



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

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Survey and Certification Voice/TTY (802) 241-0480

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January 3, 2019

Ms. Jennifer Combs-Wilber, Administrator
Green Mountain Nursing And Rehabilitation
475 Ethan Allen Avenue
Colchester, VT 05446-3312

Provider ID #: 475040

Dear Ms. Combs-Wilber:

The Division of Fire Safety completed a Life Safety Code survey at your facility on **December 20, 2018**. 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 are **seven deficiencies that do not require a plan of correction but do 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 **January 13, 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". The signature is written in a cursive style.

Pamela Cota RN
Licensing Chief

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

PRINTED: 01/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475040	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2018
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NAME OF PROVIDER OR SUPPLIER GREEN MOUNTAIN NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446
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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 An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 12/20/18. While the facility was found to be in substantial compliance with applicable Life Safety Code requirements, the following issues were identified that require correction by the facility.	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 # 475040	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	DATE SURVEY COMPLETE: 12/20/2018
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NAME OF PROVIDER OR SUPPLIER GREEN MOUNTAIN NURSING AND REHABILITATI	STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT
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K 271	<p>Discharge from Exits CFR(s): NFPA 101</p> <p>Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure exits are kept free of obstructions in one area of the facility.</p> <p>Per observation on 12/20/18, accompanied by the Director of Facility Maintenance, the screen door at the exit door in Cabot Cove swings against the direction of egress.</p>
K 311	<p>Vertical Openings - Enclosure CFR(s): NFPA 101</p> <p>Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to assure one applicable set of doors has a fire resistance rating of at least one hour.</p> <p>Per observation on 12/20/18, accompanied by the Director of Facility Maintenance, the utility closet on the first floor near room 117 had a penetration that was not firestopped.</p>
K 324	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for</p>

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The above isolated deficiencies pose no actual harm to the residents

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K 324 Continued From Page 1
 food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2
 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or
 * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.
 Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.
 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2

This REQUIREMENT is not met as evidenced by:
 Based on observation, the facility failed to ensure that cooking facilities are maintained in compliance with NFPA code 96.

Per observation on 12/20/18, accompanied by the Director of Facility Maintenance, there was no evidence that the cooking hood had been thoroughly cleaned within the required time frame.

K 331 Interior Wall and Ceiling Finish
 CFR(s): NFPA 101

 Interior Wall and Ceiling Finish
 2012 EXISTING
 Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted.
 10.2, 19.3.3.1, 19.3.3.2
 Indicate flame spread rating(s). _____
 This REQUIREMENT is not met as evidenced by:
 Based on observation, the facility failed to ensure walls are in compliance with interior finishing requirements in one area of the facility.

Per observation on 12/20/18, accompanied by the Director of Facility Maintenance, the paper facing on the insulation in the third floor storage room is not covered and does not meet interior finish rating requirements.

K 341 Fire Alarm System - Installation
 CFR(s): NFPA 101

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K 341 Continued From Page 2
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.
18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8

This REQUIREMENT is not met as evidenced by:
Based on Observation, the facility failed to have a smoke/heat detector protecting the main fire alarm panel in accordance with NFPA 72, 2010 Edition, Section 10.15 and LSC Section 19.3.4.1, 9.6 and 9.6.1.8.
Per Observation on 12/20/18, accompanied by the Director of Facility Maintenance, the Fire alarm communicator panel wiring was not properly boxed or secured in the basement.

K 355 Portable Fire Extinguishers
CFR(s): NFPA 101

Portable Fire Extinguishers
Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.
18.3.5.12, 19.3.5.12, NFPA 10
This REQUIREMENT is not met as evidenced by:
Based on observation, the facility failed to ensure fire extinguisher locations are maintained in accordance with NFPA standards in one area of the facility.
Per observation on 12/20/18, accompanied by the Director of Facility Maintenance, access to the kitchen K class fire extinguisher was blocked by a kitchen mixer.

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

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K 500	<p>Continued From Page 3</p> <p>Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that all other Building Service requirements are met.</p> <p>Per observation on 12/20/18, accompanied by the Director of Facility Maintenance, the indirect hot water heating tank was observed to be leaking.</p>
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