



**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

November 29, 2022

Ms. Alyssa Maker-Lawal, Administrator  
St Johnsbury Health & Rehab  
1248 Hospital Drive  
Saint Johnsbury, VT 05819-9248

Provider #: 475019

Dear Ms. Maker-Lawal:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **August 23, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN  
Licensing Chief

Enclosure

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

PRINTED: 11/01/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOHNSBURY HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819</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 353 SS=E	<p>The Division of Fire Safety completed an unannounced onsite Life Safety Code Survey on August 23, 2022. Entry and Exit interviews were conducted with the Facility Administrator and Facilities Director. The following violations were identified.</p> <p><b>Sprinkler System - Maintenance and Testing</b> 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 _____</p> <p>b) Who provided system test _____</p> <p>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 This REQUIREMENT is not met as evidenced by: Per observation and review on August 23, 2022, the facility failed to ensure sprinklers are maintained according to regulatory requirements. Findings include the following:</p> <p>1. Per observation and review on August 23, 2022, and accompanied by the Facilities Director</p>	K 353	<p>On 10/19/2022 the sprinkler system was checked. On 10/25/2022 samples were sent to Dyne Fire Protection Labs for testing. On 11/1/2022 Dyne Fire Protection Labs sent back a report showing the sampled sprinkler heads passed inspection.</p> <p>A proposal was made to replace all painted sprinkler heads. A quote was received and approved on 11/11/2022.</p> <p>All residents/ patients that reside at the center have the potential to be affected by the alleged deficient practice.</p> <p>Education was provided to maintenance staff to ensure no sprinkler heads would be painted going forward.</p> <p>Monitoring for any damaged sprinkler heads including paint will continue weekly x4 and monthly x3 by the Maintenance Director/ designee.</p> <p>Results of the audits will be reported to the QAPI committee with any corrective action needed taken immediately.</p>	11/25/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

N/A

11/11/22

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 353	Continued From page 1 and Facilities Administrator, inspection revealed sprinkler heads great than 50 years old are located throughout the facility.  2. Per observation and review on August 23, 2022, and accompanied by the Facilities Director and Facilities Administrator, inspection revealed Loaded and painted sprinkler heads were identified in several locations around the facility.	K 353	K353 Accepted 11/28/2022 M. Steele/TW	
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