

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 17, 2019

Mr. Dane Rank, Administrator  
Thompson House Nursing Home  
80 Maple Street  
Brattleboro, VT 05301

Provider #: 475050

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **April 25, 2019**. 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: 05/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  04/25/2019
NAME OF PROVIDER OR SUPPLIER  THOMPSON HOUSE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301	

(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 321	Continued From page 1 by: Based on observation, the facility failed to ensure that all areas are separated from other spaces by smoke resisting partitions and doors.  Per observation on 04/25/19, accompanied by the facility maintenance supervisor, the doors to the first level conference room and the first level bathing room were held open by a wedge.	K 321		
K 500 SS=D	Building Services - Other CFR(s): NFPA 101  Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.  This REQUIREMENT is not met as evidenced by: Vertical Openings - Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall maintain the required resistance rating. (NFPA 101 7.1.3.2)  Based on observation, the facility failed to ensure that all vertical openings and conduits have a one hour fire caulking.  Per observation on 4/25/16, accompanied by the facility maintenance supervisor, the middle and lower level of the facility has two vertical openings	K 500	Fire-rated spray foam and caulking were applied to the vertical openings identified.  Maintenance Director inspected vertical openings that pass through fire barriers throughout the facility. Identified 2 other areas of concern and applied fire-rated spray foam and caulking. All current openings appear to meet compliance.  Any future work completed by Maintenance Director, designee, or contract company will be inspected by Maintenance Director or designee to ensure the addition of fire-rated foam and caulking where necessary.  Any construction work completed on the facility by Maintenance Department or Contractor will be reported in quarterly QAPI meetings with a notation that it was inspected by the Maintenance Director or designee for compliance with NFPA standards.	04/26/19  04/26/19  05/01/19 and ongoing  05/22/19 and ongoing

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

PRINTED: 05/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  04/25/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301
---	---

(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 500 Continued From page 2  
where there is ceiling penetration which needs one hour fire caulking. (NFPA 101 7.1.3.2)

Shelving, and any storage thereon, directly below the sprinklers shall not extend above a plane located 18 in. (457 mm) below the ceiling sprinkler deflectors. (NFPA 101 8.6.6.3)

Based on observation, the facility failed to ensure that the storage on shelving does not extend within 18 inches of the sprinklers.

The cook's corner supply closet on the first level has storage above the sprinkler heads. (NFPA 101.8.6.6.3)

K 500 Items identified above the 18-inch verticle plane were removed. 04/26/19

All closets and storage areas were checked to ensure compliance with 18-inch standard. One other area was identified and items removed. 04/26/19

Maintenance Director or designee will check continued compliance during monthly room safety rounds and educated staffmembers responsible for storage areas of the need for continued NFPA compliance. 05/31/19 and ongoing

Results of these rounds will be presented in QAPI meetings to ensure continued compliance. 05/22/19 and ongoing

*K500 Pcc Accepted 5/17/19  
S. Dumont / RW*