

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

December 17, 2018

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 **November 7, 2018**. 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: 12/03/2018
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 B. WING	(X3) DATE SURVEY COMPLETED 11/07/2018
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)
K 300 K 761 SS=D	<p>Continued From page 1</p> <p>2. Per observation, the physical therapy room has storage in front of electrical panels. A 3 foot clearance is required around electrical panels. (NFPA 73, 2.2.1)</p> <p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>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: Based on observation, the facility failed to ensure fire doors are inspected and tested to ensure proper functioning in one area of the facility.</p> <p>Per observation on 11/7/18, accompanied the Building Owner and the Maintenance Director, the south wing corridor doors need adjustment to the door closure mechanism.</p>	K 300 K 761	<p>① Removed items in front on electrical panel located in supply room. (no electrical panel in rehab)</p> <p>② A sign will be posted in supply instructing employees to maintain a 3ft. clearance.</p> <p>③ Daily inspection on rounds by maintenance staff.</p> <p>④ Monitor daily inspection log weekly by maintenance director or designee.</p> <p>* K300 POC accepted S. Dumont/PMC 12/17/18 12/21/18</p> <p>① Adjusted fire door closer mechanism.</p> <p>② No resident impact at this time. Adjusted - 12/11/18</p> <p>③ Document Fire Door a. check on Check log monthly. b. Staff Education with maintenance staff on door inspections + testing. (cont)</p>

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

PRINTED: 12/03/2018
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 B. WING	(X3) DATE SURVEY COMPLETED 11/07/2018
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 300	Continued From page 1	K 300		
K 761 SS=D	<p>2. Per observation, the physical therapy room has storage in front of electrical panels. A 3 foot clearance is required around electrical panels. (NFPA 73, 2.2.1)</p> <p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>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: Based on observation, the facility failed to ensure fire doors are inspected and tested to ensure proper functioning in one area of the facility.</p> <p>Per observation on 11/7/18, accompanied the Building Owner and the Maintenance Director, the south wing corridor doors need adjustment to the door closure mechanism.</p>	K 761	<p>(cont)</p> <p>3b. with demonstrated competency</p> <p>4. Maintenance director or designee audits check logs quarterly</p> <p>12/21/18</p>	