



AGENCY OF HUMAN SERVICES  
Division of Licensing and Protection  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
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 14, 2018

Ms. Jessica Jennings, Administrator Manager  
Burlington Health & Rehab  
300 Pearl Street  
Burlington, VT 05401-8531

Provider ID #: 475014

Dear Ms. Jennings:

The Division of Fire Safety completed a **Life Safety Code** survey at your facility on **November 20, 2018**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements. However, **there are eleven deficiencies that do not require a plan of correction but do require a commitment to correct**. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please **sign the enclosed CMS-2567 and return** the original to this office by **December 24, 2018**.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt, RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,

Pamela Cota RN  
Licensing Chief

Enclosure

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

PRINTED: 12/14/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON HEALTH &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PEARL STREET BURLINGTON, VT 05401</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced onsite Life Safety Code survey was completed by the Division of Fire Safety on 11/20/18. While the facility was found to be in substantial compliance, the following issues were identified that require correction by the facility.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>475014</b>	MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING _____	DATE SURVEY COMPLETE: <b>11/20/2018</b>
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**K 211** Means of Egress - General  
CFR(s): NFPA 101

Means of Egress - General  
Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.  
18.2.1, 19.2.1, 7.1.10.1  
This REQUIREMENT is not met as evidenced by:  
Based on observation, the facility failed to ensure the means of egress were continuously maintained free of all obstructions in two areas of the facility.

Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, service corridors near the kitchen area were full of excess storage due to a recent supply delivery. Also, a cone was found in front of a door on a magnetic hold open device.

**K 222** Egress Doors  
CFR(s): NFPA 101

Egress Doors  
Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:  
CLINICAL NEEDS OR SECURITY THREAT LOCKING  
Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.  
18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6  
SPECIAL NEEDS LOCKING ARRANGEMENTS  
Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.  
18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4  
DELAYED-EGRESS LOCKING ARRANGEMENTS  
Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.  
18.2.2.2.4, 19.2.2.2.4

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

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**K 222** Continued From Page 1  
**ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS**  
 Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.  
 18.2.2.2.4, 19.2.2.2.4  
**ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS**  
 Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.  
 18.2.2.2.4, 19.2.2.2.4  
 This REQUIREMENT is not met as evidenced by:  
 Based on observation, the facility failed to ensure that egress doors are not lockable in one area of the facility.  
  
 Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, deadbolts were found installed on an exit door from the first floor activity room to the entry hallway.

**K 223** Doors with Self-Closing Devices  
 CFR(s): NFPA 101  
  
 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:  
 \* Required manual fire alarm system; and  
 \* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and  
 \* Automatic sprinkler system, if installed; and  
 \* Loss of power.  
 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 automatic doors can self-close in one area of the facility.  
  
 Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, the holiday lights are impeding the door closers on the fifth floor.

**K 271** Discharge from Exits  
 CFR(s): NFPA 101  
  
 Discharge from Exits  
 Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of

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<b>K 271</b>	<p>Continued From Page 2</p> <p>7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.</p> <p>18.2.7, 19.2.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, the facility failed to ensure exit pathways are kept free of obstructions in one area of the facility.</p> <p>Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, one exit discharge alley is blocked with furniture and storage.</p>
<b>K 293</b>	<p>Exit Signage CFR(s): NFPA 101</p> <p>Exit Signage 2012 EXISTING</p> <p>Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system.</p> <p>19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, the facility failed to ensure all exit lights are operable for one area of the facility.</p> <p>Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, one second floor exit light is not operable in the common area.</p>
<b>K 331</b>	<p>Interior Wall and Ceiling Finish CFR(s): NFPA 101</p> <p>Interior Wall and Ceiling Finish 2012 EXISTING</p> <p>Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted.</p> <p>10.2, 19.3.3.1, 19.3.3.2</p> <p>Indicate flame spread rating(s): _____</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, the facility failed to ensure walls are in compliance with interior finishing requirements in one area of the facility.</p>

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<b>K 331</b>	Continued From Page 3
<b>K 351</b>	<p>Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, there is an unpainted kitchen pantry wall that does not meet interior finish rating requirements.</p> <p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Spinkler System - Installation 2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure sprinkler heads are maintained properly in 3 areas of the facility.</p> <p>Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, the door and top shelf in the storage closet in the laundry room are hindering the operation of the sprinkler in that area. In the dryer room, there is excessive dust on the sprinkler heads. Also, there was fire caulk found on a sprinkler head in the closet near room 320.</p>
<b>K 355</b>	<p>Portable Fire Extinguishers CFR(s): NFPA 101</p> <p>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, the facility failed to ensure fire extinguisher locations are maintained in accordance with NFPA standards in one area of the facility.</p> <p>Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, a key ring was found hanging on the fire extinguisher cabinet.</p>

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<b>K 355</b>	Continued From Page 4
<b>K 362</b>	<p>Corridors - Construction of Walls CFR(s): NFPA 101</p> <p>Corridors - Construction of Walls 2012 EXISTING</p> <p>Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure ceiling materials for fire resistance are intact.</p> <p>Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, there were multiple broken ceiling tiles found throughout the facility.</p>
<b>K 511</b>	<p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric</p> <p>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure electrical wiring is in compliance with NFPA requirements in one area of the facility.</p> <p>Per observation on 11/20/18, accompanied by the Director of Facility Maintenance, there is a noncompliant</p>

