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**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

August 6, 2019

Mr. Timothy McAdoo, Administrator  
Mayo Healthcare Inc.  
71 Richardson Ave  
Northfield, VT 05663-5644

Dear Mr. McAdoo:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on June 24, 2019. Please post this document in a prominent place in your facility.

We may 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

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

PRINTED: 07/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  06/24/2019
NAME OF PROVIDER OR SUPPLIER  MAYO HEALTHCARE INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 71 RICHARDSON AVE NORTHFIELD, VT 05663	
(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)

K 000 INITIAL COMMENTS

An unannounced Life Safety Code survey was conducted by the Division of Fire Safety on June 24, 2019. The following violations were identified.

K 524 HVAC - Direct-Vent Gas Fireplaces  
SS=D CFR(s): NFPA 101

Direct-Vent Gas Fireplaces  
Direct-vent gas fireplaces, as defined in NFPA 54, inside of all smoke compartments containing patient sleeping areas comply with the requirements of 18.5.2.3(2), 19.5.2.3(2), 18.5.2.3(2), 19.5.2.3(2), NFPA 54

This REQUIREMENT is not met as evidenced by:  
Per observation on 6/24/2019, the facility failed to ensure that the direct-vent gas fire places meet the requirements for protection from burning potential and that all controls be locked or in restricted areas. The findings include the following:

1. Per observation on 6/24/2019, accompanied by the Maintenance Director, the facility failed to ensure that the Direct Vent Gas Fire Places metal exterior did not reach a temperature that would cause contact burns as evidenced by the Direct Gas Fire Place having a temperature of 305 degrees fahrenheit.
2. Per observation on 6/24/2109, accompanied by the Maintenance Director, the facility failed to ensure that the controls for the Direct Vent Fire Places were in a restricted area as required by

K 000

This plan of correction (POC) constitutes written allegation of compliance for the deficiencies cited. However, submission of the POC is not admission the deficiencies exist or that one was cited correctly, nor is it an admission that the facts on the 2567 are accurate. This POC is submitted to meet the requirements established by federal and state law.

K 524

Upon identification of the alleged deficient practice by surveyors, the facility immediately took the fireplace off-line. The remote has been relocated from the the top shelf of the serenity lounge and is now located in the maintenance office which is secured from residents by a digital code without any direct access to residents or visitors. Additionally, the facility cut the gas-line to the fireplace as part of the Lock-out Tag-Out program. A sign was placed on the fireplace notifying persons that the fireplace was out of service. The nursing staff was educated during clinical shift reporting on 06/24/2019 and 06/25/2019.

There was no indication of injury to the residents identified in the 2567 form resulting from the fireplace; Zero residents were harmed or injured using the gas fireplace in the last six years of operation. Per the definition for what constitutes an I/J citation in the revised guidance, there were no injuries or serious harm to any patients and there is no reasonable expectation that injury would have occurred per the Appendix Q guidance issued by CMS on March 5, 2019.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Tim McAdoo* Tim McAdoo, LNHA, FACHCA Administrator July 18, 2019

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 524	Continued From page 1 NFPA 19.5.2.3 (2)(E).	K 524	The facility has rendered the fireplace non-operational by removing the gas regulator which restricts gas from reaching the fireplace. The remote control has also been relocated behind a secured door in a restricted area of the facility with no direct access by residents or visitors. During winter months, the remote will be secured in a wall-mounted lock-box not accessible to residents.	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Per observation on 6/24/2019, the facility failed to ensure the proper use of power cords and extension cords. The findings include the following.  Per observation on 6/24/2019, accompanied by the Maintenance Director, the facility failed to ensure the proper use of an extension cord as	K 920	Prior to operating the fireplace, the facility will contract with a licensed gas company to inspect the fireplace and verify that it is functioning properly. Prior to operating the fireplace, the facility shall install a thermometer to the fireplace equipped with alarm capability to alert staff if temperature exceeds 140 degrees and/or acceptable temperature range; if temp exceeds acceptable range the fireplace will be made nonoperational until serviced and able to function within acceptable parameters. The fireplace remote will be kept in a secure area that is not accessible to residents directly, and/or in a secure wall-mount lock-box.  The Quality Assurance Committee shall review the temperature logs from the maintenance director monthly for three-months. The incidents are reviewed by QAPI monthly currently and will continue this practice. If the facility falls below the threshold for compliance, or if deemed necessary, a subsequent plan of action will be developed and implemented. The Administrator is responsible for overall compliance. <b>The facility corrected the immediate jeopardy condition on June 24, 2019.</b> Per the request of DAIL, a copy of physicians has been provided in a separate document.  K920: Upon discovery of the power cord in a non-resident care area, the power cord was removed. Staff was educated on the restriction of power-cords and extension cords and the UL Standard and to request maintenance approve any new additional cords or devices prior to use. Maintenance Supervisor will monitor through observation environmental rounds on a weekly basis to assure that there are no unapproved powerstrips or extensions in use. The findings will be reviewed by QAPI monthly for three months. QAPI will develop subsequent plan of action and implemented as needed. The Administrator is responsible for the overall compliance.	

K524 For accepted 08/05/19  
P. McLaughlin / tw

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(X5) COMPLETION DATE			

K 920 Continued From page 2  
evidenced by the use of a power cord under the desk at the nurses station powering one of the computers.

K 920 *K920 Continued*

The facility corrected K920 on June 24, 2019. The facility is in compliance as of July 15, 2019 with additional monitoring by QAPI Committee as indicated.

07/15/2019

*K920 POC Accepted 08/05/19  
P. McLaughlin / tw*