

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

April 2, 2014

Ms. Paula Patorti, Administrator
Our House Outback
196 Mussey Street
Rutland, VT 05701

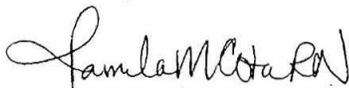
Provider # 0595

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the unannounced complaint investigation conducted on **March 6, 2014**. 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/06/2014
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NAME OF PROVIDER OR SUPPLIER OUR HOUSE OUTBACK	STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET RUTLAND, VT 05701
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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
R149	Continued From page 1 wheelchair for meals. Per review of records the staff failed to document 12 out of 47 times between the dates of 2/7/14 and 2/21/14. Confirmation was made by the house manager at 10:10 AM that documentation was not complete. Affirmed with the RN that documentation was missing at 11:48 AM and she could not positively confirm that positioning had occurred.	R149		