



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

November 21, 2019

Ms. Melissa Jackson, Administrator
Vermont Veterans' Home
325 North Street
Bennington, VT 05201-5014

Provider #: 475032

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **August 29, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 10/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/29/2019
NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS' HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201		
(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 An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on August 20, 2019 and August 29, 2019. The following violations were identified.		K 000	The filing of this plan of correction does not constitute an admission of guilt. Vermont Veterans Home ("the Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements.	
K 100 SS=D	General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General 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: Per observation on 08/29/2019, the facility failed to ensure all skylights are properly installed. Findings include the following: Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the skylight sun panel is loose and hanging down into the skylight opening on the second floor, Administrative Office Wing near Michelle B.'s office. The remaining skylights should all be checked for proper installation. 2012 NFPA 1 Fire Code, Section 10.1.1		K 100	K 100 General Requirements - Other CFR(s): NFPA 101 All skylight sun panels have been checked to insure that they are secured in place and do not pose a drop hazard. Skylights will be checked by visual observation during a monthly audit to insure sun panels remain in place and all skylights are otherwise properly installed. Data from the audits will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.	
K 200 SS=D	Means of Egress Requirements - Other CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the		K 200	K 200 Means of Egress - Other CFR(s): NFPA 101	

K100 POC accepted 11-20-19
S. Dumont/TW

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

TITLE

(X6) DATE

Melissa A. Jackson MBA, FAEHC

CEO

10/28/19

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 200	Continued From page 1 applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, 18.2, 19.2 This REQUIREMENT is not met as evidenced by: Per observation on 08/20/2019, the facility failed to ensure that corridor floors are free of hazards. Findings include the following: Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is a hole in the corridor floor that is a tripping hazard, located in the first floor corridor east end of the Rehabilitation Center at the steel sill late that crosses the corridor. 2012 NFPA 101 Life Safety Code, Section 19.7.3.1.		K 200	The hole in the corridor floor was repaired immediately during the facility inspection. Corridors and egress routes will be checked during a monthly audit by visual observation to insure that floors are free of tripping hazards. Data from the audits will be brought to the QAPI meeting every other month for six months or until the committee determines resolution. <i>K200 Poc Accepted 11-20-19 S. Dumont / TW</i>	
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Per observation on 08/29/2019 the facility failed to ensure that all egress doors were clear in the event of an emergency. Findings include the following:		K 271	K 271 Discharge From Exits CFR(s): NFPA 101 The egress door in the A-wing cafeteria noted as being blocked, was temporarily obstructed by a wheeled cart in use by the Activities staff at that time. The cart was moved immediately by a member of the Activities staff when it was pointed out to them. Staff will be instructed that at no time should carts or other obstructions be placed in front of an egress door, or in an egress route. Education will be provided immediately for all staff. <i>K271 Poc Accepted 11-20-19 S. Dumont / TW</i>	

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K 271	Continued From page 2	K 271			
K 291 SS=D	<p>Per observation on 08/29/2019, and accompanied by the Director of Environment Services, inspection revealed that the egress door that leads from the A-Wing Cafeteria was blocked preventing the use of the egress door in the event of an emergency. 2012 NFPA 101 Life Safety Code, Section 19.7.1.10.1</p> <p>Emergency Lighting CFR(s): NFPA 101</p> <p>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 observation on 08/20/2019 the facility failed to ensure that all emergency lighting functioned properly. Findings include the following:</p> <ol style="list-style-type: none"> 1. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is an emergency light in the old generator room located in the Rehabilitation basement that did not function when tested. 2. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is an emergency light located just outside of the old generator room located in the Rehabilitation basement that did not function when tested. 3. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is an 	K 291	<p>K 291 Emergency Lighting CFR(s): NFPA 101</p> <p>The emergency lights in all three locations noted were tested by Maintenance staff to insure proper function. In two of the three locations, new lights were installed to meet minimum illumination necessary for function. The third location is connected to an emergency power source and does not function unless emergency power is online.</p> <p>An emergency lighting preventive maintenance checklist is already in place and will be updated to reflect the new fixtures.</p> <p>Emergency lighting monthly audits will be brought to QAPI meeting every other month for six months or until the committee determines resolution.</p> <p><i>K291 Poc Accepted 11-20-19 S. Deenert / RW</i></p>		

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K 291	Continued From page 3 emergency light in the kitchen that did not function when tested.	K 291			
K 311 SS=D	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Per observation on 08/20/2019 the facility failed to ensure that all vertical openings between floors have a fire-resistant rating of at least 1 hour. Findings include the following: 1. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that an egress door was blocked open in the East basement stairway. 2012 NFPA 101 Life Safety Code, Section 19.3.1.7 2. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are open pipe penetrations in the egress stairway wall at the bottom of the East basement egress stairway that were not fire caulked. 2012 NFPA 101 Life Safety Code, Section 19.3.1.5	K 311	K 311 Vertical Openings - Enclosure CFR(s): NFPA 101 During the inspection, the egress door at the bottom of the stairwell was found to be blocked open by a concrete block. The block was removed and the door was closed and latched properly. A single open penetration in the CMU at the bottom of the stairs was backfilled and fire caulked immediately following the inspection. The 'storage' indicated consisted of two old plastic lawn chairs and an empty 5-gallon bucket adjacent to the fire sprinkler riser. The chairs have been used by staff and contracted personnel to monitor the fire sprinkler riser gauges during repair work. The chairs and bucket have been removed. Stairwells will be checked by visual observation during a weekly audit to insure that all tools, equipment and materials are removed from stairwells after maintenance operations, and that nothing is stored in those locations. Data from the audits will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.		

K-311 Poc accepted 11-20-19
S. Dumont / RW

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K 311	Continued From page 4		K 311		
K 321 SS=D	<p>3. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there was storage located at the bottom of the Rehabilitation east basement stairway. 2012 NFPA 1 Fire code, Section 10.1.1</p> <p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe.</p>		K 321	<p>K 321 Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>The inspection revealed that several areas in the basement and main facility corridors, including Rehab, North Wing and East wing, contain penetrations that have not been properly fire stopped. These walls are considered smoke barrier separation walls but are not defined as hazardous areas according to the tag reference.</p> <p>Further inspection by facility staff revealed that the penetrations found during the inspection were exposed only on one side of the wall. Regardless, this is a concern that needs to be addressed. The facility will issue an RFP, per State contract requirements, for a State-approved contractor to install a properly-rated fire foam or fire caulking product to all penetrations in smoke barriers throughout the building, in accordance with NFPA Life Safety Code (2012), Chapter 19, Existing Health Care Occupancies.</p> <p>The welding tanks were being used by Maintenance staff that morning and were moved immediately following the completion of the task.</p>	

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K 321	Continued From page 5 Hazard - see K322) This REQUIREMENT is not met as evidenced by: Per observation on 08/20 and 08/29, 2019, the facility failed to ensure that all hazardous areas are protected by a fire barrier with a 1-hour rating or automatic fire extinguishing system is in place. Findings include the following: 1. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there were penetrations in the smoke barrier separation wall above the doorway between the Rehabilitation and the North Wing basements was not properly fire stopped. 2012 NFPA 101 Life Safety Code, Section 19.3.2.1.2 2. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there were penetrations in the smoke barrier separation wall near the doorway between the Rehabilitation and the East Wing crawl space that were not properly fire stopped. 2012 NFPA 101 Life Safety Code, Section 19.3.2.1.2. 3. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are numerous penetrations in the basement smoke barrier separation walls between each wing that are not properly fire stopped. 2012 NFPA 101 Life Safety Code, Section 19.3.2.1.2. 4. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed oxygen/acetylene welding tanks, with welding hoses, gauges and	K 321	Smoke barrier walls and penetrations will be checked semi-annually and during all construction activities or maintenance that requires a wall penetration to be made. Inspection audits will be brought to QAPI meeting every other month for six months or until the committee determines resolution. <i>K321 POC Accepted 11-20-19 S. Dumont / TW</i>		

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K 321	Continued From page 6 torches, attached to a cart that was positioned at the top of the ramp that led to the lower portion of the boiler room. This is an unsafe location to store the welding cart and tanks. 2015 NFPA 55, Section 63.3.1.9.4.2		K 321		
K 331 SS=D	<p>Interior Wall and Ceiling Finish CFR(s): NFPA 101</p> <p>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).</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on 08/20 and 8/29, 2019, the facility failed to ensure that interior walls and ceiling finishes have a flame spread rating of Class A or Class B. Findings include the following:</p> <p>1. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed there is a ceiling sheet rock missing in the Housekeeping section of the basement, and there are also numerous holes in the ceiling the twill allow smoke and heat to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system. 2012 NFPA 101 Life Safety Code, Sections 19.3.3.1 & 19.3.3.2</p>		K 331	<p>K 331 Interior Wall and Ceiling Finish CFR(s): NFPA 101</p> <ol style="list-style-type: none"> 1. The inspection noted sheetrock missing in the ceiling of the Housekeeping storage area of the basement. The holes have been patched and fire taped to code. 2. The inspection noted holes in the ceiling of the basement in Cardinal Point - East. The holes have been patched and fire taped to code. The open access panel has been shut. 3. The inspection noted a ceiling tile missing in the server room located in the Administrative section of the facility. The ceiling tile has been replaced. 4. The inspection noted a ceiling tile missing in the East wing hallway near Room 105. The ceiling tile has been replaced. 5. The inspection noted a ceiling tile loose in the East wing hallway near Room 103. The ceiling tile has been replaced. <p>Ceilings will be inspected during basement audits and by visual inspection during routine maintenance checks in occupied spaces. Data from audits will be presented to QA committee for evaluation and discussion.</p> <p>K331 Poc accepted 11-20-19 S. Dumont / TW</p>	

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(X5) COMPLETION DATE			

K 331 Continued From page 7

K 331

2. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are holes in the ceiling of the C-East basement. There is also an open access panel. The openings will allow smoke and heat to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system. 2012 NFPA 101 Life Safety Code, Sections 19.3.3.1 & 19.3.3.2

3. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that a ceiling tile is missing in the server room located in the old Administration Wing. The missing tiles will allow smoke and heat to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system. 2012 NFPA 101 Life Safety Code, Sections 19.3.3.1 & 19.3.3.2

4. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that a ceiling tile is missing in the corridor near Room 105 in the East-Wing. The missing tiles will allow smoke and heat to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system. 2012 NFPA 101 Life Safety Code, Sections 19.3.3.1 & 19.3.3.2

5. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that a ceiling tile is not secured in place in Corridor near Room 103. The unsecured tile will allow smoke and heat to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system. 2012 NFPA 101 Life Safety Code, Sections 19.3.3.1 & 19.3.3.2

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K 331	Continued From page 8	K 331			
K 341 SS=D	<p>6. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed there are openings in the ceiling located at the main loading dock interior corridor. The opening will allow smoke and heat to pass into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system. 2012 NFPA 101 Life Safety Code, Sections 19.3.3.1 & 19.3.3.2</p> <p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on 08/20/2019, the facility failed to ensure that all smoke detectors are properly secured according to the requirements. Findings include the following:</p>	K 341	<p>K 341 Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>As of 08/21/2019, all smoke detectors identified during the inspection have been properly secured and tested to insure continued operation.</p> <p>Monthly and annual inspections of devices will continue as per the facility's preventive maintenance plan. All devices in the system are directly addressable and will immediately send a trouble notification to the alarm panel and the alarm company if there is a malfunction. Each device in the system is checked visually and tested individually during the annual inspection. The next full system inspection is due in November 2019.</p> <p>Data from the monthly and annual inspections will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.</p>		

K341 POC accepted 11-20-19
SDumont/Re

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(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
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K 341

Continued From page 9 :

K 341

1. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that smoke detector identified as L001 S183, which is located in the Kitchen basement, is not secured per the National Electrical Code. The detector is attached on one side only. 2012 NFPA 101 Life Safety Code, Sections 19.3.4.1 & 9.6.1.3

2. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that the smoke detector identified as L001 S081, which is located in the Kitchen basement grease trap room, is not secured per National Electrical Code. The detector is attached on one side only. 2012 NFPA 101 Life Safety Code, Sections 19.3.4.1 & 9.6.1.3

3. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that smoke detector identified as L001 S180, which is located in the old grease trap room, is not secured per the National Electrical Code. The detector is attached on one side only. 2012 NFPA 101 Life Safety Code, Sections 19.3.4.1 & 9.6.1.3

4. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that smoke detector that is located over the main fire alarm panel in the basement is not properly secured. This detector and electrical box are wire tied to piping. 2012 NFPA 101 Life Safety Code, Sections 19.3.4.1 & 9.6.1.3

K 351 Sprinkler System - Installation
SS=D CFR(s): NFPA 101

K 351

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K 351	Continued From page 10 Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Per observation on 08/29/2019, the facility failed to ensure that the sprinkler system meets all requirements. Findings include the following: 1. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are sprinkler heads on the outside of the main entrance that appear to be impacted by corrosion. When exiting the main entrance, this is the sprinkler run to the left of the entrance. 2012 NFPA 101 Life Safety Code, Sections 19.3.5.1, 19.3.5.4 & 19.3.5.3 2. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are		K 351	K 351 Sprinkler System - Installation CFR(s): NFPA 101 1. Inspection revealed sprinkler heads under the vehicle canopy outside the Main Entrance to the facility appear to be affected by corrosion. Subsequent inspection and testing by Atlantic Fire Sprinkler on 09/13/2019 indicated heads are dirty and discolored but fully functional and within date range allowed by code. 2. Inspection revealed sprinkler heads under the canopy outside the loading dock appear to be affected by corrosion. Subsequent inspection and testing by Atlantic Fire Sprinkler on 09/13/2019 indicated heads are dirty and discolored but fully functional and within date range allowed by code. 3. The items indicated as being stored near the sprinkler riser in the Crispe Room area sprinkler control room have been removed. Sprinkler riser locations will be checked by visual observation during a monthly audit to insure that all tools, equipment and materials are removed from those areas after maintenance operations, and that nothing is stored in those locations. Data from the monthly inspections will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.	

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K 351	Continued From page 11 corroded sprinkler heads located at the exterior of the main loading dock. 2012 NFPA 101 Life Safety Code, Sections 19.3.5.1, 19.3.5.4 & 19.3.5.3 3. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is storage positioned around the sprinkler system located in the Sprinkler Control Room located in the Crisp Wing. 2012 NFPA 101 Life Safety Code, Sections 19.3.5.1, 19.3.5.4 & 19.3.5.3 4. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is a sprinkler head missing in the exterior courtyard vestibule located at the B/C wing juncture to the vestibule. 2012 NFPA 101 Life Safety Code, Sections 19.3.5.1, 19.3.5.4 & 19.3.5.3		K 351	4. A sprinkler head will be installed according to NFPA 13 code requirements in the vestibule to the courtyard at the B-wing nurse's station. <i>K351 POC accepted 11-20-19 S. Durnand / RW</i>	
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 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		K 363	K 363 Corridor - Doors CFR(s): NFPA 101 Door issues are being addressed as part of a facility-wide security and access control project, which is currently in final design stage, and for which VA Grant Funding has been applied for. The project is expected to be released for bids in December 2019 and contracted for construction in early 2020.	

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K 363 Continued From page 12

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.

19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485

Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.

This REQUIREMENT is not met as evidenced by:

Per observation on 08/29/2019, the facility failed to ensure that all corridor doors meet requirements. Findings include the following:

1. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the doors leading from the egress corridor into the Crisp Room in the Crisp Wing had the required door closures removed. 2012 NFPA 101 Life Safety Code, Section 19.3.6.3

2. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the door to

K 363 Annual inspection of smoke and fire doors is required per code. All other doors will be inspected at least annually per the facility's preventive maintenance plan. Immediate issues with doors or operating hardware will be addressed through the facility's maintenance request system. Data from annual inspections and documented repairs will be brought to QA committee for evaluation and discussion.

K363 POC Accepted 11-20-19
S Dunmont / TW

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K 363	Continued From page 13 room 132, located in the North Wing, opens hard. 2012 NFPA 101 Life Safety Code, Section 19.3.6.3 3. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the door to room 100, located in the North Wing, was blocked open by a door stop. 2012 NFPA 101 Life Safety Code, Section 19.3.6.3.10 4. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the door to room 103, located in the North Wing, closes hard. 2012 NFPA 101 Life Safety Code, Section 19.3.6.3 5. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the egress doors, located on the first floor at the end of the Administration Wing corridor, are hard to open. 2012 NFPA 101 Life Safety Code, Sections 19.2.2.2 & 7.2.1.5.1	K 363			
K 374 SS=D	Subdivision of Building Spaces - Smoke Barriers CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and	K 374	K 374 Subdivision of Building Spaces - Smoke Barriers CFR(s): NFPA 101 Door issues are being addressed as part of a facility-wide security and access control project, which is currently in final design stage, and for which VA Grant Funding has been applied for. The project is expected to be released for bids in December 2019 and contracted for construction in early 2020.		

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K 374	Continued From page 14 are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Per observation on 08/29/2019, the facility failed to ensure that all smoke barrier doors close properly. Findings include the following: Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the corridor smoke barrier door located in the B East Wing do not close tightly. 2012 NFPA 101 Life Safety Code, Section 19.3.7.8 & 19.3.7.9		K 374	Annual inspection of smoke and fire doors is required per code. All other doors will be inspected at least annually per the facility's preventive maintenance plan. Immediate issues with doors or operating hardware will be addressed through the facility's maintenance request system. Data from annual inspections and documented repairs will be brought to QA committee for evaluation and discussion. <i>K374 POC accepted 11-20-19 S. Denord / Re</i>	
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: Per observation on 08/20 and 08/29/2019, the facility failed to ensure it was meeting all requirements in Plumbing and Pressure Vessels. The findings include the following:		K 500	K 500 Building Services - Other CFR(s): NFPA 101 The leak in a domestic cold water service pipe was discovered to feed an exterior hose spigot. The pipe was repaired the following day (8/30/2019) by the facility's maintenance staff. No further damage was noted. With regard to the air compressors in the boiler room that have been identified as pressure vessels, based on the tags found attached by DFS: We believe these air compressors to be exempt from inspection based on Section 6, Part 4 (a) which states in part: "This section shall apply to all boilers, and pressure vessels identified in the National Board Inspection Code (NBIC) EXCEPT:" Part 4(a)(ii) "Pressure containers that are integral parts or components of rotating or	

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K 500	Continued From page 15 1. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there was a leak in a domestic plumbing pipe/fitting that went up from the North Wing rawl space to the occupied space above. It is unknown what the pipe supplied water to. This leak was creating a wet floor condition in the crawl space. 2015 International Plumbing Code, Section 102.3. 2. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are two pressure vessels (Air Compressors) located in the main boiler room, that are identified as pressure vessels by a tag issued by the Division of Fire & Building Safety Code that requires each pressure vessel be inspected by a commissioned boiler/pressure vessel inspector. This inspection is required to be conducted every 3 years. There were no inspection certificates to be found. 2015 Vermont Fire & Building Safety Code, Chapter 6, Section (4)(vi)	K 500	reciprocating mechanical devices such as pumps, compressors, turbines, generators, engines and hydraulic or pneumatic cylinders where the primary design consideration and/or stress is derived from the functional requirements of the device. Also reference is made to Section 6, Part 4(b) which states "Units exempted under this section shall be equipped with approved pressure/temperature safety relief devices in accordance with NBIC." Both air compressors have pressure relief valves in operating condition. <i>K500 Poc accepted 11-20-19 S. Dement / R</i>
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	K 511	K 511 Utilities - Gas and Electric CFR(s): NFPA 101 1. Open electrical, data and communication boxes in A-wing basement have been covered by the appropriate sized covers and all exposed wiring has been terminated in junction boxes. 2. Exposed electrical wiring in Rehab basement was abandoned during prior work and has been removed. 3. Electrical junction box in old 'grease trap' room has received a cover.

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K 511 Continued From page 16

This REQUIREMENT is not met as evidenced by:

Per observation on 08/20 and 08/29/2019, the facility failed to ensure that all equipment using gas or electricity were meeting all requirements. The findings include the following:

1. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there were several open electrical, IT and communication boxes that were missing covers and wiring that was not terminated in junction boxes. These violations were located in the A-Wing basement. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2
2. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there was exposed electrical wiring located outside of the old generator room at the ceiling level in the Rehabilitation basement. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2
3. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed electrical junction box located near, or in, the old grease trap room is missing a cover. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2
4. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are numerous junction box covers missing in the Administration tunnel. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2

K 511 K 511 Utilities - Gas and Electric
CFR(s): NFPA 101

4. Open junction boxes in Administration tunnel have received covers or have been removed if the circuit or conduit was abandoned.
5. Open wiring at HWP#1 was terminated in a closed junction box pending replacement of the circulator pump motor for HWP #1.
6. Extension cords passing through wall in Kitchen Mech. Room were found not to be connected to anything and had been abandoned. The cords were removed and LB covers replaced.
7. Ceiling mounted light fixture in kitchen mech. Room was rewired to conform to code.
8. Open breaker slot in AW-HPAW electrical panel was backfilled with filler plate.
9. Cover for LV box in Room 715 was replaced.
10. The outlet supplying the water cooler in the Canteen has been upgraded to a GFCI receptacle.

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K 511 Continued From page 17

5. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is open wiring located at electrical box HWP-1 in the basement. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2

6. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are extension cords passing through a conduit that penetrates a concrete wall. This conduit is designed to only have the three electrical conductors in the conduit, not the additional extension cords. This is located in the Kitchen Mechanical Room. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2

7. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is a ceiling mounted light fixture that is not wired correctly. This is located in the kitchen Mechanical Room. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2

8. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is an open breaker slot in the AW-HPAW electrical panel which is located in the A Wing IT Room. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2

9. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the cover for the low voltage box is not secured in place. This is located in Room 715. 2012 NFPA 101 Life

K 511 K 511 Utilities - Gas and Electric
CFR(s): NFPA 101

11. All outlets supplying water coolers throughout the building have been checked by a master electrician to determine if they are GFCI receptacles. If the water cooler in that location cannot be relocated to an appropriate nearby GFCI receptacle, the existing receptacle is being upgraded (if not already GFCI) to a GFCI receptacle. Est date of completion 10 Nov 2019.

12. The referenced room is incorrect, the inspection refers to the Omnicell/PYXIS room on Cardinal Point. No extension cords were in use in that room, but an unused extension cord was in the room and has been removed.

13. The missing junction box cover in the boiler room has been replaced.

VVH maintenance staff have been placed on a duty rotation to conduct a daily inspection/ sweep of the basement and crawl spaces within the facility, where we are documenting potential hazards and the need for immediate repairs. This sweep is conducted occasionally during evening/night shifts and at least one day per weekend by the maintenance person on duty. Random nights and all weekends will be included. The Director of Environmental Services will participate in the daily sweep at least once per week. Data from basement audits will be presented to QA committee at bi-monthly meetings for evaluation and assessment.

K511 POC accepted 11-20-19

S. Dumont

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K 511	Continued From page 18 Safety Code, Section 19.5.1.1, 9.1.2 10. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that the outlet that supplies power to a portable water dispensing unit is not GFCI protected. This is located in the Canteen Room. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2 11. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that all portable water dispensing units in the facility must be checked to see if the outlets supplying power to the water cooler are GFCI protected. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2 12. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed the use of an extension cord in the OMNI Room in the East Wing. Extension cords are not allowed for permanent use. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2 13. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that there is a junction box located on the upper wall opposite Boiler #1 that is missing a cover. This is located in the main boiler room. 2012 NFPA 101 Life Safety Code, Section 19.5.1.1, 9.1.2	K 511			
K 531	Elevators SS=D CFR(s): NFPA 101 Elevators 2012 EXISTING	K 531	K 531 Elevators CFR(s): NFPA 101		

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(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 531

Continued From page 19

Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3

This REQUIREMENT is not met as evidenced by:

Per observation on 08/20/2019, the facility failed to ensure that elevators comply with all requirements. The findings include the following:

1. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that Elevator #1 was inspected by Vermont Elevator Inspection Services and found violations and issued a 90-day Conditional Certificate on 07/03/2019, this certificate will expire on 10/03/2019. If the work cited is not completed by 10/03/2019, the power will be turned off to Elevator #1 until such repairs are made. 2014 Vermont Elevator Safety Rules, Section 9.2(b)

K 531

K 531 Elevators
CFR(s): NFPA 101

All repairs to Elevator #1 (so noted) were completed by Bay State Elevator on 10/01/2019. The 90-day conditional certificate was updated to a full compliance certificate by Vermont Elevator Inspection Services on 10/02/2019. The follow-up inspection found that all violations previously noted, had been corrected, and no additional violations were found.

The carpet in Elevator #2 has been removed and the Maintenance staff is awaiting delivery of new resilient rubber flooring to replace the carpet. The trip hazard has been eliminated at this time.

Fire caulking has been completed in Elevator #1 machine room.

Completion of monthly and annual inspections of both elevators, will continue as part of routine preventive maintenance and annual inspections. Data from these inspections will be brought to QA committee for evaluation and discussion.

K531 Pac Accepted 11.20.19
S. Diamond RW

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

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K 531	Continued From page 20 flooring in Elevator #2 is in poor condition. The carpet poses a trip hazard. The 2013 A17.1 Elevator Code for Elevators and Escalators Section 2.14.1.9.2 states "Passenger car floors shall have no projections for depressions greater than m 0.25 (1/4) inches". 2014 Vermont Elevator Safety Rules, Section 9.2(b) 3. Per observation on 08/20/2019, and accompanied by the Director of Environmental Services, inspection revealed that the Elevator machine room for Elevator #1 has penetrations in the rated enclosure that are not fire caulked thereby compromising the required 1-hour fire rating of the enclosure. 2012 NFPA 101 Life Safety Code, Section 19.5.3, 9.4.2	K 531			
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of	K 918	K 918 Electrical Systems - Essential Electric Systems CFR(s): NFPA 101 The CAT LP generator has received an annual inspection as of 25 September 2019. Additional repairs are required within 90 days of the date of the inspection. The generator is in service and functioning properly. Additional repairs relate to the exhaust and cooling system and do not affect the ability of the unit to provide emergency power. Repairs have been scheduled for the White diesel generator in the boiler room. The generator is in service and functioning properly. Additional repairs relate to leaks in gaskets and exhaust manifold and do not affect the ability of the unit to provide emergency power.		

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K 918	Continued From page 21 stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder-circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Per observation on 08/29/2019, the facility failed to ensure that Generators comply with all requirements. The findings include the following: 1. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed there was no indication that the CAT Generator has had its annual inspection as required. The current proof of inspection sticker was not affixed to the Generators main control panel. 2015 Vermont Fire & Building Safety Code, Sections 1:4.5.8.7 & 1:4.4.8.9. 2. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that Generator #1, located in the main boiler room was inspected and the required proof of inspection sticker indicated that there were violations noted. 2015 Vermont Fire & Building Safety Code, Sections 1:4.5.8.7 & 1:4.4.8.9 and NFPA 110	K 918	Additional repairs to gensets will be conducted by Brook Field Service of Northfield, VT, who is contracted for generator repairs to the State. All repairs will be completed within 90 days of the inspection. Generator inspections and preventive maintenance are under a PM program covering weekly run tests, monthly run and load tests, and annual maintenance, inspections and load testing per NFPA 101, NFPA 99 and NFPA 110 codes. The reports will be presented to QA committee for review and discussion. <i>K918 POC accepted 11-21-19</i> <i>S. Darnett (RW)</i>

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K 929 SS=D	<p>Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds</p> <p>Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99)</p> <p>11.6.2 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Per observation on 08/29/2019, the facility failed to ensure that oxygen bottles were being handled in compliance with all requirements. The findings include the following:</p> <p>1. Per observation on 08/29/2019, and accompanied by the Director of Environmental Services, inspection revealed that there are unsecured oxygen bottles in the oxygen storage room located in the A Wing. The access is via an exterior door. NFPA 99, Section 11.6.2.3(11)</p>		K 929	<p>K 929 Gas Equipment - Precautions for Handling Oxygen</p> <p>CFR(s): NFPA 101</p> <p>All unsecured oxygen bottles have been returned to the vendor. The remaining bottles in inventory are properly restrained per code requirements. Daily inspections by Maintenance staff will insure that no oxygen cylinders will remain unsecured.</p> <p>A weekly audit of oxygen rooms (including clean utility rooms) will be completed by the Maintenance Staff to verify that there are no unsecured oxygen cylinders. Audit data will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.</p> <p><i>K929 POC accepted 11.20.19 S. Dunford RW</i></p> <p>This plan of correction constitutes our written allegation of compliance effective October 28, 2019 for the deficiencies cited. However, submission of this plan of correction is not an admission that any deficiencies exist or were cited correctly. This plan of correction is submitted to meet requirements of state and federal law.</p>	