

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

March 21, 2019

Ms. Maryjane Nottonson, Administrator
Helen Porter Healthcare & Rehab
30 Porter Drive
Middlebury, VT 05753-8422

Provider #: 475017

Dear Ms. Nottonson:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **March 12, 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,



Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 03/14/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475017	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2019
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NAME OF PROVIDER OR SUPPLIER HELEN PORTER HEALTHCARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 30 PORTER DRIVE MIDDLEBURY, VT 05753
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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 3/12/2019. The facility was found to be in substantial compliance with applicable Life Safety Code requirements; however, there is one issue identified that requires correction.

K 321 Hazardous Areas - Enclosure
SS=B CFR(s): NFPA 101

K 321

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 (over 50 square feet)
 - g. Laboratories (if classified as Severe)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/20/2019
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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.

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K 321	<p>Continued From page 1 Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that hazardous areas are protected by fire barrier.</p> <p>Per observation on 3/12/19, accompanied by the Maintenance Director, the facility is using the attic space for storage of combustible items and the paper back insulation is exposed.</p>	K 321	<p>The combustible items being stored in the attic location in question will be moved to a storage area to be in compliance with Safety Code Requirement. Note: attic area in question is as follows.</p> <ol style="list-style-type: none"> 1. 100 % Sprinkler protection. 2. 3/4 Hr Fire Door rated. 3. 1 Hr Wall fire rating. 4. 2 Hr Ceiling fire rating from main floor ceiling below attic floor. <p>The only fire barrier that is suspect is the exposed paper back insulation on attic roof. I telephoned Fire Marshall 3/18/2019 he stated he will stop in and do a walk thru to make sure we are in compliance and also answer any questions.</p> <p>Alfred D Pockette 3-18-2019 Maintenance Director</p> <p><i>K321 POC accepted 3/20/19 DGreen/rmc</i></p>