

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

February 19, 2019

Ms. Jessica Jennings, Administrator  
Saint Albans Healthcare And Rehabilitation Center  
596 Sheldon Road  
Saint Albans, VT 05478-8011

Provider ID #: 475021

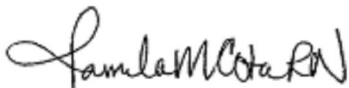
Dear Ms. Jennings:

The Department of Public Safety completed a Life Safety Code survey at your facility on **February 1, 2019**. The purpose of the survey was to determine if your facility was in compliance with Fire Safety and ANSI standards 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. Please **sign the enclosed CMS-2567 and return** the original to this office by **March 1, 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,



Pamela M. Cota, RN  
Licensing Chief

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

PRINTED: 02/19/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - 01 BUILDING</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>596 SHELDON ROAD SAINT ALBANS, VT 05478</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  An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 2/1/19. While the facility was found to be in substantial compliance with applicable Life Safety Code requirements, the following issues were identified that require correction.	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>475021</b>	MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - 01 BUILDING</b>  B. WING _____	DATE SURVEY COMPLETE:  <b>2/1/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAINT ALBANS HEALTHCARE AND REHABILITAI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>596 SHELDON ROAD SAINT ALBANS, VT</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>K 200</b>	<p>Means of Egress Requirements - Other CFR(s): NFPA 101</p> <p>Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress 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. 18.2, 19.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to meet the Means of Egress Requirements.</p> <p>Per observation on 2/1/2019, accompanied by Director of Facility maintenance, it was noted that the stair guard leading to the basement does not meet the requirements of NFPA 101 Chapter 7.</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.</p> <p>a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure sprinklers are maintained in accordance with standards in two areas of the facility.</p> <p>Per observation on 2/1/2019, accompanied by Director of Facility maintenance, the sprinkler system escutcheon plate was missing in bathroom near 28 E. In addition, the dining room storage was found to be closer than 18 inches to the sprinkler heads.</p>

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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>SAINT ALBANS HEALTHCARE AND REHABILITAI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>596 SHELDON ROAD SAINT ALBANS, VT</b>	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>K 511</b>  <b>K 511</b>	<p>Continued From Page 1</p> <p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure compliance with National Fuel Gas Code and National Electric Code standards in two areas of the facility.</p> <p>Per observation on 2/1/2019, accompanied by Director of Facility maintenance, it was noted that the annual generator inspection was overdue by 30 days (inspection postponed by generator inspection contractor). There were also wires in the boiler room that were found to be improperly boxed.</p> <p><b>K 791</b></p> <p>Construction, Repair, and Improvement Operati CFR(s): NFPA 101</p> <p>Construction, Repair, and Improvement Operations Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFPA 241. 18.7.9, 19.7.9, 4.6.10, 7.1.10.1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure proper placement of construction materials as it related to egress.</p> <p>Per observation on 2/1/2019, accompanied by Director of Facility maintenance, construction material (flooring) was found to be partially blocking the dining room exit.</p>		