

## 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

November 24, 2015

Mr. Steven Gordon, Ceo, Administrator  
Brattleboro Memorial Hospital  
17 Belmont Ave  
Brattleboro, VT 05301-3498

Provider #: 470011

Dear Mr. Gordon, Ceo:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **October 22, 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 6/17/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  470011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C  [REDACTED]
NAME OF PROVIDER OR SUPPLIER  BRATTLEBORO MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 17 BELMONT AVE BRATTLEBORO, VT 05301	
(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)

K 000	INITIAL COMMENTS  An unannounced on-site Life Safety survey was completed by the Division of Fire Safety on 10/22/15. The following is a regulatory issue.	K 000	
K 050	NFPA 101 LIFE SAFETY CODE STANDARD  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  THE STANDARD is not met as evidenced by: Based on review of fire drill records, the facility failed to have a record of all fire quarterly fire drills on each shift.	K 050	Director of Plant Services has created an annual calendar of Life Safety requirements. Life Safety events are assigned to appropriate Department staff members for execution. Following completion of each associated event, the work order, fire drill form and all other associated documentation will be filed in a central repository. These documents will be reviewed for completeness and accuracy, recorded and archived. The calendar and the documentation validating completion of the assigned activities will also be reviewed on a regular basis.  The Fire Drill Procedure policy was updated to reflect this change.  Plant Services department trained on new process.
			10/29/2015  10/29/2015  Week of November 1, 2015

*Charmaine Kinton 11/20/2015*

*K050 POC accepted 11/23/15 Burdison/PINC*

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  470011	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BRATTLEBORO MEMORIAL HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED  10/22/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  BRATTLEBORO MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 17 BELMONT AVE BRATTLEBORO, VT 05301
---	--

(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)	(X6) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K 000	INITIAL COMMENTS	K 000		
K 050	<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: Based on review of fire drill records, the facility failed to have a record of all fire quarterly fire drills on each shift.</p> <p>Per record review on 10/22/15, the facility failed to have evidence that 2 of the required 12 quarterly fire drills (1 drill on 3 shifts per quarter) were completed as required.</p>	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
---	-------	-----------

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.