



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 7, 2023

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 **December 13, 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,

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: 02/02/2023
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475042 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 12/13/2022 |
|--|---|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER MAPLE LANE NURSING HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

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|---------------|--|-------|--|--|
| K 000 | INITIAL COMMENTS | K 000 | | |
| K 291 SS=C | Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Per Observation on December 13, 2022, and accompanied by the Administrator and Facilities Manager inspection revealed that no 90 minutes battery test for emergency lighting an conducted in the last 12 months. Satisfactory abatement and repairs were conducted and subitted on 12/19/2022. | K 291 | <ol style="list-style-type: none"> No residents were negatively affected by the alleged deficient practice. Residents residing in the facility have the potential to be affected by the alleged deficient practice. The Maintenance Director, as well as the facility Administration, are aware of the requirement to conduct a 90 minute test annually. ALL new emergency lighting was purchased and installed throughout the entire facility on 12/19/22. 90 Minute battery tests will be conducted annually and the Maintenance Director or designee will ensure compliance with the plan. | |
| K 929 SS=D | 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 December 13, 2022, and | K 929 | <ol style="list-style-type: none"> No residents were negatively affected by the alleged deficient practice. Residents residing the facility have the potential to be affected by the alleged deficient practice. Education provided to staff regarding the requirements for handling and the storing of oxygen cylinders. Weekly audits will be conducted by the Maintenance Director or designee to monitor effectiveness of the plan. Results of the audits will be reported to the QAA committee x3 months to ensure compliance. At which time the committee will determine further frequency of audits. Corrective action was completed by 12/19/22. | |

K291 Accepted 2/7/23 M.Steele/TW

K929 Accepted 2/7/23 M.Steele/TW

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

TITLE

(X6) DATE

Louis B...

Administrator

2/2/23

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 929 | Continued From page 1 accompanied by the Administrator and Facilities Manager inspection revealed that there was an unattended standing oxygen cylinder was found on the lower level stairwell outside of a marked oxygen storage location in path of egress. | K 929 | | | |