VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 30, 2016

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

Provider #: 475039

Dear Ms. Greenfield:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **January 12, 2016**. 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

MAR 21 2016

PRINTED: 03/10/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	475039		01/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUTLAND HEALTHCARE AND REHABILITATION CENTER	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 An unannounced onsite Life Safety Code inspection was completed on 1/12/16 by the Division of Fire Safety. While the facility was found to be in substantial compliance, the following issues were identified that require correction.	K 000		
K 038 SS=C	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 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that all exits are readily accessible at all times in locations throughout the building. 1. Per observation on 1/12/16, accompanied by the Director of Maintenance, doors to the kitchen as well as other doors/locations throughout the facility had padlocks and hasps in place. 2. Per observation on 1/12/16, accompanied by the Director of Maintenance, the doors to the dietary kitchens had bolts on the non-egress side of doors as well as many other locations throughout the building.	K 038	Padlocks will be closed when Doors are open. Staff education to close padlocks when doors are open. Bolts were removed from the non-Egress side of the doors. K038 POC accepted 3/25/16 DGreen/pmc	3/17/16 3/18/16
K 147 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that electrical wiring is in accordance with National Electrical Code in the basement of the facility.	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Greenfield
TITLE: Administrator
(X6) DATE: 3/17/16

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 147	Continued From page 1 1. Per observation on 1/12/16, accompanied by the Director of Maintenance, the electrical wiring and boxes in the steam valve room, which is a wet location, does not comply with NEC for wet locations. 2. Per observation on 1/12/16, accompanied by the Director of Maintenance, the pump room in the basement is using extension cords to run a pump.	K 147	The steam boiler supplies heat To the center and must be shut Down for repairs to be made. Repairs to be completed by 4/22/16. Pump was hard wired and the Extension cord removed by CDP Electric on 1/19/16 K147 POC accepted 3/25/16 DGreen/RMC	

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