



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
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

January 28, 2010

Ms. Shawna Hervey, Administrator
Valley Vista
22 Upper Plain
Bradford, VT 05033

Dear Ms. Hervey:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **December 22, 2009**. 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,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS
Licensing Chief

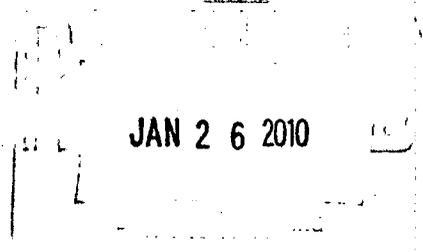


Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0540	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2009
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NAME OF PROVIDER OR SUPPLIER VALLEY VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 22 UPPER PLAIN BRADFORD, VT 05033
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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
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T 001	INITIAL COMMENTS An unannounced onsite survey was conducted 12/22/2009.	T 001	 <p><i>we are now testing the 3rd compartment of the sink 1-4-10 daily with a test strip. we are logging daily that this test occurred.</i></p> <p><i>T031 1-27-2010 POC accepted. — C. Laramy, RN</i></p>	
T 031	IV.B.3.f. Physical Environment Sanitation: The residence shall meet health and sanitation regulations of the Vermont Department of Health. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence did not meet required health and sanitation requirements. Findings include: Per observation and record review during initial tour on 12/22/09 at 11:30 AM, a 3-sink dishwashing compartment was not being monitored to assure that an effective concentration amount of sanitizing agent was present in the rinse sink bay. The Administrator confirmed, during this tour, that there was no available record of this testing for the prior week, that the dietary department head had left without notice the prior week and that current staff were unaware of the need to perform this testing.	T 031		

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Shanna [Signature] 1/20/10 TITLE *Administrator* (X6) DATE

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