

---

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

April 9, 2014

Ms. Kim Campbell, Administrator  
Rowan Court Health & Rehab  
378 Prospect Street  
Barre, VT 05641-5421

Provider #: 475037

Dear Ms. Campbell:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **March 17, 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

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/17/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  ROWAN COURT HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 376 PROSPECT STREET BARRE, VT 05641
--	---

(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 on 3/17/14 by the Division of Fire Safety. The following are violations of Life Safety Code requirements.

K 034 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=B

Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure stairways used as exits are in accordance with 7.2 in the only stairway in the building.

Per observation on 3/17/14, the only stairway in the building was provided with guardrails that had 14 inches (") to 18" spaces beneath the top rail. A maximum of only 4" is allowed.

K 072 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=B

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure means of egress are continuously maintained free of all obstructions in 2 areas of the facility.

K 000

Preparation and/or execution of this plan of correction does not constitute the providers admission of or agreement with the alleged violations or conclusions set forth in this statement of deficiencies. This plan of correction is prepared and/or executed as required by state and federal law.

K 034

K 034

No residents were negatively affected by this alleged deficient practice.

Residents using the stairway have the potential to be affected by this alleged deficient practice.

A 10 gauge wire mesh was installed providing for no space between the guardrails at the stairwell. The Maintenance Department will monitor the installed 10 gauge wire mesh on preventive rounds.

Corrective action was completed on 3/31/2014.

K034 POC accepted 4/9/14  
B.Channon / PMC

K 072

No residents were negatively affected by this alleged deficient practice.

Residents do not use this part of the building unless assisted by staff.

The access to the exit corridor and the corridor leading to the exit to the left, coming from the kitchen toward the boiler room were cleared of storage.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Kim Campbell E.D.*

4/8/2014

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.

*MC*

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/17/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  ROWAN COURT HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
--	---

(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 072	Continued From page 1  Per observation on 3/17/14, the access to the exit corridor was illegally being used for storage (boxes, equipment chargers, cleaning equipment) and this must all be removed to another area that is not part of egress. Also, the corridor leading to the exit to the left, coming from the kitchen toward the boiler room, was partially blocked by storage as well and must be cleared.	K 072	Education was provided to staff regarding appropriate storage spaces.  Daily rounds to be done by the maintenance department to ensure that all means of egress are maintained and free from obstruction.  Audit results of the daily rounds will be reported to the QA Committee monthly for 3 months. The QA Committee will determine the continuance and frequency of rounds to be done.  Corrective action was completed on 3/31/2014. <i>KD72 PCL accepted 4/9/14 BChannon/PMC</i>	
K 130 SS=B	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all other applicable Life Safety Code requirements are met in regards to storage, for 2 rooms in the facility.  Per observation on 3/17/14, the Air Handling Room (Central Supply) and the Electrical Room had large amounts of storage that must be removed. The electrical room must be free of storage. The Air Handling Room had an excessive build up of storage to include furniture, beds, cardboard boxes, equipment, etc. that was haphazardly organized. NFPA 1, 10.19.6 - NFPA 101, 4.6.1.2	K 130	K130  No residents were negatively affected by this alleged deficient practice.  Residents do not enter or use these areas.  The Air Handling Room is organized and free of excessive storage. The Electrical Room is free of storage.  Education was provided to staff regarding appropriate storage spaces.  Daily rounds to be done by the maintenance department.	
K 147 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	Audit results of the daily rounds will be reported to the QA Committee monthly for 3 months. The QA Committee will determine the continuance and frequency of rounds to be done.	

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/17/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  ROWAN COURT HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
--	---

(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 147	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2 in one area of the facility.</p> <p>Per observation on 3/17/14, the outlet receptacle near the sink in room 154, though protected by a ground fault circuit interrupter, had an open ground. This must be corrected by a master electrician.</p>	K 147	<p>Corrective action was completed on 3/31/2014. K130 POC accepted 4/9/14 Bcharrou/pmc</p> <p>K 147</p> <p>No residents were negatively affected by this alleged deficient practice.</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>The outlet receptacle near the sink in room 154 was repaired by a Master Electrician.</p> <p>An audit was performed on all other outlet receptacles and found to be in compliance with the standard.</p> <p>Education was provided to the Maintenance Director regarding the standard.</p> <p>Random audits will be done weekly by the maintenance director or designee to monitor effectiveness of the plan.</p> <p>Audit results will be reported to the QA Committee monthly for 3 months. The QA Committee will determine the continuance and frequency of audits to be done.</p> <p>Corrective action was completed on 3/31/2014. K147 POC accepted 4/9/14 Bcharrou/pmc</p>	
-------	--	-------	---	--