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 10, 2012

Mr. Timothy Urich, Administrator
Rutland Healthcare and Rehabilitation Center
46 Nichols Street
Rutland, VT 05701-3275

Provider #: 475039

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **June 4, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure

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

RECEIVED Division of Licensing and Protection

PRINTED: 06/18/2012
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		06/04/2012

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	K 000		
	An unannounced on-site Life Safety Code inspection was completed by the Division of Fire Safety on 6/4/12. The following are violations of Life Safety Code requirements.			
K 018 SS=D	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 1¾ 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. This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure there is no impediment to the closing of fire doors in one area of the building. Findings include: Per observation on 6/4/12, accompanied by the Maintenance Supervisor, tray carts were pushed up against the fire doors in the lower connecting	K 018	Plan of Correction K 018 Corrective Action: For the area affected, the Maintenance Director attached a permanent 2 inch round by 24 inch high barrier pole to the cement floor. The pole is located 12 inches from the fire doors preventing food carts from obstructing the closure of the doors. **Responsibility:** Director of Maintenance **Completion Date:** 6/7/2012 K018 POC accepted 7/10/12 F.Ciofa/PMC	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: ADMINISTRATOR | (X6) DATE: 6/28/12

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.

PMC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/04/2012

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 018	Continued From page 1 tunnel between buildings, impeding the doors from closing all the way.	K 018		
K 034 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure stairways are in accordance with 7.2. Findings include: Per observation on 6/4/12, accompanied by the Maintenance Supervisor, the open stairway guards do not meet the requirements of section 7.2.2.4.5.3 of NFPA 101.	K 034	Plan of Correction K 034 Corrective Action: For the area affected, the stairway handrails will be modified to ensure compliance with NFPA 7.2. **Responsibility:** Director of Maintenance **Completion Date:** 8/31/2012 K034 POC accepted 7/10/12 FCioffi/PMC	
K 048 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on review of records, the facility failed to assure the written plan for the protection of all patients and for their evacuation in the event of an emergency contains necessary information. Findings include: Based on review of records, accompanied by the Maintenance Supervisor, the existing emergency plan needs to be updated with contact information of personnel.	K 048	Plan of Correction K 048 Corrective Action: The center's Emergency Preparedness Plan will be thoroughly review and updated to ensure accuracy. The center will review and update the plan annually or whenever a change occurs. **Responsibility:** Director of Maintenance **Completion Date:** 7/27/2012 K048 POC accepted 7/10/12 FCioffi/PMC	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/04/2012

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 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure metal containers with self-closing cover devices are readily available to all areas where smoking is permitted. Findings include: Based on observation, accompanied by the Maintenance Supervisor, no metal containers with self-closing devices are readily available.	K 066	Plan of Correction K 066 Corrective Action: Metal containers with self-closing devices have been place in each smoking area. **Responsibility:** Director of Maintenance **Completion Date:** 6/22/2012 K066 POC accepted 7/10/12 FCIoffi / PMC	
K 130	NFPA 101 MISCELLANEOUS	K 130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/04/2012

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 130 SS=D	Continued From page 3 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all applicable Life Safety Code standards are met. Findings include: 1. Per observation on 6/4/12, accompanied by the Maintenance Supervisor: a. An additional outlet is needed in the boiler room as the cord for the fan that is across the floor is a trip hazard. b. An open junction box was noted in the 3rd floor north mop sink room. The box must have a cover installed. c. The light switch box in the basement main floor steam room needs to be re-attached to the wall. d. A GFCI outlet is needed in the 3rd floor north kitchenette near the sink.	K 130	Plan of Correction K 130 Corrective Action: 1a.) For the area in the boiler room, the cord and fan have both been removed eliminating the trip hazard. 1b.) a cover has been attached to the open junction box. 1c.) the unattached light switched located in the steam room has been reattached to the wall. 1d.) the existing outlet in the third north kitchenette near the sink has been replaced with a GFCI outlet. **Responsibility:** Director of Maintenance **Completion Date:** 6/18/2012 K130 POC accepted 7/10/12 FCHFFI / AVC	