

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

July 1, 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 **June 18, 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,



Pamela M. Cota, RN  
Licensing Chief

Enclosure

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

PRINTED: 06/20/2019  
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  R 06/18/2019
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NAME OF PROVIDER OR SUPPLIER  BARRE GARDENS NURSING AND REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
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(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
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{K 000} INITIAL COMMENTS

The Division of Fire Safety completed a revisit survey on 06/18/2019 to the survey of 4/4/2019. The survey found that not all deficiencies have been corrected. The following violation remains out of compliance.

{K 372} Subdivision of Building Spaces - Smoke Barrier  
SS=D CFR(s): NFPA 101

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.

Per observation on 6/18/2019, accompanied by the Director of the facility, the facility failed to ensure that the smoke barriers on Wing 1, in the short hall, and Wing 2, on both the short and long hall, has been compromised with significant penetrations without sealant or rebuild.

{K 000}

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

All smoke barriers will be repaired to ensure that they are free from penetrations.

{K 372}

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?

The Maintenance Director will repair and ensure that all smoke barriers are free from penetrations.

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

7-3-19 POC Accepted 7/1/19  
P. McLaughlin / TW

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shawn T. Hallisey</i>	TITLE Administrator	(X6) DATE 7-1-19
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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.