

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

May 12, 2022

Mr. Christopher Phillips, Administrator  
Springfield Health & Rehab  
105 Chester Rd  
Springfield, VT 05156-2106

Provider #: 475025

Dear Mr. Phillips:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **March 9, 2022**. 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:  <b>475025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/09/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGFIELD HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 CHESTER RD SPRINGFIELD, VT 05156</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	K 000		
K 222 SS=D	<p>The Division of Fire Safety completed an unannounced onsite Life Safety Code Survey inspection on March 9, 2022. Entry and exit interviews were conducted with the Maintenance Director. The following violations were identified.</p> <p>Egress Doors CFR(s): NFPA 101</p> <p>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</p>	K 222	<p>22 3/10/22 Vermont door replaced breakout switch assy., also Maintenance Director was advised to change door codes Once the doors codes had been changed. All the door in the center began working correctly. 1) 1st floor door is operational 2) 3rd floor nursing station door is operational 3) 2nd floor nursing station door is operational 4) 1st floor stair well door is operational The Maintenance Director will be testing door weekly x4 and monthly x 2 for operational status</p> <p>K222 Accepted 5/3/2022 <i>S. Dumont</i> / <i>T. Wehmayer</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Christopher Phillips* TITLE **Administrator** (X6) DATE **4/19/2022**

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.

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K 222	<p>Continued From page 1</p> <p>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 <b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b> Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on 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 <b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b> 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 <b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b> 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 March 9, 2022, the facility failed to ensure that delayed locking systems meet regulatory requirements. Findings include the following:</p> <p>1. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed that the exit door delayed locking system was not operational on the first</p>	K 222			

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K 222	Continued From page 2 floor.  2. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed that the exit door delayed locking system was not operational on the third floor next to the nurses' station.  3. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed that the exit door delayed locking system was not operational on the second floor next to the nurses' station.  4. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed that the exit door delayed locking system was not operational in the first-floor stairwell.	K 222			
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101  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	K 321	K321 1) Doorway next to rm 226 fire barrier will be resealed with 3M IC 15WB+ and 3M CP caulk by 3/23/2022 2) Doorway next to Rm 214 fire barrier will be resealed with 3M IC 15WB+ and 3M CP 25 WB+ caulk by 3/23/2022 3) 3rd floor separation walls between each wing, will be resealed with 3M IC 15WB+ and 3M CP 25 WB+ caulk by 3/23/2022  K321 Accepted 5/3/2022 <i>S. Dumont / T. Weismayer</i>		

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K 321	Continued From page 3  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 (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 March 9, 2022, the facility failed to ensure smoke barrier separations meet regulatory requirements. Findings include the following:  1. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed that there are penetrations in the smoke barrier separation wall above the doorway next to room 226 on the second floor was not properly fire stopped.  2. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed that there are penetrations in the smoke barrier separation wall above the doorway next to room 214 on the second floor was not properly fire stopped.  3. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed numerous penetrations in the ceiling smoke barrier separation walls between each wing that are not properly fire stopped on	K 321			

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K 321	Continued From page 4 the third floor.  4. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed penetrations and broken ceiling tiles in the air handler room on the second floor.  5. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed penetrations in the smoke barrier separation wall above the fire doors next to rooms 213 and 202 are not properly fire stopped.  6. Per observation on March 9, 2022, and accompanied by the Maintenance Director, inspection revealed penetrations in the ceiling of the boiler room on the first floor.	K 321	4) Broken ceiling tiles in air handler room have been replaced. 5) Fire doors next to rm 213 and 202 fire barriers will be resealed with 3M IC 15WB+ and 3MCP 25 WB+ by 3/23/2022 6) Broken ceiling tiles in boiler room have been replaced.  K321 Accepted 5/3/2022 <i>S.Dumont</i> / <i>T.Welmeyer</i>		