

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

August 27, 2013

Ms. Chad Dingman, Administrator
Rutland Healthcare And Rehabilitation Center
46 Nichols Street
Rutland, VT 05701-3275

Provider #: 475039

Dear Ms. Dingman:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **July 22, 2013**. 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

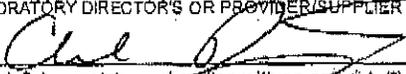
PRINTED: 08/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2013
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NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT. 05701
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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 An unannounced on-site Life Safety Code inspection was completed by the Division of Fire Safety on 7/22/13. The following is a regulatory violation.	K 000	We submit this Plan of Correction (POC) in accordance with specific regulatory requirements. It should not be construed as an admission of any deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey at any time the Provider determines that the disputed findings (1) are relied upon to adversely influence or serve as a basis in any way, for the selection and/or imposition of future remedies, whether such remedies are imposed by CMS, the State of Vermont, or any other entity, or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to facility policy or procedure should be considered to be subsequent remedial measures as that concept is employed in rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to 1 of 6 Utility room doors close and latch properly. Per observation on 7/22/13, accompanied by the Maintenance Supervisor, a soiled Utility room door on the 3rd floor, North wing of the facility failed to latch positively when closed.	K 029	K 029 3rd floor, North Wing Utility Room door closing/latching mechanism repaired, and tested for appropriate closure. Date of repair - 07/22/2013 All self-closing doors have been audited for appropriate closing, and positively latching. A monthly audit will be conducted and on-going by Maintenance. Results will be reviewed at CQI/QA meetings for 3 months to ensure compliance. K029 POC accepted 8/22/13 F. Coffey, PML	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 8/22/2013
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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.

PML