

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

October 1, 2015

Mr. Bradford Ellis, Administrator
Vernon Green Nursing Home
61 Greenway Drive
Vernon, VT 05354-9474

Dear Mr. Ellis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 27, 2015**. Please post this document in a prominent place in your facility.

We may 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



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

PRINTED: 09/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2015
NAME OF PROVIDER OR SUPPLIER VERNON GREEN NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 61 GREENWAY DRIVE VERNON, VT 05354	
(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 by the Division of Fire Safety on 8/27/15. The following is a regulatory violation.	K 000	Allegation of Substantial Compliance Vernon Green Nursing Home has and continues to be in substantial compliance with NFPA 101 Life Safety Code Standard. Vernon Green Nursing Home has substantially corrected the alleged deficiency and achieved substantial compliance by the date specified herein.	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 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 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barriers are intact in 2 corridors of the facility. Per observation on 8/27/15, there were penetrations above the ceiling in 2 corridors through smoke barriers. One hour fire rated caulking shall be installed to seal penetrations in the smoke barriers in the corridors.	K 025	This Plan of Correction constitutes Vernon Green Nursing Home's allegation of substantial compliance, such that the alleged deficiencies cited have been substantially corrected on or before September 29, 2015. The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiency herein. To continue to remain in substantial compliance with state and federal regulations, Vernon Green Nursing Home has taken or will take the actions set forth in this plan of correction. K025 Vernon Green continues to assure that smoke barriers are intact for the life safety of each resident. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Due to the complicated penetrations at these areas, pre-approval for using 3M™ Fire Barrier Rated Foam FIP 1-Step has been received from the Vermont Assistant Fire Marshall who conducted the inspection. This product has been ordered but not yet received. It will be installed according per the manufacturer's instructions.	10/9/15

Continued

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

TITLE

(X6) DATE

M. Bradford Ellis

Executive Director

Sept. 27 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.

K025 Continued from Page 1

How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;

All residents have the potential to be affected by this alleged deficient practice. 10/09/15

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

Quarterly audits will be conducted by the maintenance department to assure that smoke barriers are properly maintained. 10/09/15

How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

The smoke barrier audit will be conducted on a quarterly basis and the results will be reviewed at the QA meeting to ensure ongoing compliance until the QA committee has determined that 100% compliance has been achieved. 10/20/15

K025 POC accepted 9/30/15 SDumont/PNC