

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 21, 2013

Ms. Jennifer Combs-Wilber, Administrator
Green Mountain Nursing And Rehabilitation
475 Ethan Allen Avenue
Colchester, VT 05446

Provider #: 475040

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **August 27, 2013** by representatives of the Centers for Medicare & Medicaid Services, Boston Regional Office. Please post this document in a prominent place in your facility.

We will 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
Licensing Chief

PC:jl

Enclosure



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

PRINTED: 09/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475040	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 01 BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2013
NAME OF PROVIDER OR SUPPLIER GREEN MOUNTAIN NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446		
(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 A federal monitoring survey was conducted by representatives of the Centers for Medicare & Medicaid Services, Boston Regional Office, on August 27, 2013, following the Vermont State Agency survey completed on July 8, 2013. The facility was surveyed pursuant to the National Fire Protection Association (NFPA) 101 Life Safety Code, 2000 edition (for existing buildings), as referenced in Part 483.70 (a).	K 000	K 018 <i>Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction is as follows:</i> It is the policy of this facility to assure that the standards of NFPA 101 Life Safety Codes are followed. The observed doors for resident room 104 and room 102 have been checked and a UL listed door stop material has been added to these two rooms to allow a closing gap of ½ inch or less according to the NFPA 101 Life Safety Codes. Completed 9/18/2013 All facility doors have the potential to have a closing gap in the excess of the ½ inch maximum allowance. A periodic review of doors will be done on an annual basis to assure that they are in compliance with the NFPA 101 Life Safety Codes.		
K 018 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018			
This STANDARD is not met as evidenced by: Based on observations the afternoon of August					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jeanne Cond-Welbee* TITLE *Administrator* (X8) DATE *9/20/13*

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.

PM

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K 018 Continued From page 1
27, 2013, the facility failed to maintain the corridor doors in conformance with NFPA 101 Section 19.3.6.3.

The evidence includes:

1. Observation revealed that the door for resident room number 104, when closed, had a gap at the door stop in excess of the 1/2" maximum allowance.
2. Observation revealed that the door for resident room number 102, when closed, had a gap at the door stop in excess of the 1/2" maximum allowance.

The facility maintenance representative confirmed the observations during the survey.

K 056 NFPA 101 LIFE SAFETY CODE STANDARD
SS=B

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5

This STANDARD is not met as evidenced by:

K 018

A documented Quality Assurance evaluation has been implemented under the supervision of Maintenance and Administrator to review doors on an annual basis to assure that they are in compliance with the NFPA 101 Life Safety Codes.

K018 POC accepted 10/1/13 JBennard/PML

K 056

Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction is as follows:

It is the policy of this facility to assure that the standards of NFPA 13 Standards for the Installation of Sprinkler Systems Safety Codes are followed. And NFPA 25 Sprinkler System properly maintained.

Observed C.C. exit attached to the building extending beyond four feet did not have fire sprinkler protection.

Firetech Sprinkler our contracted sprinkler company came in on

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K 056	Continued From page 2 Based on observations the afternoon of August 27, 2013, the facility failed to provide complete sprinkler coverage for all portions of the building in accordance with NFPA 13. The evidence includes: The wood frame overhang at the Cabot Cove exit of the facility extends over four feet from the building face, is attached to the facility and not provided with fire sprinkler protection. The facility maintenance representative confirmed the observation during the survey.	K 056	9/19/2013 to extend sprinkler system to C.C exit referred to in observation. To assure that the standards of NFPA 13 Installation of Sprinkler Systems Safety Codes are followed and NFPA 25 Sprinkler System properly maintained a review of all outside exit areas has been done. <i>K056 POC accepted 10/17/13 JBenard / PMC</i>