

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

PRINTED 05/18/2010
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475014	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/20/2010
		A. BUILDING 01 - 01 BUILDING B. WING _____	

NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB	STREET ADDRESS CITY, STATE ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401
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(X4) D 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)	DATE COMPLETED
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K 000 INITIAL COMMENTS K 000

A Life Safety Code Survey was conducted at Burlington Health & Rehab Center on April 20 2010. Accompanying the surveyor on the tour of the facility was the Facility Head.

K 018 NFPA 101 LIFE SAFETY CODE STANDARD SS=D K 018

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 1/2 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 19.3.5.3.6 are permitted. 19.3.6.3

Room 416 & 216 doors were adjusted to ensure proper closure
Maintenance Svcs &/or designee 4-21-2010
Spring loaded hinges installed to spa room doors on Unit 2 and Unit 3
Maintenance Svcs &/or designee 6-4-10
FMP standard reviewed and include door closure testing. Director of Maint, Admin, &/or designee 6-4-10

Roller latches are prohibited by CMS regulations in all health care facilities

*Accepted 6/4/10
Joseph Bernand*

This STANDARD is not met, as evidenced by. Based on observation and confirmed by interview, the facility failed to assure that there are no impediments to the closing of all doors as required by 19.3.6.3

1. Per observation during the tour of the facility on April 20, 2010, that the corridor fire doors located by Rooms 416 & 216 do not close and latch

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michael Mygale</i>	TITLE Administrator	DATE 5/26/10
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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 15 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 018 Continued From page 1 properly

K 018

2 Per observation during the tour of the facility on April 20, 2010, all the non-patient room doors located on the second floor are missing closing devices

K025

Unit 2 & 3 fire caulking and patching completed
Maintenance Svcs &/or designee

5-10-10

3 Per observation during the tour of the facility on April 20, 2010, the third floor tub room door is missing a self-closing device

K 025 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

K 025

Unit 4 & 5 fire caulking and patching completed
Maintenance Svcs &/or designee

6-4-10

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

PMP to include new construction checks when scope of work is completed
Director of Maint, Admin, &/or designee

6-4-10

K056

Sprinkler head was raised to meet standard

Director Maint Svcs &/or contract designee

4-22-10

PMP to include new construction checks when scope of work is completed
Director of Maint, Admin, &/or designee

4-22-10

This STANDARD is not met as evidenced by Based on observation and confirmed by interview the facility failed to assure that smoke barriers are constructed to provide at least one half hour of fire resistant rating in accordance with 8.3

Per observation during the tour of the facility on April 20, 2010, there are numerous penetrations above the corridor ceilings for the second and third floors that are not sealed

K 056 NFPA 101 LIFE SAFETY CODE STANDARD
SS=C

K 056

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K 130	Continued From page 3 2010 the facility has failed to keep complete life safety systems records	K 130	<u>K130</u> Residential dryer that was not vented has been removed	
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K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70 National Electrical Code 9 1.2 This STANDARD is not met as evidenced by Based on observation and confirmed by interview the facility failed to assure that electrical wiring and equipment was in accordance with NFPA 70 National Electrical Code 9 1.2	K 147	Director of Maint Svcs &/or contract designee Life Safety records were reorganized and faxed for verify completion. New organization binder was developed. Director of Maint, Admin. &/or designee	4-22-10 4-22-10
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Accepted Joseph Bernard 6/4/10

	Per observation during the tour of the facility on April 20, 2010 there are numerous outlet strips that are plugged into each other in the new physical therapy office		<u>K147</u> Power strip was removed Director of Maint Svcs, Administrator, &/or designee PMP standard reviewed and includes checking for use of back to back surge protector extension cords.	4-21-10
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Accepted Joseph Bernard 6/4/10