

JUN - 8 2016

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

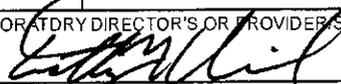
PRINTED: 06/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

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  05/17/2016
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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 CORRECTIDN (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 5/17/16. While the facility was found to be in substantial compliance, the following issues were identified that require correction.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 6/6/16
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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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  475018	MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 01  B. WING _____	DATE SURVEY COMPLETE:  5/17/2016
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NAME OF PROVIDER OR SUPPLIER  THE PINES AT RUTLAND CENTER FOR NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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**K 017**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.)

19.3.6.1, 19.3.6.2, 19.3.6.4, 19.3.6.5

This STANDARD is not met as evidenced by:

Based on observation the facility failed to ensure that walls are maintained to maintain fire and smoke resistance in one area of the facility.

Per observation on 5/17/16, accompanied by the Maintenance Director, there were penetrations from the storage room into the hallway on the first floor that are not properly sealed.

**K 147**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1

This STANDARD is not met as evidenced by:

Based on observation, the facility failed to ensure that electrical wiring is maintained in accordance with National Electrical Code in one area of the facility.

Per observation on 5/17/16, accompanied by the Maintenance Director, the cover for the emergency light control box in the medication storage room is not closing and latching.

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

The above isolated deficiencies pose no actual harm to the residents



**The Pines**  
at Rutland  
*Center for Nursing & Rehabilitation*

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June 6, 2016

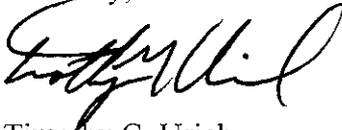
Pamela Cota  
Licensing Chief  
Division of Licensing and Protection  
103 S. Main St., Ladd Hall  
Waterbury, VT 05671-2306

Dear Ms. Cota:

Please find the enclosed signed documents related The Pines at Rutland's Life Safety Code Survey that was conducted on May 17, 2016.

I trust that we have include all necessary information for your review, however should you have any questions or require additional information please do not hesitate to contact me at the facility at (802) 775-2331. Additionally, I may be reached via email at [turich@nathealthcare.com](mailto:turich@nathealthcare.com)

Sincerely,



Timothy G. Urich  
Administrator