



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 28, 2020

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

Provider #: 475040

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the **Life Safety Code survey** conducted on **November 25, 2019**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 02/12/2020
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 - 01 BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2019
NAME OF PROVIDER OR SUPPLIER GREEN MOUNTAIN NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446	
(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 An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on November 25, 2019. The following violations were identified.	K 000	The preparation and execution of this plan of correction does not constitute an admission or agreement by the provider as to the truth or accuracy of the alleged facts or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared and executed solely for the purpose to meet the regulatory guidelines set forth by federal and state regulatory agencies	
K 353	Sprinkler System - Maintenance and Testing SS=B CFR(s): NFPA 101 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 November 25, 2019, the facility failed to ensure 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. Findings include the following: 1. Per observation on November 25, 2019, and	K 353	It is the policy of the facility to ensure 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. To ensure the automatic sprinkler systems are tested according to the NFPA 25 standards a calendar for reminders of due dates has been created for monitoring. Sprinkler company sends quarterly reminders for inspections due as well. Systems are in complete inspection compliance at this time. Stuffed animals hanging on ceiling grids were removed immediately. Reminders to families and staff have been done to ensure items are not hung from the ceiling grids. All residents have the potetial to be affected by this alleged deficient practice. The following systemic processes have been implemented to ensure compliance is maintained. Maintenance supervisor developed a formal inspection list which is transfered to a calendar to initiate reminders. Sprinkler system company sends reminder emails of inspections due.	

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

TITLE

(X6) 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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 353	Continued From page 1 accompanied by the Director of Maintenance, inspection revealed that the sprinkler system was only inspected 3 times this year. There was no inspection in the first quarter of the year. 2. Per observation on November 25, 2019, and accompanied by the Director of Maintenance, inspection revealed that there were toy stuffed animals hanging from the ceiling grid below tiles that are part of the sprinkler system activation means.	K 353	Maintenance will identify and document through rounds any hanging items that may be hanging from ceiling grids and remove immediately. Administrator and/or Maintenance supervisor will review calendar on a monthly basis for months inspections to be scheduled. Maintenance will report to QAPI team on a quarterly basis of compliance and review of inspection findings if any. Completion Date: 11/29/2019 K353 Doc Accepted 02-28-2020 J. Dobucki / RD		