

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

March 9, 2018

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

Provider #: 475037

Dear Mr. Keefe:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **February 7, 2018**. 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: 02/21/2018  
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  B. WING _____	(X3) DATE SURVEY COMPLETED  02/07/2018
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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 (EAL CROS K223)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 2/7/18. 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.	K 000	<p><b>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>No residents were negatively affected by this deficient practice.</p> <p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice?</b></p> <p>Residents residing in the facility have the potential to be affected by this deficient practice.</p> <p><b>What measures will be put in place to ensure that the deficient practice will not occur?</b></p> <p>The door coordinator on the wing 2 fire door by room 176 was repaired by the Maintenance Director the afternoon of February 7, 2018 and is functioning so that the door closes properly.</p> <p>The administration and Maintenance Director have reviewed the safety code and are aware of the requirements.</p> <p><b>How will the facility monitor its corrective actions to ensure that the deficient practice will not occur?</b></p> <p>The maintenance director or designee will assess the facility's fire doors on a weekly basis to ensure the door coordinators are working properly. An audit will be conducted weekly for 4 weeks then monthly for 2 months to ensure the door coordinators function properly.</p> <p>The results of the audits will be reported to the monthly QAA Committee for a minimum of three months at which time the QAA Committee will determine the continued duration of the audits.</p> <p>Corrective action will be completed by March 5, 2018.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Casper Administrator* DATE: 3/1/2018

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.

K223 - K900 POC's accepted 3/8/18 pmclaughlin/rma



STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFS AND NFS.	PROVIDER #  475037	MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	DATE SURVEY COMPLETE:  2/7/2018
NAME OF PROVIDER OR SUPPLIER  BARRE GARDENS NURSING AND REHAB LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 223	<p>Doors with Self-Closing Devices CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <ul style="list-style-type: none"> <li>* Required manual fire alarm system; and</li> <li>* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</li> <li>* Automatic sprinkler system, if installed; and</li> <li>* Loss of power.</li> </ul> <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure self-closing fire doors are functioning properly in one area of the facility.</p> <p>Per observation on 2/7/18, accompanied by facility staff, the fire door on Wing 2 by room 176 does not close properly, as the door coordinator is malfunctioning.</p>
K 920	<p>Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101</p> <p>Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure power strips are not used in place of permanent wiring in one area of the facility.</p> <p>Per observation on 2/7/18, accompanied by facility staff, there were 4 power strips plugged into one another in a "daisy chain" around the outside of the Physical Therapy office.</p>

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND Nfs	PROVIDER #  475037	MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	DATE SURVEY COMPLETE:  2/7/2018
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K-920	<p>Continued From Page 1</p> <p><b>K920</b></p> <p><b>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>No residents were negatively affected by this deficient practice.</p> <p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice?</b></p> <p>Residents residing in the facility have the potential to be affected by this deficient practice.</p> <p><b>What measures will be put in place to ensure that the deficient practice will not occur?</b></p> <p>The Maintenance Director immediately corrected this deficient practice at the time of the survey.</p> <p>The administration and Maintenance Director have reviewed the safety code and are aware of the requirements.</p> <p><b>How will the facility monitor its corrective actions to ensure that the deficient practice will not occur?</b></p> <p>The Maintenance Director or designee will spot check offices throughout the facility on a weekly basis to ensure this deficient practice does not reoccur. Audits will be completed by the Maintenance Director or designee weekly for 4 weeks then monthly for 2 months to ensure power strips are not "daisy chained" together.</p> <p>The results of the audits will be reported to the monthly QAA Committee for a minimum of three months at which time the QAA Committee will determine the continued duration of the audits.</p> <p>Corrective action will be completed by March 5, 2018.</p>
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