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 23, 2021

Ms. Lisa Peacock, Administrator Elderwood At Burlington 98 Starr Farm Rd Burlington, VT 05408-1396

Provider ID #: 475030

Dear Ms. Peacock:

The Division of Fire Safety, Department of Public Safety completed a **Life Safety Code survey** at your facility on **November 29, 2021**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. **This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that does not require a plan of correction but does require a commitment to correct. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.** 

Please sign the enclosed CMS-2567 and return the original to this office by January 2, 2022.

## **Informal Dispute Resolution**

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt, RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,

Pamela Cota RN Licensing Chief

Enclosure

CENTERS FO	R MEDICARE & MEDICAID SERVICES	_		"A" FORM		
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING: 01	COMPLETE:		
		475030	B. WING	11/29/2021		
NAME OF PROV	IDER OR SUPPLIER	STREET ADDRESS, C	CITY, STATE, ZIP CODE	•		
ELDERWOOD AT BURLINGTON			98 STARR FARM RD			
ELDERWOOD AT BURELWOON		BURLINGTON,	BURLINGTON, VT			
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE	ES				
K 211	Means of Egress - General CFR(s): NFPA 101  Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1  This REQUIREMENT is not met as evidenced by: Per observation on November 29, 2021, the facility failed to ensure that all doors are in accordance with Chapter 7 and all exits can be used in case of emergency. Findings include the following:  1. Per observation on November 29, 2021, and accompanied by Facility Administrator, Facilities Maintenance Director, and CMS Representative, inspection revealed that listed door hardware in Chittenden Wing is missing a component.  2. Per observation on November 29, 2021, and accompanied by Facility Administrator, Facilities Maintenance Director, and CMS Representative, inspection revealed that the secondary exit in Chittenden must lead all the way to the public way with a surface that must be able to be maintained year-round.					
K 353	25, Standard for the Inspection, Testing, a system design, maintenance, inspection and a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on cover 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evided Per observation on November 29, 2021, the accordance with NFPA 25. Findings inclusion Per observation on November 29, 2021, and Per observation on November	enance and Testing candpipe systems are inspected, tested, and maintained in accordance with NFPA ction, Testing, and Maintaining of Water-based Fire Protection Systems. Records of ce, inspection and testing are maintained in a secure location and readily available.  clast checked test ource cornation on coverage for any non-required or partial automatic sprinkler system.  PA 25 not met as evidenced by: ber 29, 2021, the facility failed to ensure sprinkler systems were maintained in				

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING: 01	COMPLETE:		
FOR SNFs AND N	NFs .	475030	B. WING	11/29/2021		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
ELDERWOOD AT BURLINGTON		98 STARR FARM RD BURLINGTON, VT				
ID						
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES	IMARY STATEMENT OF DEFICIENCIES				
K 511	Continued From Page 1					
K 511	Utilities - Gas and Electric CFR(s): NFPA 101					
	Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.  18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2					
	This REQUIREMENT is not met as evidenced by: Per observation on November 29, 2021, the facility failed to ensure electrical equipment complies with NFPA 70, Ntional Electric Code. Findings include the following:  Per observation on November 29, 2021, and accompanied by Facility Administrator, Facilities Maintenance Director, and CMS Representative, inspection revealed storage was found to be blocking access to electrical					
	panels in the Chittenden electrical closet.					