



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

February 17, 2022

Ms. Melissa Haupt, Administrator
Saint Albans Healthcare And Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478-8011

Dear Ms. Haupt:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 31, 2022**. 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 "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/31/2022
NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478	
(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced revisit to 3 surveys on 1/31/22. As a result, the facility was found to be in substantial compliance with regulatory requirements; however, issues were identified that require a plan of correction as follows. F 921 SS=C Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations and Interviews, the facility failed to provide a safe and sanitary environment. Findings include: 1. During a tour of the kitchen conducted on 1/31/22 at 0940 with the HCS, District Manager (DM) in the dishwasher room, the area beneath the sink is heavily soiled to include the floor and walls. There is a plastic container containing debris and broken dishware. The disposal is broken, sitting on the floor and contains what appears to be old food. The pipes under the dishwasher are heavily soiled with grease as are the floor and walls. There are broken tiles on the floor. Additionally, there are cleaning products including a gallon job of Simple Green cleanser stored under a prep table in the kitchen where food is prepared. These observations were confirmed at the time of observation by the DM. 2. On 1/31/22 at 10:25 AM, during a tour of the	{F 000}	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law. F 921 No residents were affected by this Alleged deficient practice Residents that resident in the center Have the potential to be affected by This alleged deficient practice The chemicals were removed And the area behind the dishwasher Was cleaned immediately. The broken Dishware was removed. The Garbage disposal was removed. The Broken tiles were repaired. The kitchen Floor is on a monthly deep clean Schedule. The duct work was cleaned on 1/31/2022, the laundry was rewashed, and the fan was removed. Laundry staff, maintenance, and Dietary were educated on not using Fans in the laundry room and cleaning duct Work weekly	

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

TITLE

(X6) DATE

[Signature] Administrator 2/15/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 921	Continued From page 1 laundry room with HCS Director of Operations (DO), an operating fan blowing directly on clean linens was heavily soiled with dust. In addition, a heating and ventilation duct spanning the overhead in the laundry room was heavily soiled with thick dust. The side of the duct was covered in places with a brittle white substance that broke apart to touch. These observations were confirmed at the time of observation by the DO.	F 921	Laundry staff, and maintenance were educated on deep Cleaning the floor monthly and not Storing chemicals under the food Prep area, as well as deep cleaning The area behind the dishwasher at Least every two weeks Audits will occur weekly times 4, Monthly times 2 Results will be reported to QAPI EVS manager, dietary manager, Maintenance, and CED responsible Date of compliance: 2/15/2022 <i>F921 POC accepted 2/15/22 RTremblay RN / Pmc</i>		