Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<a href="http://www.dail.vermont.gov">http://www.dail.vermont.gov</a>

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

July 5, 2022

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

Provider #: 475046

Dear Ms. Horn,

Enclosed is a copy of your acceptable plans of correction for the **Life Safety Code survey** conducted on **April 22, 2022**. 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

Pamela MCotaRN

Enclosure

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

PRINTED: 06/23/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
		475046	B. WING_			04/	22/2022
NAME OF PROVIDER OR SUPPLIER  CEDAR HILL HEALTH CARE CENTER				49	TREET ADDRESS, CITY, STATE, ZIP CODE O CEDAR HILL DRIVE /INDSOR, VT 05089		LL, AVEL
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 300 ss=c	on April 22, 2022. Ent conducted with the M the facility was found compliance with appli Requirements, the fol identified that require Protection - Other CFR(s): NFPA 101	Life Safety Code inspection ry and exit interviews were aintenance Director. While to be in substantial cable Life Safety Code lowing issues were correction by the facility.		300			
	18.3 and 19.3 Protect not addressed by the deficient. This information applicable Life Safety citation, should be inc	Code or NFPA standard luded on Form CMS-2567.			1. Repaired electrical boxes. Boxes were		
	by: Per observation on A failed to ensure that e regulatory requirement following:  1. Per observation on accompanied by the Minspection revealed the food storage room has the ceiling.				All parts of electrical equipment will be gragainst accidental contact. No residents impacted.  Preventative maintenance checks will be through the TELS maintenance system. Adone by contractors will be inspected by maintenance director or designee for regrompliance.  Review of compliance and inspections in committee biannually.	Jarded were done All work our ulatory	4-22-22

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

Director of Nusing

(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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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  49 CEDAR HILL DRIVE  WINDSOR, VT 05089	/22/2022	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  49 CEDAR HILL DRIVE  WINDSOR, VT 05089	12212022	
	04/22/2022	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
Continued From page 1 approved enclosures. All unused openings shall be properly closed (NFPA 73 2.2.3, NFPA 70 110.27)  2. Per observation on April 22, 2022, and accompanied by the Maintenance Director, inspection revealed that the main electrical service room in the basement has extension cords in use for lights.  Extension Cords - Extension cords and cables shall not be used in place of permanent wiring for longer than 90 days as described in 4.5 of NFPA 73 (NFPA 73 4.5)  3. Per observation on April 22, 2022, and accompanied by the Maintenance Director, inspection revealed the Boiler room has unprotected penetrations in the wall and celling that will allow smoke and heat to pass into the ceilling cavity above the sprinkler heads, delaying the activation of the sprinkler system. One-hour fire caulking around penetrations.  Boiler/Furnace Rm Protection - Furnance or storage rooms shall be protected by 1-hour rated protection or properly designed sprinklers installed. (NFPA 101 Table 31.2.1.1)  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 protect existing through-penetrations, and existing 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 protect existing through-penetrations, and existing membrane penetrations in fire walls, fire barrier walls, and fire resistance rated toxizontal assemblies. The provisions of 8.3.5 shall not apply to approved existing materials and methods of construction used to protect existing through-penetrations, and existing membrane penetrations in fire walls, fire barrier walls, or fire	4-22-22	

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CEDAR HILL HEALTH CARE CENTER				49 CEDAR HILL DRIVE		
				WINDSOR, VT 05089		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/23/2022

FORM APPROVED

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			FORM APPROVE
K 300	Continued From page resistance rated hor otherwise required by 8.3.5.1 Firestop Sys Penetrations for cab pipes, tubes, combuvents, wires, and sin electrical, mechanic communications sys wall, floor, or floor/ce as a fire barrier shall system or device. The shall be tested in acc Standard Test Methor Penetration Fire Stor Standard for Fire Testirestops, at a minim differential of 0.01 in between the exposed of the test assembly.  4. Per observation or accompanied by the inspection revealed to pipe is used as a har and obstructing the second of the test assembly.  NFPA 13 Figure A.8.5. Discharge Pattern Description of the war of the automatic spring contain the fire.  Fire Alarm System - In the standard System - In the second of the system - In the system -	izontal assemblies unless by Chapters 11 through 43.  Items and Devices Required - les, cable trays, conduits, stion vents an, exhaust nilar items to accommodate al, plumbing, and items that pass through a selling assembly constructed be protected by a firestop are firestop system or device cordance with STM E 814, and for Fire Tests of Through pe, or ANSI/UL 1479, sts of Through-Penetration and positive pressure water column (2.5 N/m2) and the unexposed surface on April 22, 2022, and Maintenance Director, that the Kitchen Sprinkler alarm cable aprinkler head.  5.5.1 Obstruction to Sprinkler explorement for Standard apray Sprinklers. Storage prinkler head will reduce the ter and hinder effectiveness aller system to control and installation	K 34	4. Vermont Life Safety removed the winit in an approved channel.  All contractors will be notified that wires be hung from sprinkler pipe and all jobs inspected at completion by Maintenance Director. No resident impact.  All contractors will sign a Cedar Hill letter that their work is in compliance with Fed Regulations.  QAPI committee will do biannual review deficiencies.	er stating deral 4-22-22
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 06/23/2022

## K 341

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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:

Per observation on April 22, 2022, the facility failed to ensure that all components of the fire alarm system are installed according to the National Electrical Code. Findings include the following:

Per observation on April 22, 2022, and accompanied by the Maintenance Director, inspection revealed that the smoke detector located in the Boiler room is not secured per the National Electrical Code. The detector is only attached on one side,

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Vermont Life Safety replaced the sensor in the boiler room and will continue to inspect sensors in the boiler rooms.

All smoke detectors will be properly secured per National Electrical code. No resident impact.

Preventative maintenance checks on smoke detectors will be done monthly.

Review of TELS building maintenance system to show documentation of smoke detector checks will be done by QAPI committee biannually.

4-22-22

K341 accepted 7/5/2022 S. Dumont/T. Wehmeyer