

## 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 5, 2015

Ms. Jessica Jennings, Administrator  
Saint Albans Healthcare And Rehabilitation Center  
596 Sheldon Road  
Saint Albans, VT 05478-8011

Provider #: 475021

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **February 3, 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

MAR 04 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 01 BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  02/03/2015
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NAME OF PROVIDER OR SUPPLIER  SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478
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K 000	INITIAL COMMENTS	K 000	St Albans Health and Rehab provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. This plan of correction is prepared and executed solely because it's required by federal and state law.	
K 014 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that interior finishes in various locations throughout the facility have a flame spread rating of Class A or Class B.  Per observation on 2/3/15, accompanied by the Director of Facility Maintenance, there were broken, water stained, and painted ceiling tiles observed in corridors and rooms throughout the facility.	K 014	K014  A ceiling tile audit tool has been developed and put into place to monitor the center for damaged, painted and water stained ceiling tiles. All ceiling tiles found to be non-compliant will be replaced by 3-10-2015.  Monthly audits will be conducted x6; results will be reported at the center's Quality Assurance Committee.  The Director of Maintenance will be responsible for this plan of correction.	
K 015 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1,	K 015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jessica Dominguez</i>	TITLE Administrator	(X6) DATE 2-25-15
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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 the 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: 02/17/2015  
FDRM APPROVED  
OMB NO. 0938-0391

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K 015	<p>Continued From page 1 19.3.3.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that interior finish for rooms has a flame spread rating of Class A or B in various locations throughout the facility.</p> <p>Per observation on 2/3/15, accompanied by the Director of Facility Maintenance, the following was observed:</p> <ol style="list-style-type: none"> <li>1. There were broken, water stained, and painted ceiling tiles observed in corridors and rooms throughout the facility.</li> <li>2. Room CE2 has a sheet rock wall that has been chipped due to the bed rubbing against it, and has not been repaired.</li> <li>3. East records storage room interior wall behind the door is not completely sheet rocked, with exposed studs and not covered with Class A material.</li> <li>4. Room 16W has old pipes sticking out of the wall with open penetrations.</li> <li>5. Room 27W has a window with a plywood exterior, Air Conditioning vent through it, with paper faced insulation on the interior, not covered with Class A material.</li> </ol> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls</p>	K 015	<p>K015</p> <p><u>Item 1:</u> A ceiling tile audit tool has been developed and put into place to monitor the center for damaged, painted and water stained ceiling tiles. All tiles found to be non-compliant will be replaced by 3-10-2015</p> <p>Monthly audits will be conducted x6; results will be reported at the center's Quality Assurance Committee.</p> <p><u>Item 2:</u> Room CE2 damaged sheetrock wall will be repaired by 3-10-2015.</p> <p>Monthly audits of all resident rooms will be conducted x6 utilizing the Resident Room Inspection Report; results will be reported at the center's Quality Assurance Committee.</p> <p><u>Item 3:</u> The East records storage room interior wall behind door was completely sheet-rocked on 2-6-2015.</p> <p><u>Item 4:</u> The old pipes sticking out of wall were removed and open penetrations were closed on 2-13-2015</p> <p><u>Item 5:</u> Plywood exterior with AC vent in room 16W was removed on 2-6-2015.</p> <p>The Director of Maintenance will be responsible for this plan of correction.</p>	
K 017 SS=D		K 017		

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K 017	<p>Continued From page 2</p> <p>constructed with at least ½ 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</p> <p>This STANDARD is not met as evidenced by: Based on observation, the corridor in one area of the facility is not constructed with at least 1/2 hour fire resistance rating due to lack of sealing and penetrations through the wall.</p> <p>Per observation on 2/3/15, accompanied by the Director of Facility Maintenance, the basement corridor is not sealed to be smoke-tight along the ceiling and also has penetrations through the wall.</p>	K 017	<p>K 017</p> <p>Basement corridor will be made smoke-tight along the ceiling and all wall penetrations will be filled by 3-10-2015.</p> <p>The Director of Maintenance will be responsible for this plan of correction.</p> <p><i>Poc accepted 2/27/15 Todd Casgrove TC</i></p>	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass</p>	K 025	<p>K025</p> <p>The louvers in the janitor's closet on West Wing as well as those in the whirlpool/shower room will be removed and openings properly closed off by 3-10-2015.</p> <p>The Director of Maintenance will be responsible for this plan of correction.</p> <p><i>Poc accepted 2/27/15 Todd Casgrove TC</i></p>	

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K 025	<p>Continued From page 3</p> <p>panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by:                      Based on observation, the facility failed to ensure that smoke barriers are constructed to provide at least a one half hour fire resistance rating in 2 areas of the facility.</p> <p>Per observation on 2/3/15, accompanied by the Director of Facility Maintenance, the Janitor's closet on the West wing has louvers in the wall to the corridor and kitchen. Also, the West wing whirlpool/shower room has a louver in the wall to the corridor.</p>	K 025		
K 050 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by:</p>	K 050	<p>K050</p> <p>All staff will be re-educated as to the center's fire plan and expectations during a fire drill by 3-10-2015.</p> <p>Fire drills will be conducted weekly x4 and then monthly.</p> <p>Results will be reported at the facility's Quality Assurance committee.</p> <p>The Director of Maintenance will be responsible for this plan of correction</p> <p><i>POC accepted 2/27/15</i></p>	

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K 050	Continued From page 4 Based on interviews, the facility failed to assure that staff is familiar with procedures regarding response to a fire on one nursing unit and in the kitchen.	K 050		
K 071 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Rubbish Chutes, Incinerators and Laundry Chutes:</p> <p>(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5.</p> <p>(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7.</p> <p>(3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4.</p> <p>(4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82</p>	K 071	<p>K071</p> <p>Vendors have been contacted to provide costs for repairs and installation of rated components. Required repairs will be made by 3-10-2015</p> <p>The Director of Maintenance will be responsible for this plan of correction.</p> <p><i>Rec Accepted 2/27/15 Teresa Caspore (120)</i></p>	

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K 071	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure any linen chute is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour.  Per observation on 2/3/15, accompanied by the Director of Facility Maintenance, the doors to the laundry chute in the basement and first floor are broken and use non-rated components.	K 071		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2 in three areas of the facility.  Per observation on 2/3/15, accompanied by the Director of Facility Maintenance, the following was observed:  1. In room CW4, the bed electrical cord has a cut in it, which is taped over.  2. The vending machines in the employee break area in the back corridor do not have GFCI (Ground Fault Circuit Interrupter) outlets and they are needed.  3. Panel LP1 in the old basement telecom room has fire alarm communications breaker off, it is	K 147	K147  <u>Item 1:</u> The bed electrical cord in room CW4 was replaced on 2-3-2015.  <u>Item 2:</u> GFCI outlets will be installed at the vending machines by 3-10-2015.  <u>Item 3:</u> The fire alarm communications breaker, which is no longer needed, in Panel LP1, will be removed by 3-10-2015  The Director of Maintenance will be responsible for this plan of correction  <i>Rec Accepted 2/27/15 Terry Casgrain</i>	

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K 147	Continued From page 6 no longer needed, so it should be removed from the panel.	K 147		