

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 22, 2010

Judy Morton, Administrator  
Mountain View Center Genesis Healthcare  
9 Haywood Avenue  
Rutland, VT 05701

Provider ID #:475012

Dear Ms. Morton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 2, 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

PRINTED: 11/09/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475012	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/02/2010
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW CENTER GENESIS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 9 HAYWOOD AVENUE RUTLAND, VT 05701	
(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 Life Safety Code Survey was conducted on November 2, 2010. Accompanying the Inspector during the tour of the facility was the Maintenance Supervisor.	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and confirmed by interview, the facility failed to assure that that fire doors did not meet standard as required by 19.3.2.1.  1. Per observation during the tour on 11/2/2010, the door to the soiled linen room in the C wing would not properly latch. This was confirmed by the Maintenance Supervisor during the tour.  2. Per observation during the tour on 11/2/2010, the door to the soiled linen room in the D wing would not properly latch. This was confirmed by the Maintenance Supervisor during the tour.	K 029	N Residents were affected  C & D wing soiled linen door latches were adjusted prior to departure of life safety inspector on 11/2/10.  Doors are checked monthly for closure by Maintenance staff.  K029 POC Accepted 11/22/10 F. Gioffi / Amaturan	11-2-10
K 130 SS=D	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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

*Julia Monton*

TITLE

*Administrator*

(X6) DATE

11-18-10

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.

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K 130	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation and confirmed by interview, the facility failed to assure oxygen was being properly supported as required by NFPA 99 Section 5.3.13.2.2 (11) which states that free standing cylinders shall be chained or supported in a proper cart or stand.  Per observation during the tour on 11/2/2010, an oxygen tank was found unsupported in a patient room. This was confirmed by the Maintenance Supervisor during the tour.  Based on observation and confirmed by interview, the facility failed to assure that fixed wiring be utilized in a structure as required by NFPA 70, the National Electrical Code, Section 400.08 (i).  Per observation during the tour on 11/2/2010, extension cords were used in 2 offices. This was confirmed by the Maintenance Supervisor during the tour.	K 130	No residents were affected.  Oxygen tank was secured in the presence of the life safety inspector.  Nursing staff received education regarding oxygen tank storage.  Extension cords were removed from the 2 offices and replaced with appropriate power strips.  K130 POC Accepted 11/22/10 F. Clodfi / Pmctarwn	12-2-10
K 135 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Flammable and combustible liquids are used from and stored in approved containers in accordance with NFPA 30, Flammable and Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids are constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 99, 4.3, 10.7.2.1.	K 135		

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K 135	Continued From page 2  This STANDARD is not met as evidenced by: Based on observation and confirmed by interview, the facility failed to assure flammable and combustible liquids are stored in an approved cabinet as required by NFPA 30 and Flammable and Combustible Liquids Code, NFPA 99.  Per observation during the tour on 11/2/2010, the storage of flammable and combustible liquids was not being done in an approved cabinet. This was confirmed by the Maintenance Supervisor during the tour.	K 135	No residents were affected.  Flammable and combustible liquids were relocated to an approved storage cabinet.  <i>K135 POC Accepted 11/22/10 F. Cioffi / Pmountain</i>	11-5-10
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This STANDARD is not met as evidenced by: Based on observation and confirmed by interview, the facility failed to assure generators are tested weekly as required by NFPA 99.  Per observation during the tour on 11/2/2010, the permanent generator is down for repair and the temporary unit has not been tested. This was confirmed by the Maintenance Supervisor.	K 144	No residents were affected  The permanent generator has been repaired and is tested weekly as part of the routine preventative maintenance program. Should a temporary generator be utilized in the future, it will be tested weekly.	11-9-10

*K144 POC Accepted 11/22/10  
F. Cioffi / Pmountain*

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