

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

June 1, 2021

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 **May 3, 2021**. 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  
Licensing Chief

Enclosure

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

PRINTED: 05/27/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING &amp; R</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>187 OAK GROVE AVENUE BRATTLEBORO, VT 05301</b>		
(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			
K 300 SS=D	<p>An unannounced onsite Life Safety Code inspection was completed by Division of Fire Safety on May 3, 2021. The following violations were identified.</p> <p>Protection - Other CFR(s): NFPA 101</p> <p>Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on May 3, 2021, the facility failed to ensure that escutcheon rings are properly secured as required by NFPA-13 and NFPA-25. Findings include the following:  Per observation on May 3, 2021, and accompanied by the Maintenance Director, inspection revealed that the first-floor kitchen walk-in freezer sprinkler escutcheon ring was not properly secured, allowing condensation to form and freeze to the sprinkler head.</p>	K 300	<p>K300 The kitchen walkin freezer eschtcheon ring is properly secured, free of condensation. Weekly rounds by the maintenance director will occur to ensure that ring remains in place, without condensation accumulating. Round results will be reported at monthly QAPI meetings and reviewed by the Administrator for compliance.</p> <p>Completed: 5/21/21</p> <p>K300 POC Accepted 5/27/2021 <i>S. Dumont / T. Weismayer</i></p>		
K 311 SS=D	<p>Vertical Openings - Enclosure CFR(s): NFPA 101</p> <p>Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation</p>	K 311			

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

TITLE

(X6) DATE

*[Signature]*

ADMINISTRATOR

5/27/21

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 311	Continued From page 1 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 May 3, 2021, the facility failed to ensure that its vertical openings are properly enclosed. Findings include the following:  1. Per observation on May 3, 2021, and accompanied by the Maintenance Director, inspection revealed Level Four linen storage room penetration in the ceiling tile.  2. Per observation on May 3, 2021, and accompanied by the Maintenance Director, inspection revealed Level Three utility room has penetrations in the ceiling.	K 311	K311 The third and fourth floor utility and linen rooms ceilings have been repaired and there are no longer penetrations in the ceiling. Maintenance Director will complete monthly preventative maintenance rounds of all ceilings. Round results and follow up action will be reported to QAPI committee, and reviewed by the Administrator. K311 POC Accepted 5/27/2021 <i>S. Dumont / T. Wehmeyer</i> Completed: 5/21/21		
K 362 SS=D	Corridors - Construction of Walls CFR(s): NFPA 101  Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code.	K 362	K362 The third floor storage closet ceiling has been repaired and has no penetrations. Maintenance Director will complete monthly preventative maintenance rounds of all ceilings, including closets. Round findings will be reported to QAPI committee, as well as follow up actions, and reviewed by the Administrator. Completed 5/21/21	K362 POC Accepted 5/27/2021 <i>S. Dumont / T. Wehmeyer</i>	

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K 362	Continued From page 2 Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Per observation on May 3, 2021, the facility failed to ensure that the construction of the walls resists the transfer of smoke. Findings include the following:  Per observation on May 3, 2021, and accompanied by the Maintenance Director, inspection revealed that the level three storage closet has a penetration in the ceiling.	K 362			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.	K 363	K363 The doors of Rm 207 and 315 have positive latching hardware. Maintenance Director will randomly monitor latching devices on all doors as part of the preventative maintenance monthly rounds. Round results will be reviewed by QAPI committee, and reviewed/monitored by Administrator.  Completed: 5/21/21  K363 POC Accepted 5/27/2021 <i>S. Dumont / T. Webmeyer</i>		

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K 363	<p>Continued From page 3</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Per observation on May 3, 2021, the facility failed to ensure that corridor doors or doors to rooms containing flammable or combustible material have positive latching hardware. Findings include the following:</p> <p>Per observation on May 3, 2021, and accompanied by the Maintenance Director, inspection revealed that the doors in rooms 207 and 315 do not lock and latch.</p>	K 363			