



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

January 31, 2012

Ms. Ursula Margazano, Administrator  
Burlington Health & Rehab  
300 Pearl Street  
Burlington, VT 05401

Provider #: 475014

Dear Ms. Margazano:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **December 21, 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, MS  
Licensing Chief

PC:ne

Enclosure



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

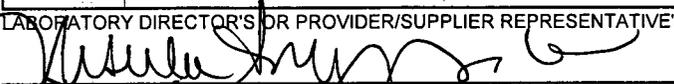
RECEIVED  
Division of  
PRINTED: 01/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - 01 BUILDING</b> B. WING _____ Licensing and Protection	JAN 23 12 (X3) DATE SURVEY COMPLETED  <b>12/21/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON HEALTH &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PEARL STREET BURLINGTON, VT 05401</b>
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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	K 000		
K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on review of reports, the facility failed to assure fire drills are held at least quarterly on each shift. Findings include:</p> <p>Per review of reports on 12/21/11, accompanied by facility staff, there were no fire drill reports for May 2011 through August 2011 for any shifts. In addition, there was no fire drill report to reflect a fire drill being held on 3rd shift for February 2011.</p>	K 050	<p>Calendar for Fire Logs was completed but still unable to find file with sign in sheets for the missing months. System of documentation storage has been modified to include a duplicate hard copy in file and electronic copy of completed forms.</p> <p>Maintenance Staff re-educated regarding collection of Fire Drill participation sign-in sheets immediately upon completion of drill then to be given to Maint Director for file retention. Maintenance Svcs &amp;/or designee</p> <p><i>K050 POC accepted 1/24/12 JBenard JMedarn</i></p>	12-22-11  1-23-11
K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>1/20/12</b>
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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 052	Continued From page 1	K 052	<p><b>Violations listed in yearly inspection have been corrected. Assistant Fire Marshal has been made aware of corrections.</b></p> <p><b>Breaker lock installed for the shunt trip – Ryan Brothers Electric</b></p> <p><b>Exterior door release fixed – Life Safety Systems</b></p> <p><b>Additional smoke detector installed above the call box in the boiler room – Ryan Brothers Electric</b></p> <p><b>Future reports from annual fire alarm system check reviewed upon receipt by Maintenance Director. Maintenance Director will then schedule any related corrections within one week. Maint Director &amp;/or Designee</b></p>	<p><b>12-27-11</b></p> <p><b>1-10-12</b></p> <p><b>1-18-12</b></p> <p><b>1-23-12</b></p> <p><b>On-going</b></p>
K 076 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure</p>	K 076	<p><i>K052 POC accepted 1/24/12 J Benard / P Mcotarn</i></p> <p><i>error</i> <b>Loss oxygen tanks immediately remove from Unit and or put in available space in the holder.</b></p> <p><b>Unit Staff re-educated re: oxygen storage in secure proper stands Maint Director &amp;/or Designee</b></p>	<p><b>1-23-12</b></p> <p><b>On-going</b></p> <p><b>12-21-11</b></p> <p><b>1/23/2012</b></p>

*K076 POC accepted 1/24/12  
J Benard / P Mcotarn*

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K 076	Continued From page 2 medical gas storage is in accordance with NFPA standards on 2 floors of the facility. Findings include:  Per observation on 12/21/11, accompanied by facility staff, there were 2 empty oxygen bottles sitting on the floor and not in the proper stand. This was found in the 2nd and 3rd floor oxygen storage rooms.	K 076		
K 130 SS=D	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Based on observation, the facility failed to adhere to all applicable NFPA standards. Findings include:  Per observation on 12/21/11, accompanied by facility staff, the Carbon Monoxide detectors in the corridors have exceeded their 5 year life span.	<u>K130</u>  K 130	Carbon Monoxide detectors are still operable; however the detectors have exceeded their dated life span. Fire panel evaluated for expansion to include Carbon Monoxide detectors – Simplex Grinnell.  2 quotes related to scope of work necessary to install Carbon Monoxide detectors into our fire panel notification system.  Carbon Monoxide inclusions completed Maint Director &/or Designee	1-13-12  2-3-12  3-15-12
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, the facility failed to assure that electrical wiring and equipment is in accordance with NFPA standards in one area of the facility. Findings include:	K 147	Damaged outlet in main kitchen replaced Maint Director &/or designee  K147 POC accepted 1/24/12 JBenard / Amcota RN	12-21-11

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K 147	Continued From page 3 Per observation on 12/21/11, accompanied by facility staff, the left surface wall mount outlet to the left of the coffee makers in the main kitchen is damaged.	K 147		