VERMONT

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

February 22, 2023

Ms. Theresa Southworth, Administrator
Gill Odd Fellows Home Of Vermont
8 Gill Terrace
Ludlow, VT 05149-1004

Provider #: 475052

Dear Ms. Southworth:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **January 9, 2023**. 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

Pamela M. Cota, RN
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475052	A. BUILDING **01** B. WING _____	**01/09/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GILL ODD FELLOWS HOME OF VERMONT	**8 GILL TERRACE** **LUDLOW, VT 05149**

(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 The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection January 9, 2023. Entry and Exit interviews were conducted with the Administrator and Facility Mainteance Supervisor. The following Violations were identified.	K 000		
K 291 SS=C	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: On December 20, 2022, an inspection was conducted on premises at 10:00am accompanied by the Administrator and Facilities Maintenance Supervisor: Inspection activites determined that at the time of survey no documentation of a 90 minute Emergency/EXIT lighting test was available onsite.	K 291	No documentation of a 90 minute Emergency/EXIT lighting test was available onsite at time of survey. 90 Minute test conducted by contracted electrician service, Alliance, on 1/11/23. Any fixture that did not pass inital test was replaced or had batteries replaced. All fixtures in working order 1/11/23, labelled as such. 90 minute Emergency/EXIT test to be conducted semi annually. Report sent to Fire Marshall on 1/12/23. K291 Accepted 2/17/23 M.Steele/TW	
K 293 SS=B	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293	Emergency EXIT sign is missing from the East Wing Location near the nurses station. EXIT sign installed at East Wing Location, on 1/11/23. Photographic proof sent to Fire Marshall on 1/11/23. K293 Accepted 2/17/23 M.Steele/TW	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Theresa Southworth — TITLE: NHA — (X6) DATE: 2/10/2023

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.

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K 293	Continued From page 1 by: On December 20, 2022, an inspection was conducted on premises at 10:00am accompanied by the Administrator and Facilities Maintenance Supervisor: Inspection activites determined that an emergency EXIT sign is mising from teh East Wing Location near the nurses station.	K 293		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the	K 363	Basement level had an original fire door near an electrical switch gear room was absent. Door meeting fire rating requirements, installed on 1/9/23. Photographic proof sent to Fire Marshall on 1/9/23. K363 Accepted 2/17/23 M.Steele/TW	

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K 363	Continued From page 2 smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: On December 20, 2022, an inspection was conducted on premises at 10:00am accompanied by the Administrator and Facilities Maintenance Supervisor: Inspection activites determined that the Basement level had an original fire door near an electrical switch gear room was absent. Photo evidence of abatement was received on 1/9/2023 (Door reinstalled)	K 363		