

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

November 17, 2010

Thomas Rice, Administrator
Brookside Nursing Home Inc
1200 Christian Street
White River Junction, VT 05001

Provider ID #:475010

Dear Mr. Rice:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on
November 1, 2010.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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

RECEIVED
Division of
NOV 15 10
Licensing and
Protection
PRINTED: 11/05/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475010	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2010
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE NURSING HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001
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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) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 067 SS=D	<p>A Life Safety Code Survey was conducted on 11/1/10.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation during a tour of the facility on 11/1/10, the left-most boiler relief valve lacks device data tags, meaning a new relief valve must be installed.</p>	K 067	<p>Disclaimer</p> <p>The filling of this plan of correction is filed as the facilities does not constitute the fact deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the requirements and provide high quality care.</p> <p>NOTIFICATION OF CHANGES</p> <p>Corrective Action: The Relief Valve without a tag will be replaced.</p> <p>Protection of Other Residents: Upgraded piping and relief valve installation (Residents minimal risk as this is located in a patient restricted area).</p> <p>Systemic Changes: Maintenance will keep current with changes in regulation with education.</p> <p>Monitoring: Monitoring for accuracy and completeness to be done by periodic Sub Contractor Supervision, and The Assistant Administrator to monitor monthly and report during QA committee meetings</p> <p>K067 POC Accepted 11/17/10 B. martin / Administrator</p>	Completion Date: 11/15/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Thomas E. O'Shea
TITLE
Administrator
(X6) DATE
10/11/10

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.