

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

February 27, 2014

Mr. Phillip Condon, Administrator  
Franklin County Rehab Center Llc  
110 Fairfax Road  
St Albans, VT 05478-6299

Provider #: 475047

Dear Mr. Condon:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **February 5, 2014**. 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,



Pamela M. Cota, RN  
Licensing Chief

PC;jl

Enclosure

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

PRINTED: 02/13/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/05/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  FRANKLIN COUNTY REHAB CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478
--	--

(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
--------------------	--	---------------	---	----------------------

K 000

INITIAL COMMENTS  
  
An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 2/5/14. The following are violations of Life Safety Code requirements.

K 000

K 017  
SS=E

NFPA 101 LIFE SAFETY CODE STANDARD  
  
Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend 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 the 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, 19.3.6.2.1, 19.3.6.5

K 017

K-017 FCRC Maintenance Department is doing a complete inspection of the sub ceiling area in the hallways and fire caulking any penetrations found. Whenever there is work performed in the building that might cause penetrations in fire rated areas the maintenance supervisor will do a physical inspection.

Completion Date: 2/28/14

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure that corridors are separated from use areas by at least half hour fire resistance rating in all three wings of the facility.

Per observation on 2/5/14, accompanied by the Facility Maintenance Supervisor, there are holes in the corridor walls above the suspended ceiling that were observed on three wings of the facility.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE: 02/25/2014

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.

*me*

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

PRINTED: 02/13/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2014</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY REHAB CENTER LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 FAIRFAX ROAD ST ALBANS, VT 05478</b>
---	--

(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
--------------------	--	---------------	---	----------------------

K 053  
SS=C

**NFPA 101, 483.70(a)(7) LIFE SAFETY CODE STANDARD**

In an existing nursing home, not fully sprinklered, the resident sleeping rooms and public areas (dining rooms, activity rooms, resident meeting rooms, etc) are to be equipped with single station battery-operated smoke detectors. There will be a testing, maintenance and battery replacement program to ensure proper operation. 42 CFR 483.70(a)(7)

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure that smoke detectors are replaced every 10 years to ensure proper operation in widespread areas of the facility.

Per observation on 2/5/14, accompanied by the Facility Maintenance Supervisor, the room smoke detectors throughout the building exceeded their 10 year limit in January 2014 and have not been replaced.

K 053

K - 053 FCRC will have smoke detectors replaced by 2/28/14. The maintenance department has noted the expirations date on the new smoke detectors and will replace 3 months before they expire.

Completion Date: 2/28/14

K 067  
SS=D

**NFPA 101 LIFE SAFETY CODE STANDARD**

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure that ventilating complies with provisions of 9.2 in one area of the facility.

K 067

K - 067 FCRC maintenance department have cleaned the vents. They will be inspected and cleaned monthly by the maintenance department.

Completion Date: 2/24/14

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

PRINTED: 02/13/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/05/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  FRANKLIN COUNTY REHAB CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478
--	--

(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
--------------------	--	---------------	---	----------------------

K 067

Continued From page 2  
  
Per observation on 2/5/14, accompanied by the Facility Maintenance Supervisor, the exterior air intakes for the gas dryers in the laundry room are partially plugged with lint prohibiting the doors to the laundry room to close properly.

K 067

*K017, K053 + K067 POC's accepted 2/26/14 JBenard/PMC*