

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

February 11, 2020

Ms. Cathy Leone, Administrator
Cedar Hill Health Care Center
49 Cedar Hill Drive
Windsor, VT 05089-9470


Provider #: 475046

Dear Ms.. Leone:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **December 4, 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: 01/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2019
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NAME OF PROVIDER OR SUPPLIER CEDAR HILL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 49 CEDAR HILL DRIVE WINDSOR, VT 05089
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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

An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 12-4-2019. The following violations were identified.

K 300 Protection - Other K 300
SS=D CFR(s): NFPA 101

Protection - Other
List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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:
A. Based on observation on 12-04-2019, the facility failed to ensure that the facility was in compliance with the following regulations.

Boiler/Furnace Rm Protection - Furnace or storage rooms shall be protected by 1 hr. rated protection or properly designed sprinklers installed (NFPA 101 Table 31.3.2.1.1)

8.3.5 Penetrations.
The provisions of 8.3.5 shall govern the materials and methods of construction used to protect through-penetrations and membrane penetrations in fire walls, fire barrier walls, and fire resistance rated horizontal assemblies. The provisions of 8.3.5 shall not apply to approved existing materials and methods of construction used to

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Cathy A. [Signature]

TITLE

Nursing home administrator

(X5) DATE

2/4/20

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 300

Continued From page 1
protect existing through-penetrations and existing membrane penetrations in fire walls, fire barrier walls, or fire resistance rated horizontal assemblies, unless otherwise required by Chapters 11 through 43.

8.3.5.1 Fire stop systems and Devices Required Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops, at a minimum positive pressure differential of 0.01 in. water column (2.5 N/m²) between the exposed and the unexposed surface of the test assembly.

Findings include the following:

1. Based on observation on 12-04-2019, and accompanied by the Maintenance Director and Administrator, inspection revealed the Boiler room has unprotected partitions in the wall and ceiling that will allow smoke and heat to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system.
2. Based on observation on 12-04-2019, and accompanied by the Maintenance Director and Administrator, inspection revealed Housekeeping room located in the West Wing has unprotected penetrations in wall that will allow smoke and heat

K 300

K 300-8.3.5.1

1. Boiler room partitions repaired with 5/8" sheetrock and fire caulk.
2. Repaired housekeeping room penetration with fire caulk
3. Repaired soiled linen room with fire caulk.
4. Repaired west wing corridor ceiling with fire caulk.
 - All areas with a through-penetration risk will be protected with approved materials for regulatory compliance of the building from smoke and heat.
 - After any contracted work is completed, maintenance director or designee will inspect the area for possible penetrations. Preventative maintenance will be done annually through the on line TELS maintenance/building system
 - Review compliance with PM biannually in QAPI committee in 2020.

2-10-20

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K 300	<p>Continued From page 2</p> <p>to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system.</p> <p>3. Based on observation on 12-04-2019, and accompanied by the Maintenance Director and Administrator, inspection revealed that the soiled linen room located in the West Wing has unprotected penetrations in the ceiling that will allow smoke and heat to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system.</p> <p>4. Based on observation on 12-04-2019, and accompanied by the Maintenance Director and Administrator, inspection revealed West Wing corridor ceiling has unprotected penetrations in ceiling.</p> <p>B. Based on observation on 12-04-2019, the facility failed to ensure that they are in compliance with the following regulation.</p> <p>NFPA 13 Figure A.8.5.51 Obstructions to Sprinkler Discharge Pattern Development for Standard Upright or Pendant Spray Sprinklers.</p> <p>Storage within 18 inches of the sprinkler head will reduce the distribution of the water and hinder the effectiveness of the automatic sprinkler system to control and contain the fire.</p> <p>Findings include the following:</p> <p>Based on observation on 12-04-2019, and accompanied by the Maintenance Director and Administrator, inspection revealed that kitchen Sprinkler pipe is used as hanger for fire alarm cable and obstructing the sprinkler head.</p>	K 300	<p>K 300 NFPA 8.5.5 1</p> <ul style="list-style-type: none"> • Kitchen sprinkler system now unobstructed. Wires were re-routed into the surface tract. • Contracted or maintenance employees will not place wires along sprinkler pipes as a hanger. No resident affected by deficient practice • All contractors will sign a Cedar Hill letter stating that their work is in compliance with Federal Regulations. • All contracted or internal work will be inspected by the maintenance director or designee. <p style="text-align: right;">2-10-20</p>	

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K 300	<p>Continued From page 3.</p> <p>C. Based on observation on 12-04-2019, the facility failed to ensure that they are in compliance with the following regulation.</p> <p>NFPA 73 2.2.3, NFPA 70 110.27 Exposed Wiring</p> <p>All parts of electric equipment shall be guarded against accidental contact by approved enclosures. All unused openings shall be properly closed.</p> <p>Findings include the following:</p> <p>Based on observation on 12-04-2019, and accompanied by the Maintenance Director and Administrator, inspection revealed that basement IT Room and Food Storage Room have open electrical boxes in the ceiling.</p> <p>D. Based on observation on 12-04-2019, the facility failed of ensure that they were in compliance with the following regulation.</p> <p>NFPA 73 4.5 Extention Cords</p> <p>Extension cords and cables shall not be used in place of permanent wiring for any longer than 90 days as described in 4.5 of NFPA 73.</p> <p>Based on observation on 12-04-2019, and accompanied by the Maintenance Director and Administartor, inspection revealed that the main electrical service room in basement has extension cords in use for lights.</p>	K 300	<p>K 300 NFPA 73 2.2.3 NFPA 70 110.27</p> <ul style="list-style-type: none"> • Repaired electrical boxes. Boxes were covered with 4" metal covers. • All parts of electrical equipment will be guarded against accidental contact. No residents were impacted. • Preventative maintenance checks will be done through the on line TELS maintenance system. Any work done by contractors will be inspected by our maintenance director or designee for regulatory compliance <p>Review of compliance and inspections in QAPI committee biannually in 2020</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">2-7-20</p>
K 341	Fire Alarm System - Installation SS=D CFR(s): NFPA 101	K 341	

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K 341 : Continued From page 4
Fire Alarm System - Installation
A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.
18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8

This REQUIREMENT is not met as evidenced by:
Based on observation on 12-04-2019, facility failed to ensure that all smoke detectors meet regulatory requirements, The findings include the following:

Based on observation on 12-04-2019, and accompanied by the Maintenance Director and Administrator, the inspection revealed that the smoke detector which is located in the Boiler Room Basement is not secured per the National Electrical Code. The detector is attached on one side only.

K 363 Corridor - Doors
SS=D CFR(s): NFPA 101

Corridor - Doors
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or

K 341 K 300 NFPA 73 4.5

- Electrical cord and light removed from the electrical service room.
- Extension cords will not be used in place of permanent wiring for any longer than 90 days. No resident impact.
- Maintenance director will inspect and monitor for any extension cords or cables in the building and remove per regulatory guidelines.
- QAPI committee biannual review of K300 deficiencies.
K300 Poc Accepted 2-7-20
- K 341 NFPA 101 *2/11/2020 S. Dumont / RW*
- The smoke detector was replaced by the Vermont Life Safety officer.
- All smoke detectors will be properly secured per National Electrical code. No residents impact.
- Preventative maintenance checks on smoke detectors done monthly.
- Review of TELs, online building maintenance system to show documentation of smoke detector checks through the QAPI committee biannually in 2020. *2-7-20*

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K 363	<p>Continued From page 5</p> <p>hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation on 12-04-2019, the facility failed to ensure that can lock and latch according to regulations. The findings include the following:</p>	K 363	<p>K363 NFPA 101</p> <ul style="list-style-type: none"> • Kitchen office door remains closed at all times. Fire safety magnets will be put in place to ensure closure of swinging door by Vermont life safety staff on 2-18-20. • Both kitchen doors will be secured per fire safety guidelines. No harm to residents. • Doors will be inspected that they are secured with preventative maintenance checks monthly • Review documentation of monthly checks through QAPI committee biannual review in 2020. <p><i>K363 POC accepted 2/11/2020 2-29-20</i></p>	

S. Demont / JW

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K 363 Continued From page 6

K 363

K 761
SS=D

Based on observation on 12-04-2019, and accompanied by the Maintenance Director and the Administrator, inspection revealed that the kitchen doors do not lock and latch.

Maintenance, Inspection & Testing - Doors
CFR(s): NFPA 101.

Maintenance, Inspection & Testing - Doors
Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.

Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.

Written records of inspection and testing are maintained and are available for review.

19.7.6, 8.3.3.1 (LSC)
5.2, 5.2.3 (2010 NFPA 80)
This REQUIREMENT is not met as evidenced by:

Per observation on 12-04-2019, the facility failed to ensure failed to assure that doors are working properly. Findings include the following:

Per observation on 12-04-2019, and accompanied by Maintenance Director and Administrator, inspection revealed the South Wing corridor doors need adjustment to door closure mechanism located next to nursing station.

K 761

K 761 NFPA 101

- Replaced closing mechanism and re-timed door near nursing station. Documentation that maintenance check was done on the doors monthly is in place.
- Regular inspections of fire doors will continue with preventative maintenance checks to ensure doors are working properly. No resident impacted by closing mechanism.
- Maintenance supervisor will audit correct closure of fire door x 3 months in between maintenance checks.
- QAPI committee review of plan of corrections and data to support maintenance reviews as stated in plan of corrections.

K761 POC accepted 2/11/2020 S. Dumont /TW