



AGENCY OF HUMAN SERVICES

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

July 9, 2019

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

Provider ID #: 475047

Dear Ms. Kohaut:

The Division of Fire Safety completed a Life Safety Code survey at your facility on **July 2, 2019**. 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 **July 19, 2019**.

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,

A handwritten signature in black ink that reads "Pamela Cota RN".

Pamela Cota RN  
Licensing Chief

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

PRINTED: 07/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/02/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY REHAB CENTER LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 FAIRFAX ROAD ST ALBANS, VT 05478</b>
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(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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 7/2/19. 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>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>475047</b>	MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - BUILDING 01</b>  B. WING _____	DATE SURVEY COMPLETE:  <b>7/2/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY REHAB CENTER LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 FAIRFAX ROAD ST ALBANS, VT</b>
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<b>K 223</b>	<p>Doors with Self-Closing Devices CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <ul style="list-style-type: none"> <li>* Required manual fire alarm system; and</li> <li>* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</li> <li>* Automatic sprinkler system, if installed; and</li> <li>* Loss of power.</li> </ul> <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure doors with self-closing devices were working properly. The findings include the following:</p> <p>Per observation on 7/2/2019, accompanied by the facility staff, the facility failed to ensure that the Maplewood self-closing separation door was latching properly.</p>
<b>K 341</b>	<p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation 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.</p> <p>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that the fire alarm system is installed properly. The findings include the following:</p> <p>Per observation on 7/2/2019, accompanied by the facility staff, the facility failed to ensure that the fire alarm</p>

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The above isolated deficiencies pose no actual harm to the residents



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K 341	Continued From Page 1 system was installed properly as evidenced by the smoke alarm in room 102 was less than three feet from the tip of a ceiling fan blade.
K 353	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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 maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that the sprinkler riser access was free from obstruction. The findings include the following:</p> <p>Per observation on 7/2/2019, accompanied by the facility staff, the facility failed to ensure that the sprinkler riser was free from obstruction as evidenced by the sprinkler riser being blocked by a wheeled water bucket.</p>
K 362	<p>Corridors - Construction of Walls CFR(s): NFPA 101</p> <p>Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that walls separating the use area from the corridor have an</p>

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<b>K 362</b>	Continued From Page 2 adequate fire resistance rating. The findings include the following:  1. Per observation on 7/2/2019, accompanied by the facility staff, the facility failed to ensure that the corridors are appropriately separated from use areas as evidenced by appropriate fire stopping was missing in the conduits penetrating into the corridor from the electrical room.  2. Per observation on 7/2/2019, accompanied by the facility staff, the facility failed to ensure that the corridors are appropriately separated from use areas as evidenced by appropriate fire stopping was missing in the conduits penetrating into the corridor from the data room.
<b>K 511</b>	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: Based on observation, the facility failed to ensure that electrical equipment complies with NFPA 70. The findings include the following:  Per observation on 7/2/2019, accompanied by the facility staff, the facility failed to ensure that the access door to the generator room was free from obstruction as evidenced by the door to the generator room being partially blocked by boxes.