VERMONT

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

March 27, 2019

Ms. Heather Presch, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

Provider #: 475025

Dear Ms. Presch:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **February 26, 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,

Pamela M. Cota, RN
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475025	A. BUILDING 01 - 01 BUILDING B. WING _____	02/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGFIELD HEALTH & REHAB	105 CHESTER RD SPRINGFIELD, VT 05156

(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 02/26/2019. The following violations were identified.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure means of egress was not obstructed in one area of the facility. Per observation on 2/26/19, accompanied by facility staff, the facility failed to ensure that the exit on the main floor west wing was free from obstruction by the placement of storage of a copier and supplies.	K 211	K211 Means of Egress – General The copier and supplies were moved from the corridor on the main floor West wing to an office. Other exits in the main corridors were assessed to ensure there were not obstructions present. The following was completed as corrective action for the alleged deficient practice. Education was provided to the maintenance staff on Life Safety Code pertaining to Means of Egress. An audit will be completed weekly x4 and monthly x3 by the Maintenance Director or designee to monitor the effectiveness of the plan. The QAPI committee will evaluate the data and make recommendations as needed. Date of Compliance: 3/26/19	
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	K 363		

K211 POC accepted 3/26/19 S Dumont / PMC

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Heather Presch	Center Executive Director	3/22/19

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K 363	Continued From page 1 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 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: Based on observation, the facility failed to ensure a fire door had appropriate closures. Per observation on 2/26/19, accompanied by the facility staff, the facility failed to have a door closure on the fire door located in the corridor exiting the activity room.	K 363	K363 Corridor – Doors The door closure is scheduled to be installed the first week of April. Other corridor doors will be assessed to ensure closures are in place where needed. The following was completed as corrective action for the alleged deficient practice. Education was provided to the maintenance staff on Life Safety Code pertaining to door closures. An audit will be completed weekly x4 and monthly x3 by the Maintenance Director or designee to monitor the effectiveness of the plan. The QAPI committee will evaluate the data and make recommendations as needed. Date of Compliance: 3/26/19 K363 POC accepted 3/26/19 Dumont/PMC	

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K 500 K 500 SS=D	Continued From page 2 Building Services - Other CFR(s): NFPA 101 Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services 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. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that vertical openings meet NFPA 101 7.1.3.2 requirements. Per observation on 2/26/19, accompanied by facility staff, the facility failed to ensure that the electrical panel located at the second floor laundry chute in the east wing did not have an open penetration located above the electrical panel.	K 500 K 500	K500 Building Services – Other Electrical panels were assessed to ensure there were no openings around them. Any areas of concern identified will be addressed at the time they are identified. The following was completed as corrective action for the alleged deficient practice. Education was provided to the maintenance staff on Life Safety Code pertaining to open penetrations. An audit will be completed weekly x4 and monthly x3 by the Maintenance Director or designee to monitor the effectiveness of the plan. The QAPI committee will evaluate the data and make recommendations as needed. Date of Compliance: 3/26/19 K500 POC accepted 3/26/19 SDumont/Pmc	