



**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

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

July 3, 2023

Mr. Shawn Tester, Administrator  
Northeastern Vermont Regional Hospital  
1315 Hospital Drive  
Saint Johnsbury, VT 05819-9758

Dear Mr. Tester:

The Vermont Department of Public Safety, Division of Fire Safety, conducted a Life Safety Code survey at your facility on **May 17, 2023**. The purpose of the survey was to determine if your facility was in compliance with NFPA Life Safety Code Rules and Regulations. As indicated by the enclosed CMS 2567, this survey identified the enclosed deficiencies that require a plan of correction.

Please submit your plan of correction on the enclosed CMS 2567, sign and date and return to the office by **July 13, 2023**.

Sincerely,

A handwritten signature in black ink that reads "tammy wehmeyer".

Tammy Wehmeyer  
Administrative Services Manager

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>471303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTHEASTERN VERMONT REGIONAL HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819</b>
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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
K 000	INITIAL COMMENTS	K 000	As noted in the Summary Statement of Deficiencies:	
K 111	<p>The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on May 17, 2023. The following citation was noted at the time of survey.</p> <p><b>Building Rehabilitation</b> CFR(s): NFPA 101</p> <p><b>Building Rehabilitation</b> Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: * Requirements of Chapter 18 and 19 * Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 Change of Use or Change of Occupancy Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) Additions Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1-1/2-hour fire resistance rating. Additions comply with the requirements of Section 43.8. 18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3),</p>	K 111	<p>“The deficient practice was abated that afternoon by the installation and placement of Fire Doors. At the time of survey, the premises did not provide a substantially rated smoke barrier of the fire barrier between the new construction and the existing building public waiting area. This was abated the day of the inspection by installing Fire Doors between new construction and existing building. The Fire Doors were installed in the closed position, with the opening protected by sprinkler head of the hospital waiting area.”</p> <p>This was confirmed by the Director of Plant Management on July 5, 2023.</p> <p><i>Patricia A. Lavelle</i> 7.6.2023 <i>(Director of Quality / Infection Prevention)</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

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

PRINTED: 07/03/2023  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>NORTHEASTERN VERMONT REGIONAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819</b>		
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K 111	Continued From page 1 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8) This STANDARD is not met as evidenced by: Based on a walkthrough of the premises on May 17, 2023, at 10:00am, accompanied by the Facilities Director, survey activities determined the following deficiency was observed. This Deficiency was reviewed on-site at 12:00pm with Facilities Director and Construction Supervisor for HP Cummings. The deficient practice was abated that afternoon by the installation and placement of Fire Doors. At the time of survey, the premises did not provide a substantially rated smoke barrier of the fire barrier between the new construction and the existing building public waiting area. This was abated the day of the inspection by installing Fire Doors between new construction and existing building. The Fire Doors were installed in the closed position, with the opening protected by sprinkler head of the hospital waiting area.	K 111			