

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 25, 2021

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 **July 19, 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

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

PRINTED: 08/12/2021  
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  B. WING _____	(X3) DATE SURVEY COMPLETED  07/19/2021
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 000	INITIAL COMMENTS	K 000		
K 300 SS=D	<p>The Divison of Fire Safety completed an unannounced onsite Life Safety Code inspection on July 19, 2021. Entry and Exit interviews were conducted with the Facility Maintenance Supervisor and the Director of Nursing as the Administrator was unavailable. The following violations were identified.</p> <p>Protection - Other CFR(s): NFPA 101</p> <p>Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on July 19, 2021, the facility failed to ensure the following regulatory requirements are being met:</p> <p>1. Per observation on July 19, 2021, and accompanied by Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the carbon monoxide detector on level two next to room 223 is out of date.</p> <p>Carbon Monoxide Detectors - Carbon Monoxide alarms shall be installed outside of each separate sleeping area in the immediate vicinity of the bedrooms and hardwired into the building's</p>	K 300	<p>Completed removal of all CO2 detectors, identified expiration date on back, and placed expiration date on front of all detectors in building. This included the CO2 detectors identified in the 2567.</p> <p>Bi-weekly inspection and recording of all CO2 detector status will be completed to ensure compliance.</p> <p>Findings will be reported quarterly in QAPI Committee meetings.</p> <p>Completed review and inspection of all facility doors, including those identified in the survey. Any door with a vent was brought into compliance by covering the opening with a non-combustable material per NFPA standard.</p> <p>Bi-weekly inspections of all vented doors to ensure continued compliance. These inspections will be reported quarterly in QAPI Committee meetings.</p> <p>Facility inspected for any non NFPA compliant ceiling material. None identified.</p> <p>Patio ceiling was replaced with non-combustable material that is NFPA compliant.</p> <p>A room check of all offices and rooms completed and any non-compliant cabling removed. Appliances were plugged directly into wall outlets.</p> <p>Monthly inspection of cabling will occur during room safety checks. Report on compliance will be made in quarterly QAPI Committee meetings.</p> <p>K300 POC Accepted 8/25/2021 <i>S. Dumont / T. Wehmeyer</i></p>	07/02/21 and ongoing  08/23.21 and ongoing  08/17/21  08/17/21 and ongoing

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 300	<p>Continued From page 1 electrical system. (NFPA 101 31.3.4.6)</p> <p>2. Per observation on July 19, 2021, and accompanied by Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the storage and linens door in the middle-level south hall had been modified to accept a vent, thereby not providing a tight smoke seal.</p> <p>3. Per observation on July 19, 2021, and accompanied by Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the fire-rated door to the electrical room had been modified to accept a vent, thereby not providing a tight smoke seal.</p> <p>33.3.3.2 Protection from Hazards. 33.3.3.2.1 Rooms containing high-pressure boilers, refrigerating machinery, transformers, or other service equipment subject to possible explosion shall not be located directly under or adjacent to exits, and such rooms shall be effectively separated from other parts of the building as specified in Section 8.7.33.3.3.2.2 Hazardous areas, which shall include, but shall not be limited to, the following, shall be separated from other parts of the building by construction having a minimum 1-hour fire-resistance rating, with communicating openings protected by approved self-closing fire doors, or such areas shall be equipped with automatic fire-extinguishing systems:</p> <ol style="list-style-type: none"> <li>1. Boiler and heater rooms</li> <li>2. Laundries</li> <li>3. Repair shops</li> <li>4. Rooms or spaces used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having</li> </ol>	K 300			

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K 300	Continued From page 2 jurisdiction  4. Per observation on July 19, 2021, and accompanied by Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the outside patio roof in the main level dining hall is greater than 4' and is required to have sprinkler coverage.  NFPA 13 Sprinkler coverage shall be provided beneath obstructions greater than 4 ft. wide, 8.5.5.3.1. Sprinklers are provided under roofs and canopies unless constructed of noncombustible or limited combustible materials, less than 4 ft. wide, and no storage, refer to exceptions 8.14.7.1 8.14.7.4  5. Per observation on July 19, 2021, and accompanied by Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the social services room on the lower level has extension cords used to power appliances.  Extension Cords - Extension cords and cables shall not be used in place of permanent wiring for any longer than 90 days as described in 4.5 of NFPA 73.	K 300		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily	K 353	Inspection and replacement of any identified heads and excutcheons for compliance was contracted to Southern Vermont Sprinkler Services, Inc. on 7/19/21.  Inspection completed, parts ordered, anticipation of completion within 30 days.  Reporting structure was changed to add reporting of non-compliance to Maintenance Director quarterly during inspections by Southern Vermont Sprinkler.  Any findings will be reported in quarterly QAPI Meetings  K353 POC Accepted 8/25/2021 <i>S. Dumont / T. Weismeyer</i>	07/22/21 and ongoing

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K 353	Continued From page 3 available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Per observation on July 19, 2021, the facility failed to ensure sprinkler systems are maintained in accordance with regulatory requirements. Findings include the following:  1. Per observation on July 19, 2021, and accompanied by the Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the main level kitchen walk-in freezer sprinkler head and escutcheon is not properly seated.  2. Per observation on July 19, 2021, and accompanied by the Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the main level loading dock sprinkler head has corrosion.	K 353		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core	K 363	Inspection of all linen room doors completed.  Changed to self-closing mechanism, any doors which did not automatically close.  Bi - weekly checks of linen closets will be added to the Fire door checks.  Any non compliance will be reported to the QAPI Committee in quarterly meetings.	08/27/21 and ongoing

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K 363	<p>Continued From page 4</p> <p>wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Per observation on July 19, 2021, the facility failed to ensure that doors protecting corridor openings closed and/or latched properly. The findings include the following:</p>	K 363	<p>Inspection of all fire doors completed.</p> <p>Changed to self-closing mechanism, any doors which did not automatically close. Replaced door knob on fire door which was non compliance.</p> <p>Bi - weekly checks of all fire doors will be added to the Fire door checks.</p> <p>Any non compliance will be reported to the QAPI Committee in quarterly meetings.</p> <p>Removed door stop from Activity Assistant.</p> <p>Self-closing mechanism identified to be working</p> <p>Bi-weekly of door stop checks will be completed during fire door inspections.</p> <p>Any non - compliance will be reported in quarterly QAPI Committee Meetings.</p> <p>K363 POC Accepted 8/25/2021</p> <p><i>S. Dumont / T. Weismayer</i></p>	08/19/21 and ongoing          08/19/21 and ongoing	

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K 363	Continued From page 5 1. Per observation on July 19, 2021, and accompanied by the Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the middle-level linens room door does not lock and latch.  2. Per observation on July 19, 2021, and accompanied by the Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the lower level fire doors next to room 24 do not lock and latch.  3. Per observation on July 19, 2021, and accompanied by the Facility Maintenance Supervisor and Director of Nursing, inspection revealed that the lower-level activity room door was held open with a doorstop.	K 363		
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2  This REQUIREMENT is not met as evidenced by: Per observation on July 19, 2021, the facility failed to ensure electrical wiring and equipment complies with regulatory requirements. Findings include the following:	K 511	Damaged cover repaired for service disconnect.  All service disconnects outside rooms inspected for compliance. 2 others identified and replaced.  Monthly inspection of disconnects will be completed in coordination room safety checks.  Any non-compliance will be reported in QAPI Committee meetings.  Damaged cover repaired for outlet identified.  All outlets inspected for compliance. Any non compliant covers were identified and replaced.  Monthly inspection of outlets will be completed in coordination room safety checks.  Any non-compliance will be reported in QAPI Committee meetings.  K511 POC Accepted 8/25/2021 <i>S. Dumont / T. Weismayer</i>	07/27/21 and ongoing           07/27/21 and ongoing

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K 511	Continued From page 6  1. Per observation on July 19, 2021, and accompanied by the Facility Maintenance Supervisor and Director of Nursing, inspection revealed that on the second level next to the elevator above the ceiling, a receptacle was missing an electrical cover.  2. Per observation on July 19, 2021, and accompanied by the Facility Maintenance Supervisor and Director of Nursing, inspection revealed that on the second level in the res-care storage room, a receptacle cover is missing.	K 511			