



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

December 4, 2018

Ms. Mona Karia, Manager  
Single Steps  
62 Barre Street  
Montpelier, VT 05602-3508

Dear Ms. Karia:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 29, 2018**. 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 black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

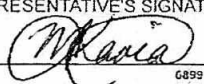
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SINGLE STEPS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 BARRE STREET MONTPELIER, VT 05602</b>
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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, on-site relicensure survey was conducted by the Division of Licensing and Protection on 10/29/2018. The following regulatory issue was identified.	R100		
R266 SS=B	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the home failed to provide and maintain a safe, homelike and comfortable environment. The specifics are as follows:  Per observation and confirmed by staff during a tour of the home on the morning of 10/29/2018, the following issues were identified:  1. The heating baseboards in many of the common areas are rusted and pulling away from the wall. The baseboard in the large spare room off the kitchen has no cover on the end, leaving sharp edges. Staff confirm that residents do not use this room, but do walk through it and that the element looks as if it had been cut, leaving the sharp edges exposed.  2. The curtain rod in the upstairs sitting area is pulling away from the window sill, creating a lopsided curtain. The same window sill is dusty and contains 2 old cookies on it.	R266	The identified baseboard and curtain rod issue will be resolved by November 13th, 2018.  A cleaning and maintenance checklist will be developed and implemented to ensure that the home provides and maintains a safe, functional, sanitary, homelike and comfortable environment. This will be monitored monthly by the house manager in order to ensure completion.	11/13/18  11/30/18

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Single Steps Coordinator</i>	(X6) DATE <i>11/28/18</i>
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R266 POC accepted 11/28/18 G Coleman RN/PMU

Division of Licensing and Protection

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