



AGENCY OF HUMAN SERVICES
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

October 30, 2024

Shannon Blanchard, Manager
Our House Outback
196 Mussey Street
Rutland, VT 05701-4839

Dear Ms. Blanchard:

On **October 29, 2024**, we conducted a revisit to the survey of **June 7, 2024** to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility has corrected all violations cited at the time of this survey.

If you have any questions regarding this report, please feel free to contact this office at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/29/2024
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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
{R100}	<p>Initial Comments:</p> <p>On 10-29-24, the Division of Licensing and Protection conducted a second unannounced onsite follow up survey to a complaint investigation completed on 6-7-24 with the first follow up survey conducted on 8-21-24. Both the 6-7-24 and the 8-21-24 surveys resulted in regulatory non-compliance with a need for an immediate plan of correction. The 10-29-24 follow up survey found the RCH to be in substantial compliance.</p>	{R100}		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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