



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

May 17, 2019

Douglas Divello, Administrator  
Grace Cottage Hospital  
Po Box 216  
Townshend, VT 05353-0216

Dear Mr. Divello:

The Division of Fire Safety completed a Life Safety Code survey at your facility on **April 19, 2019**. The purpose of the survey was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **May 17, 2019**.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS  
State Survey Agency Director  
Assistant Director, Division of Licensing & Protection

Enclosure

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

PRINTED: 05/03/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471300	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  04/19/2019
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NAME OF PROVIDER OR SUPPLIER  GRACE COTTAGE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 216 TOWNSHEND, VT 05353
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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 INITIAL COMMENTS

K 000

An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 04/19/19. The following are standard level findings.

K 211 Means of Egress - General  
CFR(s): NFPA 101

K 211

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 STANDARD is not met as evidenced by:  
Based on observation, the hospital failed to ensure that the means of egress is free of all obstructions in three areas of the facility.

*K211 POC accepted 5/17/19  
S. Dumont/TW  
See attached.*

K 293 Exit Signage  
CFR(s): NFPA 101

K 293

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

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

TITLE

(X8) DATE

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 (travel is obvious.) This STANDARD is not met as evidenced by: Based on observation, the hospital failed to ensure required signage for the exit.  Per observation on 04/19/19, the second level business office in the main corridor was missing an exit sign to the stairs.	K 293	K293 Poc Accepted 5/17/19 S. Dumont / TW See attached!	
K 321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9  Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces	K 321	K321 Poc Accepted 5/17/19 S. Dumont / TW	

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K 321 Continued From page 2  
(over 50 square feet)  
g. Laboratories (if classified as Severe Hazard - see K322)  
This STANDARD is not met as evidenced by:  
Based on observation, the hospital failed to ensure that a hazardous area was protected by a fire barrier.

K 321

K 500 Building Services - Other  
CFR(s): NFPA 101  
  
Building Services - Other  
List in the REMARKS section any LSC Section 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.

K 500

*K500 POC accepted 5/17/19  
S. Dumont/ta  
See attached*

This STANDARD is not met as evidenced by:  
Based on observation, the hospital failed to ensure that vertical openings and similar building service equipment that pass through fire barriers shall maintain the required resistance rating. (NFPA 101 7.1.3.2)

Per observation on 04/19/19, the basement level electrical room had penetrations in the ceiling and needs one hour fire caulking.

K 919 Electrical Equipment - Other  
CFR(s): NFPA 101

K 919

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K 919 - Continued From page 3

K 919

Electrical Equipment - Other  
List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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, Chapter 10 (NFPA 99)  
This STANDARD is not met as evidenced by:  
Based on observation, the hospital failed to ensure that the electrical equipment requirements are met as per (NFPA 73 2.2.3, NFPA 70 110.27), (2011 NFPA 73 4.2.5) and (NFPA 101 7.1.3.2).

Per observation on 04/19/19, the basement level electrical room had open electrical boxes and slots in the panel.

NFPA Regulation:

Exposed wiring-- All parts of electric equipment shall be guarded against accidental contact by approved enclosures. All unused openings shall be properly closed (NFPA 73 2.2.3, NFPA 70 110.27)

Panelboards and Distribution Equipment--All unused openings shall be closed using a material that meets or exceeds the wall thickness or characteristic of the panelboard or distribution equipment (2011 NFPA 73 4.2.5)

Vertical openings -- Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts and similar bulding service equipment that pass through fire barriers shall maintain the required resistance rating (NFPA 101 7.1.3.2)

*K919 POC accepted 5/17/19  
S. Dumont / DW*

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Plan of Correction Outstanding Work Items TRACKING SPREADSHEET - Maintenance					
TAG NUMBER	ISSUE	PLAN OF CORRECTION	RESPONSIBLE PARTY	TARGET COMPLETION DATE	COMPLETED
K211	The second level enclosed stair well had chairs and a table on the landing.	Chair and table have been removed. Staff notified not to place any items in this area.	Scott/Heather	5/15/2019	5/13/2019
	On the first level of the south wing, an exit door was blocked by a chair.	Chair has been removed. Follow up with Clinic Manager was done to remind staff to not block exit doors.	Scott/Heather	5/15/2019	5/13/2019
	The second level business offices has storage of a file cabinet and an office copier in the main corridor.	Will move these items to a new acceptable location.	Scott	5/18/2019	
K293	The second level business office in the main corridor was missing an exit sign to the stairs.	Exit sign has been ordered for this location and will be installed on arrival.	Scott	5/30/2019	

K321	The first level laundry room door does not have an automatic door closure and the door was held open with a wooden wedge.	Wooden wedge was removed. Automatic door closure has been installed.	Scott	5/8/2019	5/8/2019
K500	The basement level electrical room had penetrations in the ceiling and needs one hour fire caulking.	Fire proof caulking was purchased and will be caulked this week.	Scott	5/15/2019	
K919	The basement level electrical room had open electrical boxes and slots in the panel.	Panel slots will be covered this week.	Scott	5/15/2019	