

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street

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

March 31, 2015

Mr. Marc Hunter, Administrator
Rutland Healthcare And Rehabilitation Center
46 Nichols Street
Rutland, VT 05701-3275

Provider #: 475039

Dear Mr. Hunter:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **March 11, 2015**. 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

Enclosure

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

PRINTED: 03/19/2015
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 03/11/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT 05701
--	---

(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	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 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 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure fire rated construction is intact to maintain the fire resistance rating in one area of the facility. Per observation on 3/11/15, accompanied by the Director of Maintenance, the Kitchen "hot water" room has penetrations into the corridor. These are penetrations beneath the ceiling system of the corridor.	K 017	Exposed areas have been sealed with a four hour burn through 3M fire barrier caulking. We have added this to our TELS program stating that we will inspect all areas of work done by an outside source and apply 3M barrier caulking as needed. Maintenance Director or designee will conduct weekly audits x4 to ensure	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maureen Hunter</i>	TITLE ADMINISTRATOR	(X6) DATE 3-26-2015
--	------------------------	------------------------

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.

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

PRINTED: 03/19/2015
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 03/11/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT 05701
--	---

(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 027
SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 1/4-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to assure doors that function as smoke barriers are functioning properly in one area of the facility.

Per observation on 3/11/15, accompanied by the Director of Maintenance, the cross corridor smoke compartment door, north of the Boiler room will not close and latch. The door latch system needs to be adjusted.

K 029
SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
One hour fire rated construction (with 3/4 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

K 027

compliance with results to be reviewed at QA meeting for further review and recommendations.
Date of compliance: 3/24/2015.
K027 POC accepted 3/24/15 DGreen/Pme
K-027

The latch has been tightened on door closure on both doors to allow complete closure. We have added fire door checks to our TELS program and will be checked with our weekly preventative maintenance.

Maintenance Director or designee will conduct weekly audits x4 to ensure compliance with results to be reviewed at QA meeting for further review and recommendations.

K 029

Date of compliance: 3/11/2015.
K029 POC accepted 3/30/15 DGreen/Pme
K-029

The latch has been tightened on boiler room door to allow complete closure. We have added fire door checks to our TELS program and will be checked with

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

PRINTED: 03/19/2015
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 03/11/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT 05701
--	---

(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 029

Continued From page 2

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to assure fire rated doors in one area of the facility are functioning properly.

Per observation on 3/11/15, accompanied by the Director of Maintenance, the door to the Boiler room will not close and latch. The door closure needs to be adjusted.

K 029

our weekly preventative maintenance. Maintenance Director or designee will conduct weekly audits x4 to ensure compliance with results to be reviewed at QA meeting for further review and recommendations.

Date of compliance: 3/11/2015.

K 038
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

K 038

K029 POC accepted 3/30/15 DGreen/Pme
K-038

K 056
SS=D

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to assure fire exits are functioning properly in one area of the facility.

Per observation on 3/11/15, accompanied by the Director of Maintenance, the egress door on the second floor north stairs has a delayed egress system that does not activate within 15 seconds. Actual time until opening was 19 seconds.

NFPA 101 LIFE SAFETY CODE STANDARD

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the

K 056

Existing delayed egress equipment which currently releases at 19 seconds will be replaced with equipment compliant with the 15 second delay requirement. We have added fire door checks to our TELS program and will be checked with our weekly preventative maintenance.

Maintenance Director or designee will conduct weekly audits x4 to ensure compliance with results to be reviewed at QA meeting for further review and recommendations.

Date of compliance: 5/1/2015

K038 POC accepted 3/30/15 DGreen/Pme

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

PRINTED: 03/19/2015
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 03/11/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NICHOLS STREET RUTLAND, VT 05701
--	---

(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 056	<p>Continued From page 3</p> <p>building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the sprinkler system is installed in accordance with NFPA 13 in one area of the facility.</p> <p>Per observation on 3/11/15, accompanied by the Director of Maintenance, the first floor south day room has a mix of reaction type sprinkler heads.</p>	K 056	<p>K-056</p> <p>Southern Vermont Sprinkler Service has removed the mix reaction sprinkler head in order for all sprinkler heads to be the same.</p> <p>Maintenance Director or designee will conduct routine audits to ensure compliance with results to be reviewed at QA meeting for further review and recommendations.</p> <p>Date of compliance: 3/16/2015.</p> <p><i>K056 PDC accepted 3/30/15 DGreen/jmc</i></p>	
-------	---	-------	---	--