



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) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

March 28, 2011

Ms. Diane Sullivan, Administrator
The Pines At Rutland Center For Nursing And Rehabilitation
99 Allen Street
Rutland, VT 05701

Provider #: 475018

Dear Ms. Sullivan:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **March 8, 2011**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure



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

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Division of
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PRINTED: 03/15/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2011
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NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701
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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 A life safety code survey was conducted on 3/8/11. The following are violations of life safety code regulations.	K 000	This plan of correction is the facility's credible allegation of compliance. The filing of this plan does not constitute an admission that the deficiencies alleged did in fact exist. This plan is filed and executed as evidence of the facilities desire to comply with the provisions of federal and state law.	
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	K 029	K029 The facility ensures that doors are self closing. As of 3/09/11 the 3 doors to the soiled utility rooms, which were self closing, now have a positively latch. Education was provided to the Maintenance Director on 3/8/11, by the Life Safety Surveyor. Doors will be checked during daily rounds by the Maintenance Director, or his designee, and results will be reported monthly to the QA committee, and monitored by the Administrator. Completion Date: 3/21/11 <i>K029 POC Accepted 3/28/11 F.Cioffi/DMcInturn</i>	
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of	K 051	K051 The facility ensures that the fire alarm system is maintained, readily available, and inspected. As of 3/11/11 the fire alarm system was annually inspected, with no violations. The inspection date had already been scheduled prior to the life safety survey, and was days overdue due to a change in inspection vendors. All prior quarterly inspections had been completed timely. The facility will continue to ensure that inspections are completed timely. Completion Date: 3/11/11. <i>K051 POC Accepted 3/28/11 F.Cioffi/DMcInturn</i>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Name Sullivan</i>	TITLE Administrator	(X6) DATE 3/21/11
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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 051	Continued From page 1 tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051		
K 062 SS=D	This STANDARD is not met as evidenced by: Based on observation during a facility tour on 3/8/11, accompanied by the Maintenance Supervisor, the fire alarm system is past due for annual inspection. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	K062 The facility ensures that the sprinkler system is continuously maintained, reliable, and tested and inspected. As of 3/9/11 the sprinkler system was annually inspected, with no violations. The inspection date had already been scheduled prior to the life safety survey, and was days overdue due to a change in inspection vendors. The facility will continue to ensure that inspections are completed timely. Completion Date: 3/9/11 <i>K062 POC Accepted 3/28/11 F. Ciuffi / Amotarn</i>	
K 072 SS=D	This STANDARD is not met as evidenced by: Based on observation during a facility tour on 3/8/11, accompanied by the Maintenance Supervisor, the sprinkler system is past due for annual inspection, and there is no record of any quarterly inspections after July 2010. NFPA 101 LIFE SAFETY CODE STANDARD	K 072	K072 The facility ensures that all means of egress are free of obstructions. The items in the North stair tower, and the South stairwell were removed on 3/8/11. The Maintenance Director was provided education by the Life Safety Surveyor on 3/8/11. Stairwells will be checked during daily rounds by the Maintenance Director, and results will be reported monthly to the QA Committee, and monitored by the Administrator. Completion Date: 3/8/11 <i>K072 POC Accepted 3/28/11 F. Ciuffi / Amotarn</i> K130 The facility ensures that the fire suppression system in the kitchen is inspected. Due to a change in inspection vendors, the semi-annual inspection will be completed on 3/23/11. This inspection was previously scheduled prior to the life safety survey. Completion Date: 3/23/11. <i>K130 POC Accepted 3/28/11 F. Ciuffi / Amotarn</i>	

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K 072	Continued From page 2 Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10	K 072		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation during a facility tour on 3/8/11, accompanied by the Maintenance Supervisor, there is storage of items in the North stair tower lower exit and the lower South rear exit. This STANDARD is not met as evidenced by: Based on observation during a facility tour on 3/8/11, accompanied by the Maintenance Supervisor, there is no semi-annual inspection of the fire suppression system on record at the facility, as required by NFPA 17-A section 7.3.2 and section 7.3.2.5.	K 130		