



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

October 9, 2023

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

Provider ID #: 475057

Dear Ms. Smith:

On **October 5, 2023**, we conducted a revisit to the FMS Life Safety Code survey of **April 26, 2023**, to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility is in substantial compliance with participation requirements found in Title 42, Code of Federal Regulations as of **July 26, 2023**.

If you have any questions concerning this letter, please contact me at (802) 241-0480.

Sincerely,

A handwritten signature in cursive script that reads "tammy wehmeyer".

Tammy Wehmeyer
Administrative Services Manager

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

PRINTED: 10/09/2023
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475057 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 10/05/2023 |
| NAME OF PROVIDER OR SUPPLIER THE MANOR, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | |
| {E 000} | Initial Comments An Emergency Preparedness (EP) and Life Safety Code (LSC) comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on April 26, 2023, following a Vermont Division of Licensing and Protection State Fire Marshal, Vermont State survey agency survey, that was conducted on March 14, 2023. At this comparative Federal Monitoring Survey The Manor, Inc, CCN 475057 was found in substantial compliance with the requirements for participation in Medicare/Medicaid, 42 CFR, Subpart 483.73 Emergency Preparedness. The building is described in the K000 section for the Life Safety Code survey. Emergency backup power to the building was supplied by a 200KW (250KVA) diesel generator outside the facility. The facility generator is stated to be tied to the building including the fire alarm control panel, red emergency outlets, doors and life safety components utilized for preservation of life. The facility is approximately less than a mile from a local volunteer fire department. The facility did not admit residents on life support and stated they do admit bariatric residents based on the facility equipment. The facility has a capacity of 72 beds with a census of 59 at the time of the survey. | {E 000} | | | |
| {K 000} | INITIAL COMMENTS The requirement at 42 CFR Subpart 483.73 is MET as evidenced by: The Division of Fire Safety conducted an unannounced, onsite revisit survey at the facility on the date indicated in the upper right hand corner of this form to the Federal Monitoring | {K 000} | | | |

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

TITLE

(X6) DATE

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 000} | Continued From page 1 Survey conducted April 26, 2023. The violation(s) previously identified have been corrected. | {K 000} | | |