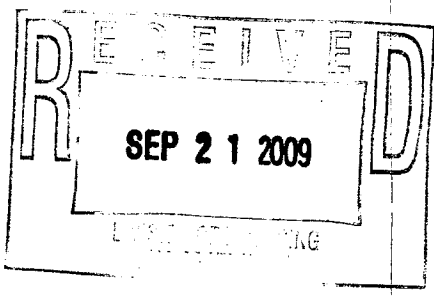


Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2009
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NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
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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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R100	Initial Comments: An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 8/21/09.	R100		
R179 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ol style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through interview the home failed to assure that staff providing direct care to residents received 12 hours of training in the required content areas</p>	R179		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Single Steps Director*

(X6) DATE *9/18/09*

Division of Licensing and Protection

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R179	Continued From page 1 outlined in the Residential Care Home Licensing Regulations (effective 10/03/00) section 5.11.b. Findings include: 1. Per review of staff training documentation on 8/21/09, the facility was unable to produce evidence that direct care staff received 12 hours of training per year that included all the content areas required. On 8/21/09 at 1:00 PM, the manager of the home confirmed that the training records were not available for review, and did not know if staff had received all 12 hours of training per year as required.	R179	<p>Single Steps will maintain a record of training received by staff on site. This training log will be reviewed quarterly to ensure all required areas are covered on an annual basis.</p> <p>Addendum per T.C 9/21/09 @ 3:00pm with Administrator</p> <p>Administrator will be responsible for ongoing monitoring of compliance with this Regulation.</p> <p>Per report 8-23-09 <i>[Signature]</i></p>	
R191 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within	R191		

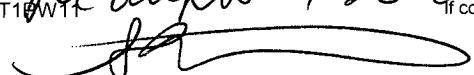
Division of Licensing and Protection

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R191	<p>Continued From page 2</p> <p>twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.</p> <p>5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through staff interview, the facility failed to report a fire to the appropriate state agencies in the time frame required per the Residential Care Home Regulations (effective 10/03/00) section 5.12.c.</p> <p>(1) Findings include:</p> <p>1. Per review of an incident report, two residents came to staff at 10:30 PM on 7/28/09 to report that the garage behind the residence used as a smoking area smelled like "burning plastic". Upon investigation, the staff person discovered an upholstered chair smoldering in the garage. Water was poured on the chair until it was no longer smoking, and then it was dragged outside to the driveway. The following morning 7/29/09 at</p>	R191	<p>The Single Steps administrator (or appointed representative) will verbally contact the Division of Licensing and Protection and the Assistant State Fire Marshall within 24 hours of any fire occurring at Single Steps. This verbal report will be followed by a written response within 72 hours.</p> <p>This regulation will be reviewed with staff verbally at staff meetings and with notes shared with staff electronically.</p> <p>Notification protocol will be in written format in the Single Steps Disaster/Contingency Plan.</p> <p>Addendum per T.C with adm 9/21/09: Administrator will be responsible for ongoing monitoring of compliance with this regulation.</p>

[Signature]

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R191	Continued From page 3 6:20 AM, a resident noticed that the chair was smoking again and informed staff, who then sprayed the chair with a hose. The chair continued to smoke, so the staff called 911 and reported the fire. The firemen tore the chair apart and extinguished the fire. This incident was not reported to the Division of Licensing and Protection and the Dept. of Labor and Industry within 24 hours, and a written report not submitted within 72 hours as required. Per interview on 8/21/09 at 1:00 PM, the manager confirmed that the fire had not been reported within these time frames.	R191			
R302 SS=D	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 review of fire drill records, the facility failed to conduct fire drills in accordance with the Residential Care Home Regulations (effective 10/03/00) section 911.c. Findings include: 1. Per review of records, there were 7 fire drills	R302	<i>A single staff person will be appointed for organizing all fire drills. The record of fire drills will be reviewed quarterly by the Single Steps administrator to ensure compliance.</i>		

See report 9-23-09


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R302	Continued From page 4 conducted during 2008, with only one of them being conducted at night when residents were in bed. Between January and August of 2009, only 3 drills have been conducted, none of them at night. The facility's policy states that fire drills are to be conducted monthly rotating between shifts. This information was confirmed by the manager of the home on 8/21/09 at 1:00 PM.	R302	Addendum per T.C. with administrator on 9/21/09 Administrator will be responsible for ongoing monitoring of compliance with this Regulation. Per memo 9-23-09 