



**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

December 22, 2023

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

Provider #: 475008

Dear Mr. Ellis:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **November 27, 2023**. 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,

A handwritten signature in cursive script that reads "tammy wehmeyer".

Tammy Wehmeyer  
Administrative Services Manager

Enclosure

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

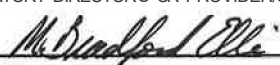
PRINTED: 12/07/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VERNON GREEN NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>61 GREENWAY DRIVE VERNON, VT 05354</b>
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(X4) D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	INITIAL COMMENTS	K 000		
K 353 SS-B	<p>The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 11/27/23. Entry and exit interviews were conducted with the Administrator and the Maintenance Director. While the facility was found to be in substantial compliance with applicable Life Safety Code Requirements, the following issues were identified that require correction by the facility.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on a walkthrough of the premises on 11/27/23 with the Maintenance Director, survey activities determined that:</p>	K 353		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE <b>Executive Director</b>	(X6) DATE <b>12.22.23</b>
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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 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.

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

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K 353	Continued From page 1 At the time of survey, loaded sprinkler heads were located in the Kitchen, which must be cleaned per NFPA 25 and NFPA 96. Freezer and two food prep areas were protected by 4-5 sprinkler heads which were loaded with grease, particles, and waste material from cooking.	K 353	<p><b>K353</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</b> The sprinkler heads located in the kitchen's freezer and food prep area where cleaned per NFPA 25 and NFPA 96 with the proper cleaning of the sprinkler heads verified by Southern Vermont Sprinkler (SVS)</p> <p><b>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> All residents have the potential to be affected by this finding.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</b> The SVS a certified sprinkler system installer, tester, inspector and service company shall be engaged by Vernon Green maintenance department to complete quarterly sprinkler head inspections in the kitchen area servicing Vernon Green Nursing Home. SVS will provide a report of the inspection service.</p> <p><b>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.</b> The inspection results will be reviewed at the Quality Assurance team meetings for compliance for 6 months or until 100% compliance has been achieved.</p> <p><b>K 353 POC accepted on 12/22/23 by M. Steele/T. Wehmeyer</b></p>	03/31/24	