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

PRINTED: 07/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 01 BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	475040		07/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN MOUNTAIN NURSING AND REHABILITATION	475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446

(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	K 000		
	An unannounced onsite Life Safety Code survey was completed by the Division of Fire Safety on 7/16/14. The following regulatory violations were identified.		**K069**	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 069	**Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction to meet requirements established by state and federal law is as follows:**	
	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96			
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure cooking facilities are protected in accordance with 9.2.3.		It is the policy of Green Mountain Nursing & Rehab to assure cooking facilities are protected in accordance with 9.2.3.	
	Per observation on 7/16/14, accompanied by the Director of Maintenance, the kitchen hood fire suppression system is overdue for the semi-annual inspection.			
K 130 SS=D	NFPA 101 MISCELLANEOUS	K 130	The kitchen hood fire suppression system was inspected on the week of July 21st 2014 with no violations.	
	OTHER LSC DEFICIENCY NOT ON 2786			
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure all applicable Life Safety/Fire Safety codes are met in regards to boiler room safety.		A quality improvement evaluation has been implemented under the supervision of the quality improvement team, maintenance director, and or designee will monitor on an annual basis of kitchen hood fire suppression system making sure that annual inspections do not become overdue.	
	Per observation on 7/16/14, accompanied by the Director of Maintenance, the boiler room only has one means of egress. The 2012 Vermont Fire & Building Code, Section 101:7.12.3 states "Two means of egress shall be provided for boiler rooms exceeding 500 square feet in floor area		**Completion Date 8/11/2014**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Walker	Admin	8/2/14

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 130	Continued From page 1 and containing one or more boilers having a capacity of 1,000,000 BTU or more. Note: The required relocation of the fire department connection is not possible due to the constraints of the room and system itself.	K 130	**K 130** **Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction to meet requirements established by state and federal law is as follows:** It is the policy of Green Mountain Nursing & Rehab to assure all Life Safety/Fire Safety codes are met regarding the boiler room. The boiler room has two means of egress; the removable stairs to the second means of egress were removed due to some maintenance work in the boiler room they have since been put back in place. A quality improvement evaluation has been implemented under the supervision of the quality improvement team, maintenance director, and or designee will monitor that the	

stairs are always in place for a second means of egress.

Completion Date 8/11/2014