

Division of Licensing and Protection
103 South Main Street
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

January 28, 2015

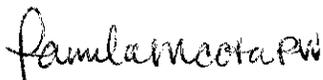
Ms. Sonya Saltis, Administrator
Saltis Home
1141 Main Street
Castleton, VT 05735-7713

Dear Ms. Saltis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 29, 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:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/29/2014
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NAME OF PROVIDER OR SUPPLIER SALTIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1141 MAIN STREET CASTLETON, VT 05735
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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
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted and completed by the Division of Licensing and Protection on December 29, 2014. The findings include the following:	R100		
R104 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	Policy Already In Place. Admission Agreement Completed 1/23/15. Manager responsible to make sure deficiency does not happen again. Sonya Sahbis	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sonya Sahbis* TITLE *Manager*

(X6) DATE
1/26/15

R104-RAS1 POC's accepted 1/27/15 M.Bertrand RN/PMc

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R104	<p>Continued From page 1</p> <p>the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the facility failed to assure that 1 of 3 residents in the sample had a written admission agreement prior to or at the time of admission (Resident #1). The findings include the following:</p> <p>Per medical record review on 12/29/14, Resident #1 was discharged from the facility in April 2012. He/she was readmitted on 5/3/2014. Facility manager confirms that the latest admission agreement signed by Resident #1 is dated 10/3/11.</p>	R104		
R161 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the manager of the facility failed to ensure that all medications are handled according to the home's policies. The findings include the following:</p> <p>Per tour of the medication storage area on</p>	R161	<p><i>Policy Already In Place. Importance of medication cabinet always being locked was brought to our attention and will be followed through more diligently. Reviewed with all staff Completed 1/23/15.</i></p>	

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R161	<p>Continued From page 2</p> <p>12/29/14, the medication cabinet was found unlocked and contained numerous prescription medications for today's administration. Prescription medication utilized for the treatment of schizophrenia, depression and constipation for 7 of 8 residents. Confirmation by the Resident Attendant confirmed that the cart was unlocked at the time of the tour.</p> <p>Per facility policy the medication cart is to be kept locked at all times unless dispensing medications. Facility Manager confirmed at 9:50 AM that the policy was not followed.</p>	R161	<p><i>* Manager is responsible to follow through this is done. Sonya Saltis</i></p>	
R247 SS=C	<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 and confirmed by staff interview the facility failed to assure that all perishable foods are stored in accordance with safe food handling.</p> <p>Per inspection of the two (2) refrigerators and freezers in the facility on 12/29/14, both were found to have thermometers present, but staff confirm that routine recording of refrigerator temperatures does not occur. Therefore, there is no way to assure that all perishable foods have been stored in accordance with safe food</p>	R247	<p><i>New Policy attached Completed 1/23/15 - Manager is responsible to make sure this is followed through. (SS)</i></p>	

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R247	Continued From page 3 handling.	R247		
R249 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to assure that food handling and storage techniques are consistent with safe food handling practices. The findings include the following:</p> <p>Per observation on 12/29/14, the following foods were stored in the dry storage area:</p> <p>Multiple assorted packages of jello/pudding/pie filling and powdered milk with out dates ranging from 2012 through 2013.</p> <p>Two partially used containers of marshmallow fluff with out dates of 2012.</p> <p>A bottle of ranch dressing with an out date of April 20, 2013.</p> <p>A partially used quart container of Buttermilk, stored in the refrigerator with an outdate of November 25 2014.</p> <p>Confirmation was made by the facility manager, that the above foods should not be used and were immediately discarded.</p>	R249	<p><i>New Policy Attached, completed 1/23/15 Manager is responsible to make sure this is followed through. (SS)</i></p>	

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R251 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect stored dried food from dust, insects, rodents, unnecessary handling and all other sources of contamination. The findings include the following:</p> <p>Per observation/inspection of the kitchen storage cabinets, on 12/29/14 at 9:30 AM, the dry storage area contained the following:</p> <p>A box of dry cereal open, not dated and not secured. A plastic gallon container of dry cereal not dated. A partially used box of pasta open, not dated and not secured.</p> <p>Per interview with the facility owner, confirmation was made that the above listed items were not stored properly in order to avoid various sources of contamination.</p>	R251	<p><i>New Policy Attached. Completed 1/23/15. Manager is responsible all staff is educated on policy and follows it out. (S)</i></p>

Saltis Home
 Food Storage Policies
 Check Refrigerators and Freezer Temp

Check Temperature of Refrigerators and Freezers Each Day.
 Circle that you checked and initial that temperatures were within recommended temperature. At or below 40 degrees Fahrenheit for Refrigerators.

All Food must be marked when opened of the date opened. Any loose food must be stored in a closed container and marked when opened.

The manager will go through food weekly to double check expiration dates.

All staff must check dates before serving food. Dispense any food that is of any question of expiration date or has expired.

Dates/ Circle and Initial. Any issues call manager immediately.

<u>1</u>	<u>6</u>	<u>11</u>	<u>16</u>	<u>21</u>	<u>26</u>	<u>31</u>
<u>2</u>	<u>7</u>	<u>12</u>	<u>17</u>	<u>22</u>	<u>27</u>	
<u>3</u>	<u>8</u>	<u>13</u>	<u>18</u>	<u>23</u>	<u>28</u>	
<u>4</u>	<u>9</u>	<u>14</u>	<u>19</u>	<u>24</u>	<u>29</u>	
<u>5</u>	<u>10</u>	<u>15</u>	<u>20</u>	<u>25</u>	<u>30</u>	

This sheet will be stored in the kitchen on a clipboard.

Sonya Saltis 1/23/15