



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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 15, 2023

Mr. Robert Straznitskas, Administrator
Burlington Health & Rehab
300 Pearl Street
Burlington, VT 05401-8531

Provider #: 475014

Dear Mr. Straznitskas:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **April 7, 2023**. 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 cursive script that reads "tammy wehmeyer".

Tammy Wehmeyer
Administrative Services Manager

Enclosure

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

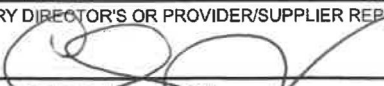
PRINTED: 05/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2023
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NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401
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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	K 000		
	The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection that completed April 7, 2023. Entry and exit interviews were conducted with Director of Facility Maintenance and Nursing Home Administrator. While the facility was found to be in compliance with applicable Life Safety Code Requirements the following issues were identified that require correction by the facility.			
K 161 SS=C	Building Construction Type and Height CFR(s): NFPA 101	K 161	Please see attached	
	Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5			
	Construction Type			
	1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered			
	2 II (111) One story non-sprinklered Maximum 3 stories sprinklered			
	3 II (000) Not allowed non-sprinklered			
	4 III (211) Maximum 2 stories sprinklered			
	5 IV (2HH)			
	6 V (111)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 5/3/23
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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.

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NAME OF PROVIDER OR SUPPLIER BURLINGTON HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401	
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K 161	Continued From page 1 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: On routine survey two areas of mechanical space were determined to contain structural steel elements where the fire retardent rating was mechanically removed or warn from the structural components. This was in the basement level boiler room and sprinkler room.	K 161		



Burlington Healthcare & Rehab
300 Pearl Street
Burlington, VT 05401
C: 802-658-2400

May 4, 2023

Pamela Cota, Licensing Chief
Division of Licensing and Protection
HC 2 South
280 State Drive
Waterbury, Vermont 05671

Dear Ms. Cota:

Enclosed is the signed CMS-2567 for the Life Safety Survey which was completed on April 7, 2023 at Burlington Health & Rehab. The survey found the facility to be in substantial compliance; however, there was one deficiency that required a commitment to correct.

F161 - Building Construction Type and Height NFPA 101

- **Environmental Foam of Vermont** 3 Corporate Dr #2, Essex Junction, VT 05452
Kent Burgess (802) 899-9901 <https://www.environmentalfoamofvermont.com/> Has been contacted for a quote and start date for job, the center is waiting for written confirmation of both. Micheal "Alex" Steele, called Kent and confirmed the quote was in progress.
- **G.W. Savage Corp.** 151 Four Sisters Rd, South Burlington, VT 05403 Sea Vance
802-660-8900. Has also been contacted for a quote and proposed start date.

Once a bid is received, they will be contracted to do the work at the center. Once a written bid and date to complete the work has been set, I will forward the details. During this time, the center will keep in touch with the Fire Marshall's office for guidance and to provide updates on the work.

Tag F161 POC accepted on 6/14/23 by M. Steele/T. Wehmeyer

Sincerely,

A handwritten signature in black ink, appearing to be "Amy Walker", written over a horizontal dashed line.

Amy Walker, LNHA