

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

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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2022
NAME OF PROVIDER OR SUPPLIER CEDAR HILL HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 49 CEDAR HILL DRIVE WINDSOR, VT 05089	
(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
K 000	INITIAL COMMENTS	K 000		
K 300 SS=C	<p>The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on April 22, 2022. Entry and exit interviews were conducted with the Maintenance Director. While the facility was found to be in substantial compliance with applicable Life Safety Code Requirements, the following issues were identified that require correction by the facility.</p> <p>Protection - Other CFR(s): NFPA 101</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on April 22, 2022, the facility failed to ensure that electrical equipment met all regulatory requirements. Findings include the following:</p> <p>1. Per observation on April 22, 2022, and accompanied by the Maintenance Director, inspection revealed the basement IT room and food storage room have open electrical boxes in the ceiling.</p> <p>Exposed Wiring - All parts of electrical equipment shall be guarded against accidental contact by</p>	K 300	<p>1. Repaired electrical boxes. Boxes were covered with 4-inch metal covers.</p> <p>All parts of electrical equipment will be guarded against accidental contact. No residents were impacted.</p> <p>Preventative maintenance checks will be done through the TELS maintenance system. All work done by contractors will be inspected by our maintenance director or designee for regulatory compliance.</p> <p>Review of compliance and inspections in QAPI committee biannually.</p>	4-22-22

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

TITLE

(X6) DATE

Maria Hill PA

Director of Nursing

7/1/22

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.

(continued on next page)

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<p>K 300</p> <p>K 341 SS=C</p>	<p>Continued From page 2</p> <p>resistance rated horizontal assemblies unless otherwise required by Chapters 11 through 43.</p> <p>8.3.5.1 Firestop Systems and Devices Required - Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents an, 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 STM 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.</p> <p>4. Per observation on April 22, 2022, and accompanied by the Maintenance Director, inspection revealed that the Kitchen Sprinkler pipe is used as a hanger for the fire alarm cable and obstructing the sprinkler head.</p> <p>NFPA 13 Figure A.8.5.5.1 Obstruction to Sprinkler Discharge Pattern Development for Standard Upright or Pendent Spray Sprinklers. Storage within 18 inches of sprinkler head will reduce the distribution of the water and hinder effectiveness of the automatic sprinler system to control and contain the fire.</p> <p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation</p>	<p>K 300</p> <p>K 341</p>	<p>4. Vermont Life Safety removed the wire and ran it in an approved channel.</p> <p>All contractors will be notified that wires cannot be hung from sprinkler pipe and all jobs inspected at completion by Maintenance Director. No resident impact.</p> <p>All contractors will sign a Cedar Hill letter stating that their work is in compliance with Federal Regulations.</p> <p>QAPI committee will do biannual review of K300 deficiencies.</p> <p>K300 accepted 7/5/2022 S. Dumont/T. Wehmeyer</p>	<p>4-22-22</p>
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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>CEDAR HILL HEALTH CARE CENTER</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>49 CEDAR HILL DRIVE WINDSOR, VT 05089</p>		
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<p>K 341</p>	<p>Continued From page 3</p> <p>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</p> <p>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:</p> <p>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.</p>	<p>K 341</p>	<p>5. Vermont Life Safety replaced the sensor in the boiler room and will continue to inspect sensors in the boiler rooms.</p> <p>All smoke detectors will be properly secured per National Electrical code. No resident impact.</p> <p>Preventative maintenance checks on smoke detectors will be done monthly.</p> <p>Review of TELS building maintenance system to show documentation of smoke detector checks will be done by QAPI committee biannually.</p> <p>K341 accepted 7/5/2022 S. Dumont/T.Wehmeyer</p>	<p>4-22-22</p>
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