



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

May 15, 2019

Ms. Diane Sullivan, Administrator  
Pine Heights At Brattleboro Center For Nursing & Rehab  
187 Oak Grove Avenue  
Brattleboro, VT 05301-6642

Provider #: 475023

Dear Ms. Sullivan:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **March 25, 2019**. 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: 05/03/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475023	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/25/2019
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NAME OF PROVIDER OR SUPPLIER  PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING & R	STREET ADDRESS, CITY, STATE, ZIP CODE 187 OAK GROVE AVENUE BRATTLEBORO, VT 05301
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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
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K 000

INITIAL COMMENTS

K 000

An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 3/29/19. The following violations were identified.

K 225

Stairways and Smokeproof Enclosures

K 225

SS=D

CFR(s): NFPA 101

Stairways and Smokeproof Enclosures  
Stairways and Smokeproof enclosures used as exits are in accordance with 7.2.  
18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2

This REQUIREMENT is not met as evidenced by:

Based on observation, the facility failed to ensure stairways and smoke enclosures were free from damage.

Per observation on 3/29/19, the fire protective coating on the structural steel beams in the fourth level northwest stair well and the second level north west stair well showed damage in a 4"x4" area.

K 311

Vertical Openings - Enclosure

K 311

SS=D

CFR(s): NFPA 101

Vertical Openings - Enclosure  
2012 EXISTING

Stairways, elevator shafts, light and ventilation chafes, chuttoo, 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

Plases accept the following plan of correction as the facility's written credible allegation of compliance. The fire protective coating in the 4th floor northwest stairwell and the 2nd floor northwest stairwell has been reapplied to the damaged 4"x4" area. The Physical Plant/Maintenance Director, or his designee, will complete monthly rounds of the stairwells to ensure there is no damage to the protective coating. Monthly findings from the rounds will be reported to the QAPI Committee, and reviewed/monitored by the Administrator. Completion Date: 4/1/19

K225 POC Accepted 5/10/2019  
P. McLaughlin / TW.

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

TITLE

(X6) DATE

*[Signature]*

Administrator

5/8/19

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING & R			STREET ADDRESS, CITY, STATE, ZIP CODE 187 OAK GROVE AVENUE BRATTLEBORO, VT 05301		
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K 311	Continued From page 1 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: Based on observation, the facility failed to ensure that the vertical openings are free from penetration.  Per observation on 3/29/19, there was a penetration in the ceiling tiles of the fourth level storage room and the third level laundry room.	K 311	The effected ceiling tiles of the 4th floor storage room and the 3rd floor laundry room were replaced with new tiles. The Physical Plant/Maintenance Director, or his designee, will complete monthly rounds of the 3 nursing units to ensure there are not vertical openings/specifcally no damaged ceiling tiles. The rounds findings will be reported at QAPI meeting monthly, and reviewed/monitored by the Administrator. Completion Date:4/1/19  K311 Poc accepted 5/10/2019 P. McLaughlin /tw		