

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

August 15, 2018

Ms. Melissa Belanger, Administrator
St Johnsbury Health & Rehab
1248 Hospital Drive
Saint Johnsbury, VT 05819-9248

Provider #: 475019

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **August 1, 2018**. 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

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

PRINTED: 08/13/2018
FORM APPROVED
OMB NO 0958-0291

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/01/2018
NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	
(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)

{K 000} INITIAL COMMENTS {K 000}

An unannounced onsite revisit to the Life Safety Code violations dated 6/20/18 was conducted by the Vermont Division of Fire Safety on 8/1/18. The following violation was found to be uncorrected.

{K 372} Subdivision of Building Spaces - Smoke Barrie {K 372}
SS=E CFR(s): NFPA 101

Subdivision of Building Spaces - Smoke Barrier Construction
2012 EXISTING
Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.
19.3.7.3, 8.6.7.1(1)
Describe any mechanical smoke control system in REMARKS.
This REQUIREMENT is not met as evidenced by:
Based on observation, the facility failed to ensure smoke barriers are fully present and constructed in accordance with 8.5.

Per observation on 8/1/18 accompanied by the Maintenance Department and the facility Administrator, the following was identified:

1. All previously noted penetrations from the 6/20/18 inspection had been sealed with a residential listed product. This product was not listed for commercial installations in a smoke wall. All of this product needs to be removed and

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

Melissa S. Belanger

TITLE

CED

DATE

8/13/18

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.

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

PRINTED 08/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/01/2018
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	<p>{K 372} Continued From page 1 the installation of a listed product for this application needs to be completed. 2. Smoke Barrier in hall B above the ceiling was found to have a sprinkler line right of the walkway penetrating the smoke barrier without sealant. 3. Smoke barrier in hall A above the ceiling next to the attic access was found to have flexible conduit penetrating the smoke barrier without sealant.</p>	<p>{K 372}</p>	<p>All residential products have been removed. An outside vendor was secured to replace the sealant. Smoke barrier in hall B was corrected by the outside vendor with application of commercial sealant. Smoke barrier in hall A next to attic access was corrected by the outside vendor with application of commercial sealant. All penetrations were corrected on 8/10/18 by an outside vendor. This plan of correction will be discussed at the next QAPI meeting for any further recommendations.</p> <p><i>K372 POC accepted 8/15/18 pmclaughlin/pmc</i></p>