VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
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

July 3, 2014

Mr. David Lamando, Administrator
Rutland Healthcare And Rehabilitation Center
46 Nichols Street
Rutland, VT 05701-3275

Provider #: 475039

Dear Mr. Lamando:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **June 10, 2014**. 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: 06/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	475039		06/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUTLAND HEALTHCARE AND REHABILITATION CENTER	46 NICHOLS STREET 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 An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 6/10/14. The following issues were identified.		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.	
K 020 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6, 19.3.1.1. This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure one applicable set of stairway doors have a fire resistance rating of at least one hour. Per observation on 6/10/14, the doors in the north dining room exit stairs are not fire rated doors. Stairwell doors must be B-label Fire doors.		K020 Corrective Action for those residents found to be affected: This is a environmental deficiency, there were no specific residents identified. Identification of other residents that may be affected: All residents have the potential to be affected by a non-rated smoke door in a stairwell. The door will be replaced. Systematic changes put into place: The 3 stairwell doors will be replaced with fire rated doors that at least meet NFPA 101 life safety code. Monitoring the corrective action: Once the doors are in place, the maintenance department will then monitor that they are properly functioning quarterly. Any issues will be reported to the administrator immediately for corrective action.	8/1/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	7/2/14

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.

K015 / K020 POC accepted BMartin / PMC

Jun 30 2014 11:09am P003/004 Fax 8022412348

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

AH
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475039	MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING	DATE SURVEY COMPLETE: 6/10/2014
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 015	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure interior finish for a ceiling in one area of the facility meets Class A, Class B or Class C rating requirements. Per observation on 6/10/14, the ceiling of the Human Resource office has low density cellulose tiles. These tiles do not meet Class C interior finish requirements and must be removed or covered with gypsum board. monitor that they are properly functioning quarterly. Any issues will be reported to the administrator immediately for corrective action. K015 Corrective Action for those residents found to be affected: This is an environmental deficiency, there were no specific residents Identified. Identification of other residents that may be affected: All residents have the potential to be affected by a non-fire rated ceiling. The ceiling will be covered with gypsum board. Systematic changes put into place: The facility will contract out the upgrade of the ceiling in the Human Resources Office. The ceiling will be covered with gypsum board and finished to meet NFPA 101. Monitoring the corrective action: Maintenance will monitor the condition of the gypsum board ceiling in the HR office at least quarterly. Should any deterioration be observed, maintenance will immediately notify the administrator. Completion DATE: 8/1/14

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

The above isolated deficiencies pose no actual harm to the residents

Fax 8022412348 Jun 30 2014 11:09am P004/004