



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

April 24, 2019

Mr. Shawn Hallisey, Administrator
Barre Gardens Nursing And Rehab Llc
378 Prospect Street
Barre, VT 05641-5421

Provider #: 475037

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **April 4, 2019**. 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 black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 04/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER BARRE GARDENS NURSING AND REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
---	---

(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	K 000		
	An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 1/4/2019. The following violations were identified.			
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101	K 372	How will the corrective action be accomplished for those residents found to have been affected by the alleged deficient practice?	
	Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that smoke barriers were free from penetrations.		All smoke barriers will be repaired to ensure that they are free from penetrations.	
	Per observation on 1/4/2019, accompanied by the Director of the facility, the facility failed to ensure that the smoke barrier on Wing 1 in the short hall and in Wing 2 on both the short and long hall was not compromised by evidence of significant penetration without sealant or rebuild.		How will the facility identify residents having the potential to be affected by the same alleged deficient practice?	
	Based on observation, the facility failed to ensure that smoke barriers were free from penetrations.		All residents have the potential to be affected.	
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101		What measures will be put in place to ensure that the alleged deficient practice will not occur?	
	Electrical Systems - Other List in the REMARKS section any NFPA 99		The Maintenance Director will repair and ensure that all smoke barriers are free from penetrations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shawn T. Hallisey TITLE: Administrator (X6) DATE: 4/23/19

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

PRINTED: 04/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER BARRE GARDENS NURSING AND REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
---	---

(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 911 Continued From page 1
Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 6 (NFPA 99)
This REQUIREMENT is not met as evidenced by:
Based on observation, the facility failed to meet requirements regarding electrical systems in one area of the facility.

Per observation on 01/04/2019, accompanied by the Director of the facility, an electrical outlet by a resident bed in room 122 was broken and open electrical elements were exposed, which posed an electrocution hazard.

K 911 How will the facility monitor its corrective actions to ensure that the alleged deficient practice will not re-occur?

The Administrator or designee will audit the progress of the work to ensure satisfactory completion.

Corrective Action will be completed by 5/10/19.
K372 POC accepted 4/23/19 pmclaughlin/prm

K-911 How will the corrective action be accomplished for those residents found to have been affected by the alleged deficient practice?

Electrical outlet was repaired immediately that day.

How will the facility identify residents having the potential to be affected by the same alleged deficient practice?

All residents have the potential to be affected.

What measures will be put in place to ensure that the alleged deficient practice will not occur?

House audits of all electrical outlets completed to ensure no outlets are exposed.



Barre Gardens
for Nursing and Rehabilitation


How will the facility monitor its corrective actions to ensure that the alleged deficient practice will not re-occur?

Random audits have been conducted by the Administrator or designee on electrical outlets to ensure that they are not exposed weekly for 4 weeks then monthly times 2 months or until substantial compliance has been achieved.

Corrective Action was completed by
4/22/19.

K911 POC accepted 4/23/19 pmclaughton/PNU

This was a deficiency on our Annual State Health inspection. We have already been put back in compliance

 barre-phg.com

 802.476.4166  802.479.5679  378 Prospect Street | Barre, VT 05641