
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
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

October 2, 2018

Ms. Coleen Kohaut, Administrator
Franklin County Rehab Center Llc
110 Fairfax Road
St Albans, VT 05478-6299

Provider #: 475047

Dear Ms. Kohaut:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **July 27, 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: 09/11/2018
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047 | (X2) MULTIPLE CONSTRUCTION A BUILDING 01 B WING _____ | (X3) DATE SURVEY COMPLETED 07/27/2018 |
| NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478 | |

| (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 An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 7/27/18. While the facility was found to be in substantial compliance with applicable Life Safety Code requirements, the following issues were identified that require correction. | K 000 | | |
| K 211 SS=B | 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: Based on observation, the facility failed to ensure all means of egress are continuously maintained free of all obstructions in 2 areas of the facility. Per observation on 7/27/18, accompanied by facility staff, the exit door near room #412 was slightly blocked. Also, the kitchen exterior exit door area was blocked with boxes. | K 211 | K 211 All facility means of egress will be monitored to ensure that they are free of obstructions. Signage has been placed in the kitchen areas. Staff has been educated to keep areas of egress clean. Date of Completion 9/19/2018 <i>Call POC accepted J Doboski / PMU 10/1/18</i> | |
| K 353 SS=B | Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are | K 353 | K 353 All sprinkler heads will be checked for cleanliness and for any objects having from the sprinkler system quarterly. Sprinkler heads requiring cleaning will be cleaned by the maintenance department. Staff has been educated not to hang items on sprinkler system. Date of Completion 9/19/2018 | |

| | | |
|---|-------------------------------|-------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Coleen Kohaut</i> | TITLE <i>Administrator</i> | (X6) DATE <i>9/18/2018</i> |
|---|-------------------------------|-------------------------------|

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.

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

PRINTED: 09/11/2018
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/27/2018 |
| NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY REHAB CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 110 FAIRFAX ROAD ST ALBANS, VT 05478 | |
| (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 511 | Continued From page 2 by. Based on observation, the facility failed to ensure electrical wiring complies with National Electric Code standards in one area of the facility. Per observation on 7/27/18, a multi-receptacle outlet insert was removed from the staff kitchen, which must be replaced with a power strip or an outlet must be added. | K 511 | | |
| K 521 SS=C | HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure heating systems are inspected. Per observation on 7/27/18, accompanied by facility staff, the boiler inspection certificate was not posted. Current boiler inspection certificates must be posted in the boiler room under glass. | K 521 | K521 The current boiler inspection will be posted in the boiler room under glass. The maintenance department has been educated on proper placement and timeliness of receiving inspection documents. Date of Completion 9/19/2018 K521 Poc accepted 10/11/18 JObrieda/Pmu | |