



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

August 23, 2019

Mr. Timothy Urich, Administrator
The Pines At Rutland Center For Nursing And Rehab
99 Allen Street
Rutland, VT 05701-4501

Provider #: 475018

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **July 16, 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: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 311 SS=D	<p>An unannounced Life Safety Code survey was conducted on July 16, 2019 by the Division of Fire Safety. The following violations were identified.</p> <p>Vertical Openings - Enclosure CFR(s): NFPA 101</p> <p>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 7/16/2019, the facility failed to ensure that vertical openings are enclosed with construction having appropriate fire resistance rating. The findings include the following:</p> <p>Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, the facility failed to ensure that openings were enclosed with construction and have appropriate by penetrations both inside and outside of the north and south egress stairways that are not properly fire stopped.</p>		K 311	<p>Corrective Action: All identified openings enclosed with construction and having penetrations will be inspected and receive the appropriate fire stopping.</p> <p>Identify Others: A complete audit of all openings that are enclosed with construction will be completed to identify other potential areas of penetration. All areas identified will receive appropriate fire stopping.</p> <p>Systemic Changes: The maintenance staff will inspect any area that receives construction/modification once the work is complete to ensure that any potential penetrations have been appropriately addressed with fire stopping.</p> <p>Monitoring: The maintenance staff will report to the facility's Safety Committee on the findings of their inspection.</p> <p>Completion Date: 10/1/19 Responsible Party: Maintenance Director</p> <p><i>K311 Poc Accepted 8/21/2019 S. Dumont/TW</i></p>	
K 324 SS=D	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance</p>		K 324	<p>Corrective Action: The facility's supression system was inspected March 2019 and the report is now available for review.</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: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 324	<p>Continued From page 1</p> <p>with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Per observation and review of the inspection reports on 7/16/2019, the facility failed to assure all suppression inspection reports were available for the kitchen hood. The findings include the following:</p> <p>Per observation and review of the inspection reports on 7/16/2019, accompanied by the Administrator and Maintenance personnel, the facility failed to provide the November 2018 kitchen hood fire suppression report.</p>		K 324	<p>Identify Others: The facility has only one suppression system which is located in the main kitchen.</p> <p>Systemic Changes: The facility ensure adherence to the maintenance schedule for the suppression system in accordance with the Life Safety Code.</p> <p>Monitoring: The Maintenance Department will report to the facility's Safety Committee on the scheduled inspect dates for the suppression system as well as submit the completed reports to the committee to ensure compliance.</p> <p>Completion Date: 10/1/19 Responsible Party: Maintenance Director</p> <p><i>K324 POC accepted 8/21/19 S. Dumont / tw</i></p>	
K 331	Interior Wall and Ceiling Finish		K 331		

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 331 SS=D	<p>Continued From page 2</p> <p>CFR(s): NFPA 101</p> <p>Interior Wall and Ceiling Finish 2012 EXISTING</p> <p>Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted.</p> <p>10.2, 19.3.3.1, 19.3.3.2</p> <p>Indicate flame spread rating(s).</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on 7/16/2019, the facility failed to ensure interior walls have a flame spread rating of Class A or Class B. The finding includes the following:</p> <p>Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, the facility failed to ensure interior walls have a flame spread rating of Class A or Class B as evidenced by the 4' X 2' section of gypsum wallboard missing where the dryer vents penetrate the exterior wall in the laundry room.</p>		K 331	<p>Corrective Action: The identified area will receive a 4'x2' section of gypsum wallboard to ensure the interior wall has a flame spread rating of Class A or Class B.</p> <p>Identify Others: A environmental inspection of the facility will be completed to ensure that all interior wall and ceiling finishes have a flame spread rating of Class A or Class B.</p> <p>Systemic Change: Environmental audits will be completed monthly to ensure all interior wall and ceiling finishes have a flame spread rating of Class A or Class B.</p> <p>Monitoring: The results of the environmental audits will be submitted to the facility's Safety Committee for review.</p> <p>Completion Date: 10/1/19 Responsible Party: Maintenance Director</p> <p><i>K331 POC accepted 8/21/2019 S. Dumont / RW</i></p>	
K 346 SS=D	<p>Fire Alarm System - Out of Service</p> <p>CFR(s): NFPA 101</p> <p>Fire Alarm - Out of Service</p> <p>Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the</p>		K 346	<p>Corrective Action: The facility has ensured that its Fire Watch procedure is now included in its Evacuation and Relocation Plan.</p> <p>Identify Others: The facility will review all copies of the Emergency Preparedness Manual to ensure each contains the facility's Fire Watch procedure.</p> <p>Systemic Change: The facility will ensure that any changes/modifications to its Evacuation and Relocation Plan includes a Fire Watch procedure.</p>	

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 346	Continued From page 3 fire alarm system has been returned to service. 9.6.1.6 This REQUIREMENT is not met as evidenced by: Per review of the Evacuation and Relocation Plan on 7/16/2019, the facility failed to ensure a fire watch is provided for all unprotected parties during a shutdown of the fire alarm system. The finding includes the following: Per review of the Evacuation and Relocation Plan on 7/16/2019, accompanied by the Administrator and Facility Maintenance Personnel, the facility failed to include a fire watch detail in the event that the fire alarm system is shut down for more than 4 hours in a 24-hour period.		K 346	Monitoring: The facility's Emergency Preparedness Manual will be reviewed annually and the facility will ensure that all required components are contained. Completion Date: 10/1/19 Responsible Party: Maintenance Director K346 POC accepted 8/21/2019 S. Dumont/TW	
K 353 SS=D	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, 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		K 353	Corrective Action: The identified sprinkler heads in question on the 1st and 4th floors will be replaced. Identify Others: The facility has several sprinkler heads throughout the facility that have the potential to be at risk for the same. Systemic Change: The facility will ensure that the system is inspected two times per year and that all corrective areas identified are addressed. Monitoring: The result of the inspections will be submitted to the facility's Safety Committee for review. Completion Date: 10/1/19 Responsible Party: Maintenance Director K353 POC accepted 8/21/2019 S. Dumont/TW	

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 4 This REQUIREMENT is not met as evidenced by: Per observation on 7/16/2019, facility failed to ensure systems are inspected, tested and maintained according to regulations. The findings include the following: 1. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, the facility failed to maintain sprinkler heads according to inspection reports as referenced by the Sprinkler System Report identified sprinkler heads that needed to be replaced, or a representative sample shall be tested due to age. The sprinkler heads in question are located on the 1st and 4th floors in the facility and was identified as an issue on two separate occasions. 2. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, the facility failed to maintain sprinkler heads has referenced by the mixing of 200-degree sprinkler heads with the quick response sprinkler heads in the facility. The sprinkler company is aware of the locations.		K 353		
K 354 SS=D	Sprinkler System - Out of Service CFR(s): NFPA 101 Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the		K 354	Corrective Action: The facility has ensured that its Fire Watch Procedure is now located in all copies of its Evacuation and Relocation Plan. Identify Others: The facility will review all copies of its Emergency Preparedness Manual to ensure each contains the Fire Watch procedure. Systemic Changes: The facility will ensure that any changes/modifications to its Evacuation and Relocation Plan includes the Fire Watch procedure.	

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 354	Continued From page 5 sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) This REQUIREMENT is not met as evidenced by: Per review of the Evacuation and Relocation Plan on 7/16/2019, the facility failed to ensure a fire watch is provided for all unprotected parties during a shutdown of the sprinkler system. The finding includes the following: Per review of the Evacuation and Relocation Plan on 7/16/2019, accompanied by the Administrator and Facility Maintenance Personnel, the facility failed to include a fire watch detail in the event that the sprinkler system is out of service for more than the allowed 10 hours in a 24-hour period.	K 354	Monitoring: The facility will review its Emergency Preparedness Manual annually and will ensure all required components are contained. Completion Date: 10/1/19 Responsible Party: Maintenance Director <i>K354 POC Accepted 8/21/2019 S. Demont ftw</i>		
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. 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	K 362	Corrective Action: All identified areas that do not properly resist transfer of smoke will be inspected and receive the appropriate fire stopping. Identify Others: A complete audit of all openings that are enclosed with construction will be completed to identify other potential areas of penetration. Systemic Change: The maintenance staff will inspect any area that receives construction/modification once the work is complete to ensure that any potential penetrations have been appropriately addressed with fire stopping. Monitoring: The maintenance staff will report to the facility's Safety Committee on the findings of their inspection.		

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701	
(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 362 Continued From page 6

K 362 Completion Date: 10/1/19
Responsible Party: Maintenance Director

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 7/16/2019, the facility failed
to ensure all walls are properly resistive to
transfer of smoke and appropriately fire
resistance rated. The findings include the
following:

1. Per observation on 7/16/2019, accompanied by
the Administrator and Facility Maintenance
personnel, the inspection revealed that there are
penetrations above the corridor smoke barrier
door walls, above the ceiling that are not properly
fire stopped. This involves smoke barrier doors
on the 1st, 2nd and 4th floors.

2. Per observation on 7/16/2019, accompanied by
the Administrator and Facility Maintenance
personnel, the inspection revealed that there are
penetrations that are not properly fire stopped
above the ceilings in the smoke barrier walls on
the 1st, 2nd, 3rd and 4th floors.

3. Per observation on 7/16/2019, accompanied by
the Administrator and Facility Maintenance
personnel, the inspection revealed there is an
acoustical ceiling tile missing in the ceiling in the
3rd floor janitors' closet.

4. Per observation on 7/16/2019, accompanied by
the Administrator and Facility Maintenance
personnel, the inspection revealed that there are

K362 POC accepted 8/21/2019
S. Demont/TW

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 362	Continued From page 7 wall penetrations near the ceiling level of the 4th floor air handling room and storage closet. 5. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, the inspection revealed that there are penetrations in the walls and ceiling of the 1st floor freezer compressor room.		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. 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		K 363	Corrective Action: All doors that were identified as not closing/latching properly will be corrected to ensure proper closure. Identify Others: All smoke barrier doors in the facility are at risk for potential failure to close or latch properly. Therefore, a complete audit of all facility smoke barrier doors will be completed to ensure that all doors close properly. Systemic Change: All smoke barrier doors will be placed on a monthly auditing schedule to ensure proper closure. Monitoring: The results of the audits will be submitted to the facility's Safety Committee for review. Completion Date: 10/1/19 Responsible Party: Maintenance Director	

K363 Poc Accepted 8/21/2019
S. Dumont ftw

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701	
(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 363	Continued From page 8 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. 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 7/16/2019, the facility failed to ensure that all doors it in the facility properly latched as required by regulation. The findings include the following: 1. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that patient room doors, and other space doors, failed to latch when closed. Some of the issues were due to impediments at the floor level of the doorway. The doors with these issues where as follows: a. Second Floor - Rooms 205, 207, 208 and 212 b. Third Floor - Rooms 304, 307, 317, 318 and 326 c. Fourth Floor - Rooms 405, 407, 417, 420, 422 and 427 2. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the South egress stairwell door by room 366 did not latch when closed. 3. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance	K 363	

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701	
(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 363	<p>Continued From page 9</p> <p>personnel, inspection revealed that the door to the 3rd floor clean linen room did not latch when closed.</p> <p>4. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the right door leaf to the 2nd floor nourishment room did not latch when closed.</p> <p>5. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the door to the 1st floor respiratory office did not latch when closed.</p> <p>6. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the north door leading to and from the kitchen did not latch when closed.</p> <p>7. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the door to the 1st floor Human Resource Office would not close as designed due to an impediment at the bottom of the door. A doorstop was being used to keep the door in the open position.</p> <p>8. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the door to the 1st floor Environmental Services Office would not close as designed due to an impediment at the bottom of the door. A doorstop was being used to keep the door in the open position. The door also did not latch properly when it was closed.</p>	K 363	

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 363	Continued From page 10		K 363		
	<p>9. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the door to the 1st floor Medical Records Office would not close as designed due to an impediment at the bottom of the door. A doorstop was being used to keep the door in the open position.</p>				
K 374 SS=D	<p>Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Per observation on 7/16/2019, the facility failed to ensure that smoke barrier doors provided a tight smoke seal. The findings include the following:</p> <p>1. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the smoke barrier doors leading to the 4th floor dining room did not close tightly, thereby, not providing a tight</p>		K 374	<p>Corrective Action: All doors that were identified as not closing/latching properly will be corrected to ensure proper closure.</p> <p>Identify Others: All smoke barrier doors in the facility are at risk for potential failure to close or latch properly. Therefore, an audit of all facility smoke barrier doors will be completed to ensure all doors close properly.</p> <p>Systemic Change: All smoke barrier doors will be placed on a monthly auditing schedule to ensure proper closure.</p> <p>Monitoring: The results of the audits will be submitted to the facility Safety Committee for review.</p> <p>Completion Date: 10/1/19 Responsible Party: Maintenance Director</p> <p><i>K374 POC Accepted 8/21/2019 S. Dumond / TW</i></p>	

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 374	Continued From page 11 smoke seal. 2. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the 4th floor corridor smoke barrier doors by room 418 did not close tightly, thereby, not providing a tight smoke seal. 3. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the 3rd floor corridor smoke barrier doors did not close tightly, thereby, not providing a tight smoke seal. 4. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the smoke barrier door located at the 4th floor soiled linen room has a hole on the door due to the removal of a locking device creating a path for the smoke to travel.	K 374			
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced	K 511	Corrective Action: 1) The open ended electrical wire in the maintenance shop has been terminated appropriately. 2) The junction box located behind the door of the 4th floor air handling room has received a cover. 3) The large electrical panel behind the door of the 4th floor air handling room has received a cover. 4) The electrical outlet located above the ceiling in room 423 has received a cover. 5) The junction box located above the door inside the 1st floor main electrical room has received a cover. Identify Others: As a result of the discovery of missing electrical box covers above the ceilings of the corridors, an inspection of the entire ceiling cavity will be completed to ensure no other missing covers exist.		

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 511	Continued From page 12 by: Per observation on 7/16/2019, the facility failed to ensure that gas and electric utilities complied with regulation. The findings include the following: 1. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed an open-ended electrical wire in the Maintenance shop that was not terminated in the junction box. 2. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the junction box located behind the door of the 4th floor air handling room is missing a cover. 3. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the large electrical panel behind the door of the 4th floor air handling room is missing a cover. 4. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that the electrical outlet located above the ceiling in room 423 is missing a cover. 5. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that there is a junction box located above the door inside the 1st floor main electrical room that is missing a cover. 6. Per observation on 7/16/2019, accompanied by the Administrator and Facility Maintenance personnel, inspection revealed that due to the discovery of missing electrical box covers above		K 511 Systemic Change: Following the initial inspection, the maintenance staff will inspect any area that receives construction/ modification once the work is completed to ensure that all work is completed in compliance with Life Safety Code. Monitoring: The maintenance staff will report to the facility's Safety Committee on the findings of their inspection. Completion Date: 10/1/19 Responsible Party: Maintenance Director , <i>K511 POC Accepted 8/21/2019 S. Dumont / TW</i>		

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2019
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI		STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(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 511	Continued From page 13 the ceilings of the corridors, the entire ceiling cavity of each floor must be inspected for missing covers.	K 511		