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 4, 2022

Mr. Travis Bergeron, Administrator
Maple Lane Nursing Home
60 Maple Lane
Barton, VT 05822-9494

Provider # 475042

Dear Mr. Bergeron:

Enclosed is a copy of your acceptable plans of correction for the **Life Safety Code survey** conducted on **January 18, 2022**. 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

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

PRINTED: 01/26/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475042	A. BUILDING 01 B. WING ______	01/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE LANE NURSING HOME	60 MAPLE LANE BARTON, VT 05822

(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 January 18, 2022. Entry and exit interviews were conducted with the Maintenance Director. The following violations were identified.	K 000		
K 222 SS=B	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler	K 222	K 222 1. No residents were negatively affected by the alleged deficient practice. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. The identified door on the downstairs west wing now has Delayed-Egress locking signage. 4. Other delayed egress locking doors have been evaluated to ensure appropriate signage. 5. The Maintenance Director and facility administration are aware of the requirement for signage for delayed-egress door signage. 6. The Maintenance Director or designee will complete weekly audits to ensure signage remains in place. 7. The results of the audits will be reported at the QAA committee x3 months at which time the committee will determine further frequency of the audits. 8. Corrective action will be complete 2/5/2022. K222 Accepted 2-3-2022/. McLaughlin F Wehmeyer	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 2/1/22.

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 222	Continued From page 1 and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Per observation on January 18, 2022, the facility failed to ensure proper signage for doors with delayed-egress locking. Findings include the following: Per observation on January 18, 2022, and accompanied by the Maintenance Director, inspection revealed the West Wing down stairs door requires Delayed-Egress locking signage.	K 222		

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K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Per record review on January 18, 2022, the facility failed to ensure fire drills were conducted quarterly on each shift. Findings include the following: Per record review on January 18, 2022, and accompanied by the Maintenance Director, inspection revealed one fire drill had been conducted in 2021, and four fire drills had been conducted in 2020.	K 712	K 712 1. No residents were negatively affected by the alleged deficient practice. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. The Maintenance Director and facility administration are aware of the requirement to conduct fire drills quarterly on each shift. 4. Fire drills will be conducted on each shift by date of compliance. 5. The Administrator or designee will conduct audits monthly to ensure compliance with the plan. 6. The results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits. 7. Corrective action will be completed by 2/5/2022. K712 Accepted 2-3-2022/P.McLaughlin T Wehmeyer	
K 922 SS=B	Gas Equipment - Other CFR(s): NFPA 101 Gas Equipment - Other List in the REMARKS section any NFPA 99 Chapter 11 Gas 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 11 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 922	K 922 1. No residents were negatively affected by the alleged deficient practice.	

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K 922	Continued From page 3 Per observation on January 18, 2022, the facility failed to ensure proper signage for areas where oxygen is used. Findings include the following: Per observation on January 18, 2022, and accompanied by the Maintenance Director, inspection revealed Room 24 had no signage stating that oxygen is in use. Any signage should include the following wording at a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN - NO SMOKING.	K 922	2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. Room 24 now has signage in place indicating that oxygen is in use. 4. Other rooms in the facility have been evaluated to ensure appropriate signage for oxygen use is in place. 5. Education will be provided to staff regarding the requirement for signage when oxygen is in use. 6. The Administrator or designee will conduct weekly audits to monitor effectiveness of the plan. 7. Results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits. 8. Corrective action to be complete by 2/5/2022. K922 Accepted 2-3-2022/P.McLaughlin T Wehmeyer	
K 929 SS=B	Gas Equipment - Precautions for Handling Oxyg CFR(s): NFPA 101 Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Per observation on January 18, 2022, the facility failed to ensure oxygen cylinders were handled with care per regulatory requirements. Findings include the following: Per observation on January 18, 2022, and accompanied by the Maintenance Director, inspection revealed an unattended standing oxygen cylinder on the East Wing stairs going down.	K 929	K 929 1. No residents were negatively affected by the alleged deficient practice. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice.	

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K 929 SS=B	Gas Equipment - Precautions for Handling Oxyg CFR(s): NFPA 101 Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Per observation on January 18, 2022, the facility failed to ensure oxygen cylinders were handled with care per regulatory requirements. Findings include the following: Per observation on January 18, 2022, and accompanied by the Maintenance Director, inspection revealed an unattended standing oxygen cylinder on the East Wing stairs going down.	K 929	3. Education provided to staff regarding the requirements for handling and storing oxygen cylinders. 4. Audits will be conducted by the Administrator or designee weekly to monitor effectiveness of the plan. 5. Results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits. 6. Corrective action completed by 2/5/2022. K929 Accepted 2-3-2022/P.McLaughlin T Wehmeyer	