

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 28, 2021

Ms. Melissa Greenfield, Manager Meadows At East Mountain 240 Gables Place Rutland, VT 05701-8811

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 19, 2020.** 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

Jamela MCotaRN

Licensing Chief

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Division of Licensing and STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE (Constitution	(X3) DATE SURVEY COMPLETED	
	1002	B WING	210	C 02/19/2020	
		DDRESS, CITY STA	TE ZIP CODE		
NAME OF PROVIDER OR SUPPLI		LES PLACE	N.C. 217 COBE		
MEADOWS AT EAST MOUI	LTAIN!	D, VT 05701			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
R100 Initial Comments	8	R100			
conducted, in co investigation, be was a regulatory and there were r	I on-site re-licensure survey was njunction with a complaint ween 2/18 - 2/19/2020. There finding as a result of the survey o regulatory deficiencies sult of the complaint				
		5470	R179 Corrective Action P	<u>'lan</u>	
R179 V. RESIDENT C SS=E 5.11 Staff Servic	ARE AND HOME SERVICES	R179 3	All current and contracted swill be educated on fire saf and emergency evacuation	fety	
demonstrate cor techniques they providing any dir shall be at least year for each sta	e must ensure that staff hpetency in the skills and are expected to perform before ect care to residents. There welve (12) hours of training each ff person providing direct care to raining must include, but is not lowing:		All future staff and contract staff will receive a full Mead employee orientation included education on fire safety and emergency evacuation.	ted dows ding	
 (3) Resident em such as the Heir or ambulance co (4) Policies and reports of abuse (5) Respectful a residents; (6) Infection con limited to, handwing clean pathogens and united to the such as the su	nts; and emergency evacuation; ergency response procedures, alich maneuver, accidents, police antact and first aid; procedures regarding mandatory anglect and exploitation; and effective interaction with trol measures, including but not ashing, handling of linens, an environments, blood borne aniversal precautions; and ervision and care of residents.		All current and contracted employees will also participannual fire safety and eme evacuation training. This plan will be implemen March 30, 2020.	ergency	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM
6369

TITLE 1X61 DATA 3/5/

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING: B WING				(X3) DATE SURVEY COMPLETED C 02/19/2020		
		1002							
			DRESS CITY,	CTAT	= 719 COOE				
NAME OF	PROVIDER OR SUPPLIER		LES PLACE		E, ZIF COBL				
MEADO	VS AT EAST MOUNTA	LINI	O, VT 05701				- 400050T	1011	ALCO S
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION;	ID PREFIX TAG		PROVIDER (EACH CORF CROSS-REFER	RECTIVE AC	THE APPRO	LD BE	(X5) COMPLETE DATE
R179	Continued From pa	ge 1	R179						
	This REQUIREMEN	NT is not met as evidenced		ij					
	by:	pard ravious and staff		72			3		
		cord review and staff y failed to provide staff with		i.					
	required annual edu	cation regarding fire safety		1					
	and emergency eva	cuation. Findings include:							
	Per review of five e	mployee education files, there							
	was no evidence th	at four of the five employees							-
	reviewed received t	he required fire safety and							
	emergency evacual	tion education in 2019.		Ti.					
	2/18/2020 at approx that the required fire	with the Staff Educator on kimately 2:30 PM s/he stated a safety training was removed training modules to be		١					
	replaced with live tr newly hired staff do as part of orientatio	aining. S/he confirmed that receive the computer training n but there is no evidence that cation had been provided to							
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