

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2009
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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
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K 000 INITIAL COMMENTS

A Life Safety Code Survey was conducted on March 30, 2009. Accompanying the Inspector on the survey was the Maintenance Supervisor.

K 018 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 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:
This standard is not met as evidenced by the door to the 2nd floor soiled utility room did not have a properly working device to keep the door latched when fully closed as observed by Inspector.

K 130 NFPA 101 MISCELLANEOUS
SS=D

OTHER LSC DEFICIENCY NOT ON 2786

K 000

K018
The door to the 2nd floor soiled utility room has a properly working device to keep the door latched when fully closed.

K 018
The Maintenance Director, or his designee, will complete daily environmental rounds in order to ensure that facility doors are properly closing/latching in compliance with all life safety regulations. Environmental round audits will be reviewed monthly by the Quality Assurance Committee, and monitored by the Administrator.
Completion Date: May 7, 2009

K130
The oxygen tank in room 210 was placed in an O2 holder, and removed from room 210. Other O2 tanks were checked to ensure that they were supported by a holder or properly stored in designated storage areas. The electrical panel on the 2nd floor has been closed to eliminate openings. The Maintenance Director, or his designee, will complete daily environmental rounds to audit for compliance with storage of O2 tanks. The Staff Development Coordinator will provide inservice education, to nursing staff, related to proper storage and handling of O2 tanks. Environmental round audits will be reviewed monthly by the Quality Assurance Committee, and monitored by the Administrator for compliance.
Completion Date: May 7, 2009

K 130

*Accepted
Frank Corbe
5-20-09*

*Accepted
Frank Corbe
5-20-09*

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

[Signature]

TITLE

Administrator 5/1/09

(X6) DATE

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

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PRINTED: 04/08/2009
FORM APPROVED
OMB NO. 0938-0391

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K 130 Continued From page 1

This STANDARD is not met as evidenced by:
Based on observation of the Inspector the facility failed to meet this standard as evidenced below.
Findings Include:

1. Observed by Inspector during tour of facility an oxygen tank is free standing in room 210 unsupported as required by NFPA 99 Section 5.3.13.23 #11.
2. Observed by Inspector during tour of facility there is an open space in the electrical panel on the 2nd floor. All unused openings must be closed as required by NFPA 70-2008 Edition, Section 408.7.

K 141 SS=D NFPA 101 LIFE SAFETY CODE STANDARD

Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.

This STANDARD is not met as evidenced by:
Based on observation of the Inspector the facility failed to meet this standard as evidenced below.
Findings Include:

1. Observed by Inspector during tour of facility oxygen is being used in Room #205 and there are not any "No Smoking" signs provided.
2. Observed by Inspector during tour of facility oxygen tanks are being stored in the Maintenance shop and there are not any "No Smoking" signs provided.

K 130

K141
The facility is a non smoking building. "No smoking" signs have been posted at room #205, and the Maintenance shop. Other rooms were checked to ensure that no smoking signs were in place for all areas where oxygen is stored or in use. The RN Nurse Managers, or their designee, will complete daily rounds, and audits, in order to ensure that no smoking signs are consistently posted in compliance with the life safety code. Audit data will be reviewed by the Quality Assurance Committee monthly, and monitored by the Administrator for continued compliance.
Completion Date: May 7, 2009

K 141

*Accepted
Frank C. Cable
5-20-09*