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

January 12, 2022

Ms. Lynnette Smith, Administrator
The Manor, Inc
577 Washington Highway
Morrisville, VT 05661-8972

Provider #: 475057

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the **Life Safety Code survey** conducted on **December 27, 2021**. 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475057	A. BUILDING 01 B. WING ______	12/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MANOR, INC	577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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 The Divison of Fire Safety completed an unannounced onsite Life Safety Code inspection on December 27, 2021. Entry and exit interviews were conducted with the Administrator and the Facilities Maintenance Director. The following violations were identified.	K 000	Preparation and/or execution of this plan of correction does not constitute the providers admission of/or agreement with the alleged violations or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed as required by state and federal law.	
K 222 SS=E	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	K 222	**K 222 Egress Doors** 1. Special locking arrangements for the clinical security needs of the patients are used on the Elmore unit exit door. The door is released by a Key Code or an Access Card, which is issued to all Manor staff who can readily unlock said door at all times. Additionally, the locks are 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. To determine egress conditions for the doors to meet LSC 19.6.2.2.2 as equipped, an additional investigation in consultation with The Royal Group for Access control is scheduled for 1/21/22 as well as to Lamoille dispatch and performance test. (See attached Exhibit A)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 1.12.22

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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	475057	A. BUILDING **01** B. WING ______	**12/27/2021**

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THE MANOR, INC	**577 WASHINGTON HIGHWAY** **MORRISVILLE, VT 05661**

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K 222	Continued From page 1 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 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 December 27, 2021, the facility failed to ensure that egress doors utilizing a tool or a key meet the special needs locking arrangements. Findings include the following: 1. Per observation on December 27, 2021, and accompanied by the Administrator and the Facilities Maintenance Director, inspection	K 222	**This page left blank**	

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K 222	Continued From page 2 revealed that the Main Entrance/Egress door for the Elmore wing may only be released by a Key Code or an Access Card. This door is marked as an exit door. 2. Per observation on December 27, 2021, and accompanied by the Administrator and the Facilities Maintenance Director, inspection revealed that the dining room doors are marked as an Fire Exit and have key card access to release the door magnets.	K 222	**K 222 (continued)** 2. The Exit sign was removed as this was not an approved means of Egress in relation to the location of the kitchen. To be completed 1/26/22 K222 accepted 1/12/22 /M.Steele T Wehmeyer	
K 331 SS=C	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 December 27, 2021, the facility failed to ensure that interior celiling finishes meet a flame spread rating of Calls A or B. Findings include the following: 1. Per observation on December 27, 2021, and accompanied by the Administrator and the Facilities Maintenance Director, inspection revealed that the ceiling tiles throughout the building have numerous penetraations due to	K 331	**K331 Interior Wall and Ceiling Finish** 1. Property Maintenance staff were in the process of replacing ceiling tile when this inspection occurred. The electrical contractor is now replacing ceiling tiles at the time that the lighting is changed. Many residents, staff and visitors would be affected by this deficient practice. To be completed by 1/26/2022 K331 accepted 1/12/22/M.Steele T Wehmeyer	

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

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FORM APPROVED
OMB NO. 0938-0391

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K 331	Continued From page 3 ongoing electrical contract work and no completion date.	K 331	**K 522 HVAC – Any Heating Device**	
K 522 SS=E	HVAC - Any Heating Device CFR(s): NFPA 101 HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected. * takes air for combustion from outside. * provides for a combustion system separate from occupied area atmosphere. 19.5.2.2 This REQUIREMENT is not met as evidenced by: Per observation on December 27, 2021, the facility failed to ensure that heating devices not installed according to regulations	K 522	The heating device does meet the requirements, however the location of the Shut Off valve was not labeled. Many residents, staff, and visitors would be affected by this deficient practice. This was corrected on 12/27/21. K522 Accepted 1/12/22/M.Steele T Wehmeyer	
K 753 SS=D	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4).	K 753		

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K 753	Continued From page 4 o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by: Per observation on December 27, 2021, the facility failed to ensure the decorations are not combustible. Findings include the following: 1. Per observation on December 27, 2021, and accompanied by the Administrator and the Facilities Maintenance Director, inspection revealed that the Christmas Tree was not flame retardant or treated with a fire-retardant coating. 2. Per observation on December 27, 2021, and accompanied by the Administrator and the Facilities Maintenance Director, inspection revealed that the decosrations on located on the trellis at Exit were not in limited quantities to avoid a hazard.	K 753	**K 753 Combustible Decorations** The Christmas tree was removed 12/27/21. The trellis was made clear of decorations and was moved 12/27/21. Many residents, staff, and visitors would be affected by this deficient practice. To ensure that this deficient practice does not recur, an imitation tree will be purchased. K753 Accepted 1/12/22/*M. Steele* T Wehmeyer	

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475057	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 12/27/2021
NAME OF PROVIDER OR SUPPLIER **THE MANOR, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **577 WASHINGTON HIGHWAY MORRISVILLE, VT**		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 291	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Per record review on December 27, 2021, the facility failed to ensure the emergency lighting works following regulatory requirements. Findings include the following: Per record review on December 27, 2021, and accompanied by the Administrator and the Facilities Maintenance Director, inspection revealed no documentation of a 90-minute light test.
K 712	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Per record review on December 27, 2021, the facility failed to ensure the transmission of a fire alarm signal. Findings include the following: Per record review on December 27, 2021, and accompanied by the Administrator and the Facilities Maintenance Director, inspection revealed that the fire drills' documentation does not state alarm transmission to Central Station.

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The above isolated deficiencies pose no actual harm to the residents

"A" FORM – 475057 The Manor, 12/27/21

K291 Emergency Lighting

On 11/3/21 a power outage in excess of 90-minutes was initiated with a successful transfer of power to the generator.

This information was shared when the inspection was done on 12/27/21.

(See attached Exhibit B) K291 Accepted 1/12/22/*M. Steele* T Wehmeyer

K712 Fire Drills

The facility's Fire Drill/Alarm Response Report, (copy attached), includes documentation for ensuring that the alarm is communicated to Central Station.

This information was shared when the inspection was done on 12/27/21.

(See attached Exhibit C) K712 Accepted 1/12/22 /*M. Steele* T Wehmeyer