Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury VT 05671-2060 <u>http://www.dail.vermont.gov</u> 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

September 3, 2021

Mr. Timothy Urich, Administrator The Pines At Rutland Center For Nursing And Rehab 99 Allen Street Rutland, VT 05701-4501

Provider #: 475018

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on July 12, 2021. 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,

Jamila McotaRN

Pamela M. Cota, RN Licensing Chief

Enclosure

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
475018		B. WING		07/12/2021		
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
THE PINE	S AT RUTLAND CENTER	R FOR NURSING AND REHABI		ALLEN STREET UTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
K 000	INITIAL COMMENTS	3	K 000	2		
	on July 12, 2021. En conducted with Timo	Life Safety Code inspection try and Exit interviews were thy Urich, Administrator, and aintenance. The following				
K 300 SS=D	Protection - Other CFR(s): NFPA 101		K 300	Corrective Action: The door(s) identified during the survey will I with appropriate fire-rated doors.	be replaced	
	18.3 and 19.3 Protect not addressed by the deficient. This inform applicable Life Safety	S section any LSC Section tion requirements that are provided K-tags, but are ation, along with the y Code or NFPA standard cluded on Form CMS-2567.		Identify Others: Any fire-rated door that has modifications the a tight smoke seal are at risk. Systemic Change: All fire-rated doors throughout the facility will inspected to ensure there are no modificatio will prevent a tight smoke seal. Monitoring: All fire-rated doors throughout the facility will inspected monthly to ensure there are no mot that prevent a tight smoke seal. The results inspections will be submitted to the facility's Committee for review and the need for furth	l be ns that difications of the QA er auditing	
×	by: Per observation on .	REMENT is not met as evidenced ation on July 12, 2021, the facility ure adquate fire rating per		beyond the three months will be determined Committee. Responsible Party: Director of Maintenance Completion Date: 9/24/2021		
	33.3.3.2 Protection fr 33.3.3.2.1 Rooms containing hi refrigerating machine service equipment su explosion shall not b adjacent to exits, and effectively separated building as specified 33.3.3.2.2 Hazardous areas, wh	rom Hazards. gh-pressure boilers, ery, transformers, or other ubject to possible e located directly under or d such rooms shall be from other parts of the		K300 POC Accepted 9/2/2021 S. Dumont TWehmeyer		
BORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) DATE	
	HML	r		Administrator	8/24/0	

Any deridency 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

PRINTED: 08/12/2021

TEMENT O	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	E CONSTRUCTION	OMB NO. 0938-03	
IDENTIFICATION NUMBER: 475018 NAME OF PROVIDER OR SUPPLIER					(X3) DATE SURVEY COMPLETED	
		B. WING		07/12/2021		
AME OF P	ROVIDER OR SUPPLIER		4	STREET ADDRESS, CITY, STATE, ZIP CODE		
HE PINE:	S AT RUTLAND CENTER	FOR NURSING AND REHABI		99 ALLEN STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
K 300	Continued From page		К 300			
	 protected by approved doors, or such areas a automatic fire-extingui Boiler and heater Laundries Repair shops Rooms or spaces combustible supplies a deemed hazardous by jurisdiction. The findings include the Per observation on Juriaccompanied by the A Maintenance inspection 	minimum 1-hour fire communicating openings d self-closing fire shall be equipped with ishing systems: rooms and equipment in quantities the authority having he following: ly 12, 2021, and dministrator and Facility on revealed that the fire				
		rvice	K 346	Corrective Action: The facility does in fact have a Fire Watch Po is part of the facility's Safety Plan. The specif inspected as part of the survey did not have th in it however, it has been added to that book. Identify Others: Each Safety Plan book throughout the facility	ic book ne policy	
	services for more than period, the authority has notified, and the buildi approved fire watch sh	4 hours in a 24-hour aving jurisdiction shall be ng shall be evacuated or an nall be provided for all		be affected by the same practice. Systemic Change: Each Safety Plan book located in the facility w audited to ensure that the facility's Fire Watch is included in the book.	vill be	
	fire alarm system has 9.6.1.6 This REQUIREMENT by:	d by the shutdown until the been returned to service. is not met as evidenced , 2021, the facility failed to		Monitoring: Each Fire Plan book located in the facility will audited once per month for three months to er that the facility's Fire Watch Policy is included audits will be submitted to the facility's QA Co for review and the need for further auditing be three months will be determined by the comm	nsure . The mmittee evond the	

1.30

Event ID: GQHQ21

Facility ID: 475018

If continuation sheet Page 2 of 10

K346 POC Accepted 9/2/2021 **5.Dumont|** TWekmeyer

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLI A. BUILDING (OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED		
		475018	B. WING		07/12/20	021
	ROVIDER OR SUPPLIER	FOR NURSING AND REHABI	ş	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701	07722	<u></u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) MPLETIO DATE
K 346	Continued From page in place. Findings incl		K 346			
K 354	Administrator and Fac inspection revealed th details outlined in the Plan in the event that	hat there are no fire watch Evacuation & Relocation the fire alarm system is out then the allowed 4 hours in a	K 354	Corrective Action:		
SS=D	CFR(s): NFPA 101 Sprinkler System - Ou Where the sprinkler s extent and duration of determined, areas or inspected and risks a recommendations are or designated represe department and other jurisdiction have been sprinkler system is ou hours in a 24-hour pe of the building affecte	ut of Service ystem is impaired, the f the impairment has been buildings involved are re determined, e submitted to management entative, and the fire a authorities having a notified. Where the it of service for more than 10 riod, the building or portion d are evacuated or an a provided until the sprinkler		The facility does in fact have a Fire Watch Pois part of the facility's Safety Plan. The spect that was inspected as part of the survey did it the policy in it however, it has since been ad particular book. Identify Others: Each Safety Plan book throughout the facility be affected by the same practice. Systemic Change: Each Safety Plan book in the facility will be audited to ensure that the facility's Fire Watch is included in the book. Monitoring: Each Safety Plan book located in the facility audited once per month for three months to that the facility's Fire Watch Policy is include audits will be submitted to the facility's QA C for review and the need for further auditing b the three months will be determined by the c	ific book not have ded to that / could h Policy will be ensure d. The ommittee eyond	
.*	18.3.5.1, 19.3.5.1, 9.7			Responsible Party: Director of Maintenance Completion Date: 9/24/2021		-
	Per review on July 12	2, 2021, the facility failed to propriate fire watch plan is ude teh following:		K354 POC Accepted 9/2/2021 <i>S. Dumont </i> TWebineyer		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Administrator and Fac inspection revealed the	hat there are no fire watch Evacuation & Relocation		С. С. С. С. С. С. С. С. С. С.		

Facility ID: 475018

If continuation sheet Page 3 of 10

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	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	FORM APPRO OMB NO. 0938- (X3) DATE SURVEY COMPLETED
		475018	A. BUILDING (01	
	/IDER OR SUPPLIER	FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701	07/12/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLE
K 362 SS=D C C C C C C C C C C C C C C C C C C C	24 hour period. orridors - Construction FR(s): NFPA 101 orridors - Construction 012 EXISTING orridors are separated onstructed with at least ting. In fully sprinkle artitions are only required noke. In nonsprinkle the underside of the e ceiling. Corridor with aderside of ceilings with recode. Xed fire window asset accordance with Se or partments there an e resistance of glass the walls have a fire ting e underside of the ca REMARKS, describ e floor area. 0.3.6.2, 19.3.6.2.7; his REQUIREMENT : er observation on Julied to ensure that co	ten the allowed 10 hours in on of Walls and from use areas by walls ast 1/2-hour fire resistance red smoke compartments, uired to resist the transfer of red buildings, walls extend a floor or roof deck above alls may terminate at the where specifically permitted amblies in corridor walls are ction 8.3, but in sprinklered re no restrictions in area or or frames. resistance rating, give the if the walls terminate at eiling, give brief description ing the ceiling throughout is not met as evidenced by 12, 2021, the facility midors are separated from on at least 1/2 fire residence e the following: July 12, 2021, and	K 354 K 362	Corrective Action: 1) The penetrations above the corridor sma door walls above the ceiling on the 1st, 2nd 4th floors will be sealed with the approved/ product. 2) The penetrations above the ceilings in the barrier walls on 1st, 2nd, 3rd and 4th floor of sealed with the approved/appropriate product 3) The acoustical ceiling tile noted to be mi 3rd floor janitor closet and oxygen room will replaced. 4) The wall penetrations near the ceiling lef 4th floor air handling room and storage closes sealed with the approved/appropriate product. 5) The penetrations in the walls and ceiling floor freezer compressor room will be sealed approved/appropriate product. Identify Others: 1) All smoke barrier walls located in the fact free from penetrations. 2) All ceilings must not have missing ceiling Systemic Change: 1) All smoke barrier walls will be inspected there are no penetrations. 2) All ceilings within the facility will be inspected there are no penetrations. 2) All ceilings within the facility will be inspected there are no penetrations. 2) All ceilings within the facility will be comp ensure no tiles are missing. Monitoring: 1) An inspection of all smoke barrier walls vortice on miss The results of the inspections will be comp monthly for three months to ensure no miss The results of the inspections will be submit facility's OA Committee for review and the further auditing will be determined by the completed Completed no tat: 9/24/2021 K362 POC Accepted 9/2/2021 <i>S.Dumontl TWAmyu</i>	I, 3rd and appropriate will be uct. ssing in the l be vel of the set will be uct. of the 1st d with the ility must be g tiles. to ensure ected to vill be ure there leted for primittee.

Facility ID: 475018

If continuation sheet Page 4 of 10

		ID HUMAN SERVICES MEDICAID SERVICES			FORM	: 08/12/2021 APPROVED . 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			SURVEY LETED
		475018	B. WING		07/*	12/2021
NAME OF P	ROVIDER OR SUPPLIER	• • • • • • • • • • • • • • • • • • •		STREET ADDRESS, CITY, STATE, ZIP CODE		
	S AT RUTLAND CENTER	FOR NURSING AND REHABI		RUTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 362	fire stopped. This inv	e 4 volves the s moke barrier cond, third, and fourth floors.	K 362			
	Maintenance, inspect penetrations that are above the ceilings in the first, second, third 3. Per observation on accompanied by the Maintenance, inspect acoustical ceiling tile	Administrator and Facility ion revealed that there are not properly fire stopped the smoke barrier walls on I, and fourth floors. July 12, 2021, and Administrator and Facility ion revealed there is an missing in the ceiling on or's closet and the oxygen				
K 363 SS=D	accompanied by the A Maintenance, inspect wall penetrations nea fourth-floor air handlin 5. Per observation on accompanied by the A Maintenance, inspect penetrations in the wa first-floor freezer com Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corri required enclosures of hazardous areas resis and are made of 1 3/4 wood or other materia	Administrator and Facility ion revealed that there are r the ceiling level of the ng room and storage closet. July 12, 2021, and Administrator and Facility ion revealed that there are alls and ceiling of the	K 363	Corrective Action: 1) The identified doors on the 2nd, 3rd and 4 have been corrected to ensure proper closur 2) The 3rd floor clean linen room door has be corrected to ensure that it proper latches. 3) The door to the 2nd floor nourishment roo been corrected to ensure that it properly latches. 5) The north door leading to and from the the has been corrected to ensure that it properly 6) The door stop being used to keep the doo 1st floor Human Service Office has been ren 7) The door stop being used to keep the doo 1st floor Environmental Services Office open removed.	e. een hes. corrected kitchen latches. r to the noved. r to the	

Facility ID: 475018

If continuation sheet Page 5 of 10

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TATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	MB NO. 0938-03 K3) DATE SURVEY
	oon testion	DENTIFICATION NOWBER.	A. BUILDING	6 01	COMPLETED
		475018	B. WING		07/12/2021
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP CODE	
	S AT RUTI AND CENT	ER FOR NURSING AND REHABI		99 ALLEN STREET	
		ER FOR HURSING AND REHABI		RUTLAND, VT 05701	
(X4) ID		STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETIC
K 363	Continued From pa	ae 5	К 36	Continued from page 5	
		nts are only required to resist	N 30	Identify Others	
	the passage of smo	oke. Corridor doors and doors		All doors protecting corridor openings within the must close and/or latch properly.	e facility
	to rooms containing	g flammable or combustible			
	materials have posi-	itive latching hardware. Roller		Systemic Change: An inspection of all doors protecting corridor op	Peninge
	latches are prohibit	ed by CMS regulation. These		within the facility will be completed to ensure pr	oper
	requirements do no	t apply to auxiliary spaces that		closure/latching.	
		mable or combustible material.		Monitoring:	
		bottom of door and floor		An inspection of all doors protecting corridor op within the facility will be completed monthly for	three
		eding 1 inch. Powered doors		months to ensure proper closure/latching. The inspections will be submitted to the QA Commit	
	complying with 7.2.	1.9 are permissible if provided		review and the need for futher audting beyond t	the
	when a force of 5 lb	ole of keeping the door closed of is applied. There is no		three months will be determined by the committee	tee.
	impediment to the c	closing of the doors. Hold open		Responsible Party: Director of Maintenance	
		e when the door is pushed or		Completion Date: 9/24/2021	
		d. Nonrated protective plates			
		are permitted. Dutch doors		K363 POC Accepted 9/2/2021	
		are permitted. Door frames		S. Dumont TWehmeyer	
		d made of steel or other			
		ance with 8.3, unless the			
	smoke compartmen	t is sprinklered. Fixed fire			
		are allowed per 8.3. In			
	sprinklered compart				
	frames in window as	or fire resistance of glass or ssemblies.			
	19.3.6.3, 42 CFR Pa and 485	arts 403, 418, 460, 482, 483,	, c ₹r		
		details of doors such as fire			
		utomatics closing devices,			
	etc.				
		IT is not met as evidenced			
	by:				
	Per observation on	July 12, 2021, the facility			
		t doors protecting corridor lose and/or latch properly.	-0.14		
	The findings include	e the following:		· · · · · · · · · · · · · · · · · · ·	
		_	7.81		
	1. Per observation of	on July 12, 2021, and			
		Administrator and Facility			

	OF DEFICIENCIES	MEDICAID SERVICES). 0938-039	
	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING 01	(X3) DATE COMP	SURVEY PLETED		
		475018	B. WING		07/12/2021		
NAME OF P	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE			
THE PINE	S AT RUTLAND CENTER	R FOR NURSING AND REHABI		LLEN STREET [LAND, VT 05701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
K 363	Continued From page	• 6	K 363				
	Maintenance, inspect the second, third and when closed and mar properly due to impec the doorway. These 203, 204, 205, 206, 2	ion revealed that doors on fourth floors failed to latch by of them failed to close diments at the top level of include: patient rooms 201, 07 on the second floor; third floor and rooms 403 an	K 303				
	Maintenance, inspect	July 12, 2021, and Administrator and Facility ion revealed that the door to nen room did not latch when					
	Maintenance, inspect	Administrator and Facility ion revealed that the right d floor nourishment room					
K	Maintenance, inspect	July 12, 2021, and Administrator and Facility ion revealed that the first door did not latch when		·Υ			
	Maintenance, inspecti	July 12, 2021, and Administrator and Facility ion revealed that the north om the kitchen did not latch					
tra Kis A	Maintenance, inspecti floor Human Services designed due to an im	July 12, 2021, and Administrator and Facility on revealed that the first Office would not close as apediment at the bottom of o was being used to keep		2010 - 100 1972 1973 1975 1975 1975 1975 1975 1975 1975 1975		n a Ngan Ngan	

Facility ID: 475018

If continuation sheet Page 7 of 10

CENTERS FOR MEDICARE & MED				FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
475018		B. WING		07/12/2021
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	01/12/2021
THE PINES AT RUTLAND CENTER FOR	R NURSING AND REHABI		99 ALLEN STREET RUTLAND, VT 05701	
PREFIX (EACH DEFICIENCY MUS	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
 K 363 Continued From page 7 the door in the open positi 7. Per observation on July accompanied by the Admin Maintenance, inspection r floor Enviornmental Servic close as designed due to bottom of the door. A doo to keep the door in the open also did not latch when closed Subdivision of Building Sp CFR(s): NFPA 101 Subdivision of Building Sp Doors 2012 EXISTING Doors in smoke barriers a bonded wood-core doors of resists fire for 20 minutes. plates of unlimited height a are permitted to have fixed assemblies per 8.5. Doors automatic-closing, do not u are not required to swing i egress travel. Door openin clear width of 32 inches fo doors. 19.3.7.6, 19.3.7.8, 19.3.7.9, This REQUIREMENT is n by: Per observation on July 11 failed to ensure that smoke tight smoke seal. Findings 1. Per observation on July accompanied by the Admin Maintenance, inspection re barrier doors leading to the 	y 12, 2021, and inistrator and Facility revealed that the first ces Office would not an impediment at the or stop was being used ien positon. This door osed. baces - Smoke Barrie baces - Smoke Barrier are 1-3/4-inch thick solid or of construction that Nonrated protective are permitted. Doors d fire window are self-closing or require latching, and in the direction of ng provides a minimum or swinging or horizontal 9 not met as evidenced 2, 2021, the facility e barrier doors had a s include the following: 12, 2021, and nistrator and Facility evealed that the smoke	K 363	Corrective Action: 1) The smoke barrier doors leading to the 4th dining room will be corrected to ensure proper 2) The 4th floor corridor smoke barrier doors to 418 will be corrected to ensure proper closure. 3) The 3rd floor corridor smoke barrier doors to corrected to ensure proper closure. 4) The smoke barrier door located at the 4th f soiled linen room will be appropriately correct 5) The smoke barrier doors located at the 4th dining room have been corrected to ensure pr closure. Identify Others: All smoke barrier doors in the facility must hav smoke seal. Systemic Change: All smoke barrier doors in the facility will be in to ensure a tight smoke seal. Monitoring: An inspection of all smoke barrier doors will be completed monthly for three months to ensure has a tight smoke seal. The inspections will b submitted to the facility's QA Committee for re- the need for further inspections beyond the this will be determined by the committee. Responsible Party: Director of Maintenance Completion Date: 9/24/2021 K374 POC Accepted 9/2/2021 S. Dumont/ TWAmayar	r closure. by room will be loor ed. floor oper /e a tight spected e each e each e view and

Facility ID: 475018

If continuation sheet Page 8 of 10

EMENT (OF DEFICIENCIES IF CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		475018	B. WING		07/1	2/2021
	PROVIDER OR SUPPLIER	R FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP CODE 99 Allen Street Rutland, VT 05701	<u> </u>	
X4) ID REFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 374	 room did not close tig tight smoke seal. 2. Per observation on accompanied by the A Maintenance, inspecti fourth-floor corridor sr 418 did not close tight tight smoke seal. 3. Per observation on accompanied by the A Maintenance, inspecti third-floor corridor smoother 	Continued From page 8 room did not close tightly, thereby not providing a tight smoke seal. 2. Per observation on July 12, 2021, and accompanied by the Administrator and Facility Maintenance, inspection revealed that the fourth-floor corridor smoke barrier doors by room 418 did not close tightly, thereby not providing a		574		
K 511 SS=D	 Maintenance, inspecti barrier door located at room has a hole on th of a locking device, cr to travel. 5. Per observation or accompanied by the A Maintenance, inspecti barrier doors located a room did not close tight tight smoke seal. Utilities - Gas and Ele CFR(s): NFPA 101 Utilities - Gas and Ele Equipment using gas complies with NFPA 5 	Administrator and Facility tion revealed that the smoke at the fourth-floor soiled linen he door due to the removal reating a path for the smoke n July 12, 2021, and Administrator and Facility tion revealed that the smoke at the fourth-floor dining ghtly, thereby not providing a sectric	К 5	 i11 Corrective Action: The junction box located behind the floor air handling room will receive an a 2) The electrical outlets located above room 423 will receive appropriate cove Identify Others: All junction boxes and electrical outlets covers. 	appropriate cover. e the ceiling at ers.	

		D HUMAN SERVICES			· .	FORM	08/12/20 APPROVE 0938-039	ED
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A, BUILDING 01			URVEY ETED	1
		475018	B. WING _	B. WING			2/2021	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
				99	ALLEN STREET			
	SAI RUILAND CENTER	FOR NURSING AND REHABI		RI	UTLAND, VT 05701			
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETIO DATE	N
K 511	hazard to life. 18.5.1.1, 19.5.1.1, 9.1 This REQUIREMENT by: Per observation on J failed to ensure that e equipment meets reg Findings include the f 1. Per observation on accompanied by the J Maintenance, inspect junction box located b fourth-floor air handlin 2. Per observation on accompanied by the J Maintenance, inspect electrical outles locate 423 is missing a cove electrical box covers	ectric Code. Existing nue in service provided no 1.1, 9.1.2 T is not met as evidenced uly 12, 2021, the facility dectrical wiring and ulatory requirements. following: July 12, 2021, and Administrator and Facility ion revealed that the behind the door of the ng room is missing a cover. July 12, 2021, and Administrator and Facility ion revealed that the behind the door of the ng room is missing a cover. July 12, 2021, and Administrator and Facility ion revealed that the ed above the ceiling at room wr. Due to the missing above the ceilings of the eiling cavity of each floor	(1)% 		Continued from page 9 Systemic Change: An inspection of the entire celling cavity of eac will be completed to ensure that there are no re electrical box covers. Monitoring: An inspection of the entire celling cavity of eac will be completed monthly for three months to that there are no missing electrical box covers inspections will be submitted to the facility's Q Committee for review. The need for futher ins beyond the three months will be determined b committee. Responsible Party: Director of Maintenance Completion Date: 9/24/2021 K511 POC Accepted 9/2/2021 S.Dumont TWMmyer	missing ch floor ensure s. The A spections		
FORM CMS-25	57(02-99) Previous Versions Obs	plete Event ID: GQHQ	21	Fac	sility ID: 475018 If continu	ation sheet	Page 10 o	f 10