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 27, 2021

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

Provider ID #: 475021

Dear Ms. Haupt:

The Department of Public Safety, Division of Fire Safety completed a Life Safety Code survey at your facility on **November 19, 2021**. 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 **January 6, 2022**.

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

Enclosure

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	475021	A. BUILDING: 01 B. WING _____	11/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ALBANS HEALTHCARE AND REHABILITATION CE	596 SHELDON ROAD SAINT ALBANS, VT

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 200	Means of Egress Requirements - Other CFR(s): NFPA 101 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 This REQUIREMENT is not met as evidenced by: Per observation on November 19, 2021, the facility failed to ensure that stair guard rails meet the requirements of NFPA 101, Chapter 7. Findings include the following: Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed that the handrail leading to the basement needs repair.
K 222	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on

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

The above isolated deficiencies pose no actual harm to the residents

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K 222	Continued From Page 1 door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Per observation on November 19, 2021, the facility failed to ensure that egress door requirements were being met. Findings include the following: 1. Per observation on November 19, 2021, inspection revealed that exit doors with 15 second time delay egress hardware must be marked as such. 2. Per observation on November 19, 2021, inspection revealed that the current locking arrangement for the main entrance/exit is not code compliant. The current policy is to lock the main doors at 1630 every day to restrict access to the building. The sliding-type doors do not have the egress hardware required to allow for this. The facility stated via phone call 48 hours after the inspection that this policy has been corrected, and the door provides for free egress at all times.
K 223	Doors with Self-Closing Devices CFR(s): NFPA 101 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: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 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 November 19, 2021, the facility failed to ensure doors were able to close in accordance with 7.2.1.8.2 Findings include the following:

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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES

K 223

Continued From Page 2

Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed several rated doors in the basement were propped open.

K 225

Stairways and Smokeproof Enclosures
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:
Per observation on November 19, 2021, the facility failed to ensure that stairways and enclosures were maintained in accordance with 7.2. Findings include the following:

Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed that the door entring the exit enclosure/stair in the basement was propped open, and storage shelves and pallet of cleaning chemicals were located in this area.

K 311

Vertical Openings - Enclosure
CFR(s): NFPA 101

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 November 19, 2021, the facility failed to ensure that all verticle openings have at least a one-hour fire-resistance rating. Findings include the following:

Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed the dumbwaiter is currently out of service and must be closed while out of service or temporarily covered

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K 311	Continued From Page 3 with 5/8 type X gyp board.
K 331	Interior Wall and Ceiling Finish CFR(s): NFPA 101 Interior Wall and Ceiling Finish 2012 EXISTING 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. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). _____ This REQUIREMENT is not met as evidenced by: Per observation on November 19, 2021, the facility failed to ensure that interior walls maintain a fire safety rating of Class A or Class B flame spreading rating. Findings include the following: Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed that the laundry chute hardware has been tampered with and must be replaced with listed hardware.
K 345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Per observation on November 19, 2021, the facility failed to ensure the fire alarm system was maintained according to requirements in NFPA 70 and NFPA 72. Findings include the following: Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed a lift blocking a pull station near W27. It was corrected at the time of inspection.
K 353	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

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K 353	Continued From Page 4 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 November 19, 2021, the facility failed to ensure the sprinkler system was maintained and tested according to NFPA 25 requirements. Findings include the following: Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed a ceiling tile was missing in the dining room closet. Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed ceiling tiles were found to be missing in the air handler room.
K 355	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Per observation on November 19, 2021, the facility failed to ensure that fire xtinguishers are maintained according to NFPA standards. Findings include the following: Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed that a bed was found to be blocking an extinguisher cabinet. This was correced at the time of inspection.
K 363	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.

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K 363	Continued From Page 5 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 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 November 19, 2021, the facility failed to ensure doors were able to close resisting the passage of smoke. Findings include the following: Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed several rated doors in the basement were propped open.
K 511	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 by: Per observation on November 19, 2021, the facility failed to ensure that electrical equipment complies with the National Electric Code. Findings include the following: Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed that the electrical panel in the Boiler Room near the entrance was found to be lacking a panel schedule, was blocked by storage. This panel's door was missing the parts that allow it to be secured to the panel, and several knockouts were missing. Corrected at the time of inspections.

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K 914	Continued From Page 6
K 914	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Per observation on November 19, 2021, the facility failed to ensure that electrical systems were maintained according to the requirements of NFPA 99. Findings include the following: Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed non-working outlets in the basement and the kitchen. An electrician was onsite correcting at the time of inspection.
K 920	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Per observation on November 19, 2021, the facility failed to ensure that the use of power and extension cords meets the requirements. Findings include the following:

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K 920	Continued From Page 7 Per observation on November 19, 2021, and accompanied by the Facility Administrator, inspection revealed AC wall units throughout the facility were found to be powered by relocatable power tabs. Photographic evidence received that this has been corrected.