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

June 22, 2021

Mr. Brian Labelle, Administrator
Berlin Health & Rehab Ctr
98 Hospitality Drive
Barre, VT 05641-5360

Provider #: 475020

Dear Mr. Labelle:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **May 17, 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,

Pamela M. Cota, RN
Licensing Chief

Enclosure

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475020	A. BUILDING **01** B. WING ______	**05/17/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERLIN HEALTH & REHAB CTR	**98 HOSPITALITY DRIVE** **BARRE, VT 05641**

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K 000	INITIAL COMMENTS The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on May 17, 2021. Entry and exit interviews were conducted with the Director of Maintenance and Facility Director of Operations. The following violations were identified.	K 000	The filing of the plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. Berlin Health and Rehab doing business as Berlin Meadows has prepared and executed a plan of correction as evidence of the facilities' continued compliance with applicable federal and state laws.	
K 100 SS=E	General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General 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. This REQUIREMENT is not met as evidenced by: Based on observation on May 17, 2021, the facility failed to ensure that Class 1 liquids are appropriatly stored in accordance with NFPA 1 66.9.3.6 and 3.3.23 [30:9.3.6]. Findings include the following: Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed that a snowblower with fuel in the tank was stored in the basement.	K 100	K100 The facility removed the snowblower with fuel in tank from the basement. All residents have the potential to be affected by this alleged deficient practice. The Director of Maintenance (DOM) was re-educated to the NFPA 1 66.9.3.6 and 3.3.23 [30:9.3.36] and the proper storage of Class 1 liquids and Policy SH501 Flammable and Combustible Materials. The snowblower will be stored in the outdoor shed. A tag was placed on the machine indicating the proper place to store it. The Administrator or designee will randomly conduct environmental rounds and document the proper storage of this item. The Administrator and/or DOM will report to the Safety committee on a quarterly basis of the continued proper storage of gas containing machines when not in use. Date of Compliance: 06/25/2021. K100 accepted 6/19/21 P.McLaughlin / T Wehmeyer	
K 291 SS=E	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:	K 291	K 291 The facility replaced the emergency lighting in the dining room. All residents have the potential to be affected by this alleged deficient practice. The DOM was re-educated on the NFPA 101 7.9.18.2.9.1, 19.2.9.1 and the required testing of emergency lighting included in SH700 Fire Protection Systems.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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K 291	Continued From page 1 Based on observation on May 17, 2021, the facility failed to ensure that emergency lighting is automatically provided. Findings include the following: Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed that the emergency lighting in the dining room was nonfunctional on testing.	K 291	A facility wide audit was completed on the emergency lighting system. The Administrator or designee will conduct random audits of the emergency light testing that will be conducted with the required monthly fire drills. The Adminstrator or designee will report monthly to the Safety Committee the results of the required testing. Date of Compliance: 06/25/2021	T Wehmeyer
K 355 SS=E	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation on May 17, 2021, the facility failed to ensure portable fire extinguishers are inspected in accordance with NFPA 10. The findings include the following: Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed that portable extinguishers in the following locations had not had an annual inspection: A-Wing Kitchenette and outside the Nurse Managers Office, B-Wing Kitchenette and, C-Wing Kitchenette.	K 355	K 355 The facility had the fire extinguisher company return and complete the required inspections of the 4 extinguishers missed on the required annual inspection conducted in the month of February 2021. All residents have the potential to be affected by this alleged deficient practice. The DOM was re-educated on the requirement of the annual inspection of the portable extinguishers according to NFPA 10 and Policy SH700 Fire Protection System. The facility wide audit was conducted on the same day. The Administrator or designee will report monthly to the Safety Committee the results of the required in-house portable extinguisher inspections and report annually the inspection and completion of the third party extinguisher companies required annual inspection. Date of Compliance: 06/25/2021 K355 accepted 6/19/21 P. McLaughlin T Wehmeyer	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire	K 712	K 712 The facility conducted the Quarterly required fire drills and recorded in the required manner. All residents have the potential to be affected by this alleged deficient practice. The DOM was re-educated to NFPA 101	

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K 712	Continued From page 2 conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation on May 17, 2021, the facility failed to ensure fire drills are conducted quarterly. Findings include the following: Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed that fire drills were not conducted for any shifts in November 2020, December 2020, and January 2021.	K 712	19.7.1.4 through 19.7.1.7 and Policy SH700 Fire Protection Systems. The fire drills were conducted to complete the Quarterly requirement of holding expected and unexpected fire drills under varying conditions at least quarterly on each shift. Date of Compliance: 06/25/2021 K712 accepted 6/19/21 P.McLaughlin/T Wehmeyer	
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 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 on May 17, 2021, the facility failed to ensure that electrical panels had appropriate clearance as required by NFPA 70 225.19(C) Horizontal Clearances. Clearances shall not be less than 900 mm (3 ft.). Findings	K 911	K911 The facility cleared the areas around the electrical panels and removed the wiring/outlet not permitted. All residents have the potential to be affected by this alleged deficient practice. The DOM was re-educated on NFPA 70 225.19 (C) Horizontal Clearances not being less than 3 feet. The three areas were cleared of all items blocking the panels (boiler room, stair room and c-wing laundry). The electrical cord plugged into the outlet outside room #12 was removed and wired properly though the ceiling. The Administrator or designee will conduct random audits to ensure ongoing compliance of keeping the panels clear. The audit results will be reported to the Safety Committee monthly.	

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K 911	Continued From page 3 include the following: 1. Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed Boiler Room has storage in front of the panel. 2. Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed the Stair Room had wheelchairs blocking access to the panel. 3. Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed the Laundry Room in C-Wing had a laundry cart located in front of the panel. 4. Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed that on C-Wing outside of room #12 a wire is coming out of the wall and is plugged into an outlet. This wiring method is not permitted per NFPA 70.	K 911	Date of Compliance: 06/25/2021 K911 accepted 6/19/21 P.McLaughlin/ T Wehmeyer	
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 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) assembles 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	K 920	K 920 The power strips were unplugged from the other power strips. All residents have the potential to be affected by this alleged deficient practice. The DOM was re-educated on NFPA 99 and NFPA 70 and the proper use of power strips. The Administrator or designee will re-educate all staff of the proper use of power strips and not plugging a power strip into another power strip. The Administrator or designee will conduct random audits to ensure power strips are being used according to NFPA requirements.	

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K 920	Continued From page 4 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 facility failed to ensure that power strips are being used in accordance with NFPA require requirements. Findings include the following: 1. Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed in Patient Room A-14 a power strip was plugged into a power strip. 2. Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed in the MDS offices under the desks a power strip was plugged into a power strip.	K 920	The audits results will be reported to the Safety Committee monthly. Date of Compliance: 06/25/2021 K920 accepted 6/19/21 P.McLaughlin/ T Wehmeyer	
K 929 SS=E	Gas Equipment - Precautions for Handling Oxyg CFR(s): NFPA 101 Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from	K 929	K 929 The portable oxygen cylinder was removed from room #3 and secured in the oxygen room. "Oxygen in Use" signage was placed outside the room. All residents have the potential to be affected by this alleged deficient practice.	

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K 929	Continued From page 5 contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation on May 17, 2021, the facility failed to ensure that oxygen cylinders were handled correctly. Findings include the following: Per observation on May 17, 2021, and accompanied by the Director of Maintenance, inspection revealed on B-Wing, room #3 had n unsecured, unattended, free-standing oxygen cylinder. This room also had no signage indicating that "Oxygen in Use."	K 929	Nursing staff were educated on the proper storage of the portable oxygen tanks in accordance with policy SH500 Compressed Gases, which follows NFPA 99 guidelines for securing and storing of portable oxygen tanks and ensuring proper signage is outside the room of residents who use oxygen. The Administrator or designee will conduct random audits to ensure portable oxygen tanks are stored securely and that residents using oxygen have proper signage. Date of Compliance: 06/25/2021 K929 accepted 6/19/21 P.McLaughlin/ T Wehmeyer	