

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

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

amlaMCHaRN

Enclosure

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

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
		- ASTRIBATION (TOMBER.	A. BUILDING	6 01	·	MPLETED	
		475046	B. WING		111	07/2018	
NAME OF PROVIDER OR SUPPLIER CEDAR HILL HEALTH CARE CENTER			- 1 -	STREET ADDRESS, CITY, STATE, ZIP COD 49 CEDAR HILL DRIVE WINDSOR, VT 05089	Æ	0,12010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC DENTIFYING INFORMATION)	ID PREFIX TAG	PROMIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 000	INITIAL COMMENT	Š	K 000		76:	*)	
	inspection was com Safety on 11/7/18. identified.	nsite Life Safety Code pleted by the Division of Fire The following violations were		*			
K 300 SS=D	Protection - Other CFR(s): NFPA 101	*	K 300				
	18.3 and 19.3 Prote not addressed by th deficient. This infori applicable Life Safe	S section any LSC Section ction requirements that are e provided K-tags, but are nation, along with the ty Code or NFPA standard neluded on Form CMS-2567.	-	D Installed Fire coulking in	LB)00	K	
	by: Based on observational that all other applications of the facility,	on, the facility failed to ensure ble NFPA codes are met in 2 regarding penetrations orage around electrical	(	Penedrahons, 1 2) See # 2. The of The boiler ro Pipe is locked, has access to loc	locati om an	DV	
	Per observation on Building Owner and following 2 issues w	11/7/18, accompanied the the Maintenance Director, the ere identified.	(	3) Weekly inspection	Ami	\ \ \	
	stairway. New HVA one hour fire caulkir	the boiler room has tions in the wall located in the pipes were installed without a ground the penetrations.		Daudit quarterly Maintenance direct	ands Art		
ABORATORY	DIRECTOR'S OR PROVIDE	ENSUPPLIER REPRESENTATIVE'S SIGN		1	Doste 10	191/18	
	MA	1 AD	AIURE A	N NICHATITLE	$(\cdot,\cdot)$	(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

## 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:	A		(X3) DATE	SURVEY PLETED	
		475046	B. WING			1110	7/2018
NAME OF PROVIDE	OR SUPPLIER		<u> </u>	STREET ADDRESS, COY, STAT	E, ZIP CODE	1 1/1	11/2010
CEDAR HILL HE	ALTH CARE	CENTER		49 CEDAR HILL DRIVE WINDSOR, VT 05089			
(X4) ID PREFIX (E TAG RE	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	JD PREFIX TAĞ	PROVIDER'S PLAN (EACH CORRECTIVE) CROSS-REFERENCED T DEFICIE	ACTION SHOULD TO THE APPROPE	BE	(X5) COMPLETION DATE
has stocleara (NFPA) K 761 Mainte SS=D CFR(s) Mainte Fire do annua for Fire Non-rapatient routine mainte Individ testing that de Writter mainta 19.7.6, 5.2, 5.7 This R by: Based fire do proper Per ob Buildin south v	observation orage in from orage. Inspectors assembly in accordate doors and ated doors, in trooms and ated doors, in possess known orage and are orage or and are orage. S. 3. 1 (LSC 2.3 (2010 NFEQUIREMENT on observation on g Owner and grant or and orage or are inspectors are inspectors or are inspectors.	to electrical panels. A 3 foot of electrical panels. A 3 foot of electrical panels. A 3 foot of around electrical panels.  Testing - Doors  Te	K 300	Dremoved Scot on el Tocated in our Cho electriced  A sign w Supply instru to manitarin clearance.  Daily ins rounds by m stands by m stands by m than weekly director or de  K300 roc acepter souments  Closer mech  D Adjusted Closer mech  2) No resident	Herns ectrical poly for a land of the and a land of the land	on the state of th	hab) in yees
ORM CMS-2567(02-99)	Dravious Vessis	Observation		nountenance b	100 m	do	cont)
(01/10-2007 (02-99)	revious versions	Obsolete Event ID: DRYK21	Fa	## ## ## ## ## ## ## ## ## ## ## ## ##	If continua	Kinn shee	Page 2 of 2

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

T-468 P0006/0006 F-898
PRINTED: 12/03/2018
FORM APPROVED
OMB NO. 0938-0391

MANE OF PROVIDER OR SUPPLIER CEDAR HILL HEALTH CARE CENTER  STREET ADDRESS, CITY, STATE, 2IP CODE 49 CEDAR HILL DRIVE WINDSOR, VT. 5688  PREFIX TAG  SUMMARY STATEMENT OF DEPICIENCES WINDSOR, VT. 5688  PREFIX TAG  CONTINUED FROM THE REPRESENT OF DEPICIENCES TAG  RESOLUTION THE REPRESENT OF DEPICIENCES TAG  RESOLUTION THE REPRESENT OF DEPICIENCES TAG  PREFIX TAG  PROVIDERS PLAN OF CORRECTION RESOLUTION THE REPRESENT OF THE APPROPRIATE TAG  PREFIX TAG  PROVIDERS PLAN OF CORRECTION RESOLUTION THE REPRESENT OF THE APPROPRIATE CONTINUED THE RESOLUTION THE REPRESENT OF THE APPROPRIATE TAG  RESOLUTION THE REPRESENT OF THE APPROPRIATE CONTINUED TO THE APPROPRIATE CONTINUED THE RESOLUTION THE APPROPRIATE TO DOORS and Differ Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smirle busines doors, are protected and testing are maintained and are available for review. 19.76, 8.33, 1 (LSC) This REQUIREMENT is not met as evidenced by: Based on observation, the facility falled to ensure fire doors are inspected and lested to ensure proper functioning in one area of the facility.  Per observation on 117/716, accompanied the Building Owner and the Maintenance Director, the south wing corridor dobrs need adjustment to the door closure mechanism.  The door control of the protection of the Applicance of the		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
CEDAR HILL HEALTH CARE CENTER  CEDAR HILL HEALTH CARE CENTER  SUMMARY STATEMENT OF DEPOSITIONS  SUMMARY STATEMENT OF DEPOSITIONS  RESULATORY OR USE TO PRECEDED BY FULL  RESULATORY OR USE TO PRICE TO PRICE TO THE APPROPRIATE  K 300. Continued From page 1  2. Per observation, the physical therapy room has storage in front of electrical panels. A3 foot obstance is required around electrical panels.  (NFPA 73, 2.2.1)  K 761 Maintenance, Inspection & Testing - Doors  Fire doors assembles are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives Non-reled 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 maintenance program.  19 7, 8, 8, 33, 11, LSO  5, 2, 5, 2, 3 (20 10 NFPA 80)  This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure proper functioning in one area of the facility.  Per observation on 11/7/18, accompanied the. Building Owner and the Maintenance Director, the south wing coorded doors need adjustment to the door closure mechanism.			475046	B, WING		11/07/2018
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K 761 SS=D CFR(s): NFPA f01  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.  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.  K 761  K 761  Maintenance, Inspection & Testing - Doors Fire doors and Stendard tested and tested and tested and tested and tested and tested and tested to ensure proper functioning in one area of the facility.  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.  12 (21) 18		<ol> <li>Per observation has storage in fron clearance is requir</li> </ol>	, the physical therapy room t of electrical panels. A 3 foot			
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