

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

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

FamlaMCtaRN

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		475050	B. WING	The state of the s	04/2	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	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 000	inspection was cor Safety on 04/25/19	TS onsite Life Safety Code npleted by the Division of Fire The following violations were	K 000			
K 321 SS=D	identified. Hazardous Areas - CFR(s): NFPA 101		K 32	The wedges in question were moved and the doors demon proper operation.	516-	04/25/19
	having 1-hour fire of fire rated doors) or system in accordar. When the approve system option is us separated from oth partitions and door Doors shall be self and permitted to he protective plates the from the bottom of Describe the floor hazardous areas to 19.3.2.1, 19.3.5.9 Area Separation No. a. Boiler and Fuel-b. Laundries (large c. Repair, Mainten	are protected by a fire barrier resistance rating (with 3/4 hour an automatic fire extinguishing nee with 8.7.1 or 19.3.5.9. Id automatic fire extinguishing sed, the areas shall be ner spaces by smoke resisting as in accordance with 8.4. If closing or automatic-closing ave nonrated or field-applied nat do not exceed 48 inches if the door. In and zone locations of that are deficient in REMARKS. Automatic Sprinkler (A) Fired Heater Rooms er than 100 square feet) ance, and Paint Shops		All facility doors were checked one other openner was identiand erradicated. Identification of door braces, wedges, and holders was addithe Maintenance Director's resafety checklist and will be completed monthly by the Matenance Director or designed Results of these room safety will be presented at quarterly meetings to ensure ongoing compliance. K331 PCCCCLPTO.	ified to oom ain-e. checks	and ongoing
	e. Trash Collection (exceeding 64 gall f. Combustible Sto (over 50 square fe g. Laboratories (if Hazard - see K322	ons) orage Rooms/Spaces et) classified as Severe				

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.

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

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
*		475050	B. WING			04/2	5/2019
	ROVIDER OR SUPPLIER			7			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
K 500 SS=D	that all areas are s smoke resisting parameters of the parameters	tion, the facility failed to ensure eparated from other spaces by intitions and doors. 1 04/25/19, accompanied by the e supervisor, the doors to the ce room and the first level held open by a wedge. 1 Other 1 Other 1 KS section any LSC Section ding Services requirements that by the provided K-tags, but are rmation, along with the	K	The many problems were received and the second of additional one of the	Fire-rated spray foam and cau were applied to the vertical opings identified. Maintenance Director inspects vertical openings that pass thrifire barriers throughout the facildentified 2 other areas of con	ed rough cility.	04/26/19
	applicable Life Saficitation, should be This REQUIREME by: Vertical Openings cables, wires, air of ducts, and similar pass through fire be required resistance. Based on observation of facility maintenance.	ety Code or NFPA standard included on Form CMS-2567. ENT is not met as evidenced - Pipes, conduits, bus ducts, ducts, pneumatic tubes and building service equipment that parriers shall maintain the erating. (NFPA 101 7.1.3.2) tion, the facility failed to ensure enings and conduits have a one on 4/25/16, accompanied by the se supervisor, the middle and facility has two vertical openings		and the second s	and applied fire-rated spray for and caulking. All current oper appear to meet compliance. Any future work completed by Maintenance Director, designs or contract company will be in ed by Maintenance Director or designee to ensure the addition fire-rated foam and caulking with necessary. Any construction work complete the facility by Maintenance Dement or Contractor will be reprin quarterly QAPI meetings with notation that it was inspected Maintenance Director or designed for compliance with NFPA standards.	ee, spect-ron of where ed on epart-orted th a by the gnee	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

1	A. BUILDING	01 - MAIN BUILDING 01	COM	(X3) DATE SURVEY COMPLETED	
475050	B. WING		04/2	25/2019	
RSING HOME RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL	8	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE			
s ceiling penetration which needs caulking. (NFPA 101 7.1.3.2) I any storage thereon, directly below shall not extend above a plane (457 mm) below the ceiling ectors. (NFPA 101 8.6.6.3) servation, the facility failed to ensure ge on shelving does not extend nes of the sprinklers.	,	All closets and storage are checked to ensure compli 18-inch standard. One oth was identified and items re Maintenance Director or will check continued computing monthly room safe and educated staffmembersible for storage areas of for continued NFPA computers.	ed. eas were ance with her area emoved. designee pliance ety rounds ers respon- the need pliance. will be higs to	04/26/19 04/26/19 05/31/19 and ongoing 05/22/19 and ongoing	
		K500 Pac accept S. Dumont	ted 5/1 1720	7/19	
	PPLIER JRSING HOME ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION) From page 2 Is ceiling penetration which needs caulking. (NFPA 101 7.1.3.2) Id any storage thereon, directly below is shall not extend above a plane (457 mm) below the ceiling ectors. (NFPA 101 8.6.6.3)	PPLIER JRSING HOME ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION) Tom page 2 IS ceiling penetration which needs caulking. (NFPA 101 7.1.3.2) Id any storage thereon, directly below is shall not extend above a plane (457 mm) below the ceiling lectors. (NFPA 101 8.6.6.3) IS servation, the facility failed to ensure age on shelving does not extend these of the sprinklers. ID PREFIX TAG K 500 K 500	STREET ADDRESS, CITY, STATE, ZIP COE BO MAPLE STREET BRATTLEBORO, VT 05301 PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) Tom page 2 s ceiling penetration which needs caulking. (NFPA 101 7.1.3.2) d any storage thereon, directly below s shall not extend above a plane . (457 mm) below the ceiling ectors. (NFPA 101 8.6.6.3) servation, the facility failed to ensure age on shelving does not extend hes of the sprinklers. orner supply closet on the first level above the sprinkler heads. (NFPA STREET ADDRESS, CITY, STATE, ZIP COE 80 MAPLE STREET BRATTLEBORO, VT 05301 PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) K 500 Items identified above the verticle plane were remov All closets and storage are checked to ensure compliant 18-inch standard. One off was identified and items re solution of the sprinkler of the sprink	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301 DRAY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION) DREFIX TAG TAG PREFIX TAG ID PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG ID PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION TO SOUTH A POVIDER'S PLAN OF CORRECTION TO SOUTH A P	