



VERMONT

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

May 21, 2014

Ms. Lisa Bohlman, Administrator
Derby Green Nursing Home
PO Box 24
Derby, VT 05829-0024

Provider ID #: 475048

Dear Ms. Bohlman:

The Department of Public Safety completed a Life Safety Code Survey at your facility on **May 6, 2014**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with all Fire Safety and ANSI Standards. However, there is one deficiency that does not require a plan of correction but does require a commitment to correct. Please **sign the enclosed CMS-2567 and return** the original to this office by **May 31, 2014**.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Frances L. Keeler, RN, MSN, DBA, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 05/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475048	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2014
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NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 24 DERBY, VT 05829
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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	<p>INITIAL COMMENTS</p> <p>An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 5/6/14. The facility was found to be in substantial compliance with Life Safety Code requirements, but the following is a minor issue that requires correction.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 # 475048	MULTIPLE CONSTRUCTION A BUILDING 01 - BUILDING 01 B WING _____	DATE SURVEY COMPLETE 5/6/2014
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NAME OF PROVIDER OR SUPPLIER DERBY GREEN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 24 DERBY, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 130	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all applicable fire and building codes are met.</p> <p>Per observation on 5/6/14, the corridor between rooms 105 & 106 was not provided with an AC/DC carbon monoxide detector.</p>
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The above isolated deficiencies pose no actual harm to the residents