



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

December 16, 2019

Ms. Amy Walker, Administrator  
Rutland Healthcare And Rehabilitation Center  
46 Nichols Street  
Rutland, VT 05701-3275

Provider ID #: 475039

Dear Ms. Walker:

The Division of Fire Safety completed a Life Safety Code survey at your facility on **November 27, 2019**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that does not require a plan of correction but does require a commitment to correct. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please **sign the enclosed CMS-2567 and return** the original to this office by **December 26, 2019**.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt, RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,

A handwritten signature in black ink that reads "Pamela Cota RN".

Pamela Cota RN  
Licensing Chief  
Enclosure

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

PRINTED: 12/16/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/27/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>RUTLAND HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE : <b>46 NICHOLS STREET RUTLAND, VT 05701</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	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 11-27-2019. Although the facility was found to be in substantial compliance with applicable Life Safety Code requirements, the following tags do require a commitment to correct.</p>	K 000		

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>475039</b>	MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING 01</b> B. WING _____	DATE SURVEY COMPLETE:  <b>11/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RUTLAND HEALTHCARE AND REHABILITATION C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 NICHOLS STREET RUTLAND, VT</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>K 223</b>	<p>Doors with Self-Closing Devices CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <ul style="list-style-type: none"> <li>* Required manual fire alarm system; and</li> <li>* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</li> <li>* Automatic sprinkler system, if installed; and</li> <li>* Loss of power.</li> </ul> <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Per observation on 11-27-2019, the facility failed to ensure doors in the facility are working appropriately. The findings include the following:</p> <p>Per observation on 11-27-2019, and accompanied by the Director of Maintenance, inspection revealed that the Laundry Room door latch was not working properly. This issue was corrected prior to the Inspector leaving the facility.</p>																		
<b>K 321</b>	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <table border="0"> <tr> <td>Area</td> <td>Automatic Sprinkler Separation</td> <td>N/A</td> </tr> <tr> <td>a. Boiler and Fuel-Fired Heater Rooms</td> <td></td> <td></td> </tr> <tr> <td>b. Laundries (larger than 100 square feet)</td> <td></td> <td></td> </tr> <tr> <td>c. Repair, Maintenance, and Paint Shops</td> <td></td> <td></td> </tr> <tr> <td>d. Soiled Linen Rooms (exceeding 64 gallons)</td> <td></td> <td></td> </tr> <tr> <td>e. Trash Collection Rooms</td> <td></td> <td></td> </tr> </table>	Area	Automatic Sprinkler Separation	N/A	a. Boiler and Fuel-Fired Heater Rooms			b. Laundries (larger than 100 square feet)			c. Repair, Maintenance, and Paint Shops			d. Soiled Linen Rooms (exceeding 64 gallons)			e. Trash Collection Rooms		
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The above isolated deficiencies pose no actual harm to the residents

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NAME OF PROVIDER OR SUPPLIER  <b>RUTLAND HEALTHCARE AND REHABILITATION C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 NICHOLS STREET RUTLAND, VT</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>K 321</b>	<p>Continued From Page 1 (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Per observation on 11-27-2019, the facility failed to ensure hazardous areas meet requirements for smoke resistance. The findings include the following:</p> <p>Per observation on 11-27-2019, and accompanied by the Director of Maintenance, inspection revealed that the Boiler room is not smoke tight.</p>
<b>K 353</b>	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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 This REQUIREMENT is not met as evidenced by: Per observation on 11-27-2019, the facility failed to maintain the sprinkler system according to regulations. The findings include the following:</p> <p>Per observation on 11-27-2019, and accompanied by the Director of Maintenance, inspection revealed Sprinkler Escutcheon in the first floor med room was down from ceiling and was near deflector.</p>