Dear Ms. Ward:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **August 15, 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, BS
Licensing Chief

PC:jl

Enclosure: As noted above.



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2011
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW OF VERSHIRE		STREET ADDRESS, CITY, STATE, ZIP CODE 397 MCIVER ROAD VERSHIRE, VT 05079		
(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 State licensing survey as well as a complaint survey was conducted and completed on 8/15/11 by the Division of Licensing & Protection. There was one violation related to the State licensing regulations during the State survey.	R100	<i>The day Menu will be posted on the bulletin Board in the dining Room in the AM before breakfast for that day for the residents to see.</i>	<i>8/31/11</i>
R234 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff and resident interview (#1) the facility failed to have the current week's regular and therapeutic menu posted in a public place for residents and other interested parties. Findings include: During my facility tour of the kitchen at 10:00 AM with the owner/manager I observed a July 2011 menu posted on the side of the refrigerator. The owner/manager confirmed at 10:10 AM that the August 2011 menu had not yet been posted, and confirmed this was the only place in the facility that the menu was posted. The residents did not get a copy of the menu and staff used 'word of mouth' to inform the residents what would be served at mealtimes. In addition, there was a sign on the cabinet near the refrigerator asking for 'staff only' in the kitchen area. During an interview with one resident at 11:00 AM (Resident # 1) s/he was unable to tell me what was being served for lunch or where the menu was posted.	R234	<i>along with the Menue for the Month. DW It will be monitored by the staff to make sure it is updated daily. DW Addendum: Per telephone conversation on 9/26/11 with the Administrator: All residents in the facility have the potential to be affected, and, The Administrator is responsible for monitoring compliance.</i>	
			<i>R234 P.O.C. accepted with addendum 9/26/11 DchittendenRN/AMotarn</i>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Diana Ward owner* TITLE *owner* (X6) DATE *8/31/2011*