

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

November 17, 2021

Ms. Theresa Southworth
Gill Odd Fellows Home
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 **September 30, 202 by the Division of Fire Safety**. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2021
NAME OF PROVIDER OR SUPPLIER GILL ODD FELLOWS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 on September 30, 2021. Entry and exit interviews were conducted with the Facility Maintenance Supervisor and the Administrator. The following violations were identified.	K 000		
K 346 SS=D	Fire Alarm System - Out of Service CFR(s): NFPA 101 Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6 This REQUIREMENT is not met as evidenced by: Per observation on September 30, 2021, the facility failed to ensure an approved fire watch is provided if the fire alarm system is out for an extended period of time. Findings include the following: 1. Per observation and review, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed no fire watch details outlined in the Evacuation and Relocation Plan if the fire alarm system is out of service longer than the allowed 4 hours in 24 hours.	K 346	All residents in the building have the potential to be effected by the facilities lack of an approved fire watch until the fire alarm system can be returned to service. Policies updated for Fire Alarm System- Out of Service, and Sprinkler System- Out of Service. These are included in our emergency preparedness plan and will be reviewed at least annually. Emergency preparedness will be a topic of QAPI for the next 6 months. K346 POC Accepted 11/16/2021 <i>S. Dumont T Wehmeyer</i>	9/30/21
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are	K 353	All residents in the building have the potential to be effected by the facilities failure ensure sprinkler systems are inspected, tested and maintained in accordance with federal requirements. Continued on next page.	10/14/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Alicia Donworth

Administrator

11/1/2021

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 353	<p>Continued From page 1</p> <p>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 _____</p> <p>b) Who provided system test _____</p> <p>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: Per observation on September 30, 2021, the facility failed to ensure sprinkler systems are inspected, tested and maintained in accordance with federal requirements. Findings include the following:</p> <p>1. Per observation, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed that the first-level kitchen sprinkler head and esutcheon not properly seated.</p> <p>2. Per observation, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed that the first-level janitor closet sprinkler head and esutcheon not properly seated.</p> <p>3. Per observation, and accompanied by the Facility Maintenance Supervisor and the</p>	K 353	<p>Sprinkler last checked- 10/20/20 System test provided by- Vermont Life Safety 5 Year Sprinkler Check- 9/17/21 Water Supply Source- Town of Ludlow The above information will be added to the Emergency Preparedness Plan. The plan will be reviewed at least annually and will be a topic of QAPI for the next 6 months. Kitchen sprinkler head, first level janitor closet, first level main hall sprinkler head have been caulked closed with fire rated caulking.</p> <p>K353 POC Accepted 11/16/2021 <i>S. Dumont / T Wehmeyer</i></p>	

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K 353	Continued From page 2 Administrator, inspection revealed that the first-level main hall sprinkler head and esutcheon not properly seated.	K 353			
K 354 SS=D	Sprinkler System - Out of Service CFR(s): NFPA 101 Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) This REQUIREMENT is not met as evidenced by: Per observation on September 30, 2021, the facility failed to ensure an approved fire watch is provided if the sprinkler system is out for an extended period of time. Findings include the following: 1. Per observation and review, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed no fire watch details outlined in the Evacuation and Relocation Plan if the sprinkler system is out of service longer than the allowed 10 hours in 24 hours.	K 354	All residents in the building have the potential to be effected by the facilities lack of an approved fire watch until the fire alarm system can be returned to service. Policies updated for Fire Alarm System- Out of Service, and Sprinkler System- Out of Service. These are included in our emergency preparedness plan and will be reviewed at least annually. Emergency preparedness will be a topic of QAPI for the next 6 months.	9/30/21	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101	K 363			

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K 363	Continued From page 3 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 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:	K 363	All residents in the building have the potential to be effected by the facilities lack adequate door closures. 1. First level dining room door- threshold ground down and the closure has been replaced. 2. First level kitchen exit door- automatic closure installed. 3. First level short and long hall fire doors- shaved down and the automatic closure mechanisms have been adjusted. 4. First level Rm 104 door- Door was shaved down and the hinges tightened. 5. Basement level boiler room fire door- shaved bottom of the door and adjusted the automatic door closure. A walk through audit has been created, and will be completed monthly by the director of maintenance or his designee. K363 POC Accepted 11/16/2021 <i>S. Dumont / T Wehmeyer</i>	10/14/21	

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K 363	Continued From page 4 Per observation on September 30, 2021, the facility failed to ensure doors could lock and latch according to federal requirements. Findings include the following: 1. Per observation, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed that the first-level dining room door does not lock and latch. 2. Per observation, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed that the first-level kitchen exit door does not lock and latch. 3. Per observation, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed that the first-level long hall and short hall fire doors do not lock and latch. 4. Per observation, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed that the first-level Room 104 door does not lock and latch. 5. Per observation, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed that the basement-level boiler room fire doors do not lock and latch.	K 363			
K 500 SS=D	Building Services - Other CFR(s): NFPA 101 Building Services - Other List in the REMARKS section any LSC Section	K 500	All residents in the building have the potential to be effected by the facilities lack to ensure building service equipment that passes through fire barriers shall maintain the required resistance rating. First level dining hall- broken acoustic ceiling tiles have been replaced.	10/14/21	

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K 500	<p>Continued From page 5</p> <p>18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on September 30, 2021, the facility failed to ensure building service equipment that passes through fire barriers shall maintain the required resistance rating. Findings include the following:</p> <p>1. Per observation, and accompanied by the Facility Maintenance Supervisor and the Administrator, inspection revealed that the first-level dining hall has broken acoustic ceiling tiles, allowing smoke to penetrate above the ceiling.</p> <p>Verticle Openings - Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall maintain the required resistance rating. (NFPA 101 7.1.3.2)</p>	K 500	<p>A walk through audit has been created, and will be completed monthly by the director of maintenance or his designee.</p> <p>K500 POC Accepted 11/16/2021 <i>S. Dumont T Wehmeyer</i></p>		