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

April 19, 2023

Ms. Danielle Nickerson, Administrator
Mayo Healthcare Inc.
71 Richardson Ave
Northfield, VT 05663-5644

Provider #: 475053

Dear Ms. Nickerson:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **February 16, 2023**. 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

Pamela M. Cota, RN
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475053	A. BUILDING **01 - MAIN BUILDING 01** B. WING ___	**02/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYO HEALTHCARE INC.	**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)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The Division of Fire Safety completed a Life Safety code Survey on February 16, 2023. Entry and Exit Interviews were conducted with the Administrator on Febrary 9 & 16, 2023. While the facility was found to be in substantial compliance with Life Safety Code requirements, the following issues were identified and require a plan of correction.	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 laws.	
K 311 SS=B	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Per observation, on 2/9/2023 at 11:00am accompanied by the Facilities Director, in the main boiler room, several penetrations of the ceiling were found to be opened to the attic space. This deficiency was abated on 2/16/2023.	K 311	Upon identification of the alleged deficient practice by surveyor, the Maintenance Director took immediate action by ordering supplies needed to enclose the ceiling in the boiler room where it was open to the attic. Residents that could be potentially harmed by alleged deficient practice would be residents that reside at our facility. The below steps have been taken to ensure that any potential residents that could be harmed by this alleged deficient practice is corrected. Maintenance Director took immediate action and enclosed any openings in the boiler room to the attic, which was completed on 2/15/23. This was abated when fire marshal returned on 2/16/23 and saw there were no further openings to the attic in the boiler room. Education will be provided by Maintenance Director at the next Safety meeting. The alleged deficient practice and steps taken to correct it, will be discussed and reviewed in next QAPI meeting.	
K 353 SS=B	Sprinkler System - Maintenance and Testing 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,	K 353	K311 accepted 4/18/2023 M.Steele/TW	

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

, LNHA

TITLE: Administrator

(X6) DATE: March 22, 2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475053	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	**02/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYO HEALTHCARE INC.	**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)	(X5) COMPLETION DATE
K 353	Continued From page 1 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 2/9/2023 at 11:00am accompanied by the Facilities Director, the newly installed freezer in the mechanical room as found not to be served by sprinklers for the space. This deficiency was abated on 2/16/2023.	K 353	Upon identification of the alleged deficient practice by surveyor, the Maintenance Director took immediate action by calling No Fire and scheduling them to come to facility and install sprinkler. This was completed by No Fire on 2/15/23. Residents that could be potentially harmed by alleged deficient practice would be residents that reside at our facility. The below steps have been taken to ensure that any potential residents that could be harmed by this alleged deficient practice is corrected. Maintenance Director took immediate action and had sprinkler installed as soon as possible by No Fire, which was completed on 2/16/23 in the morning. This was abated when fire marshal returned on 2/16/23 in the afternoon and verified that sprinkler had been installed in freezer. Education will be provided by Maintenance Director at the next Safety meeting. The alleged deficient practice and steps taken to correct it, will be discussed and reviewed in next QAPI meeting. K353 accepted 4/18/2023 M.Steele/TW	