VERMONT

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

February 4, 2020

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 **November 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475032	A. BUILDING 01 - BUILDING 01 B. WING	R 11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERMONT VETERANS' HOME	325 NORTH STREET BENNINGTON, VT 05201

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{K 000} INITIAL COMMENTS

An unannounced on-site follow-up survey was conducted by the Divison of Fire Safety on November 25, 2019, to the August 20 & 29, 2019, Life Safety Code Survey. Although the faciltiy was found to be in substantial compliance, the following tags do require a plan of correction.

{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 321} SS=B Hazardous Areas - Enclosure
CFR(s): NFPA 101

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

Area Automatic Sprinkler
Separation N/A
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

{K 321}

K 321 Hazardous Areas – Enclosure
CFR(s): NFPA 101

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 NFPA 101, Section 19.3.2.1.5.

Further inspection by facility staff revealed that the penetrations found during the inspection were exposed only on one side of the wall. The facility has contracted with VMS Construction of Rutland, VT 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. This work is scheduled for the month of February 2020 and should be completed no later than 15 March 2020.

All repairs and maintenance conducted during the fire caulking and smoke barrier sealing process shall be photo-documented by the contractor and by VVH staff, and shall be placed on permanent record. Smoke barrier walls shall be checked annually and during all construction activities or maintenance that will require a wall penetration to be made (i.e. data cabling, wiring, piping or plumbing, etc.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa [illegible] MBA, FACHCA — TITLE: CEO — (X6) DATE: 1/22/2020

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 321}	Continued From page 1 Hazard - see K322) This REQUIREMENT is not met as evidenced by: Per observation on November 25, 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 November 25, 2019, and accompanied by Director of Environmental Services, inspection revealed 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. 2. Per observation on November 25, 2019, and accompanied by Director of Environmental Services, inspection revealed 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. 3. Per observation on November 25, 2019, and accompanied by Director of Environmental Services, inspection revealed there were numerous penetrations in the basement smoke barrier separation walls between each wing that are not properly fire stopped.	{K 321}	Inspection photos and audits will be brought into QAPI every other month for six months or until the QAPI committee determines final resolution. K321 PoC accepted 02-04-2020 SDumond/TW	
{K 363} SS=B	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	{K 363}	**K 363 Corridor – Doors** **CFR(s): NFPA 101** With regard to specific doors listed in the citation, #1 and #5 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 VA has accepted this project and is reviewing it. The project is expected to be released for bids in February 2020	

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{K 363} Continued From page 2

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 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 November 25, 2019, the facility failed to ensure that all corridor doors meet the regulatory requirements. Findings include the following:

{K 363} (pending VA acceptance) and contracted for construction in early 2020.

Doors #2 (Rm. 132) and #4 (Rm. 103) have been adjusted to open and close normally and within reasonable tolerances.

Door #3 (Rm. 100) operates normally and the door stop was removed on the day of the inspection.

Annual inspection of smoke and fire doors is required by code. All other doors will be inspected at least annually per the facility's PM plan. Immediate issues with doors or operating hardware are addressed through the facility's maintenance request system. Data from inspections and documented repairs will be brought into QAPI for evaluation and discussion.

Random audits on doors on a more frequent basis needs to happen for a length of time and when the QAPI committee agrees then we can move to annual audits.

K363 POC accepted 02-04-2020
S Dumont /TW

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{K 363}	Continued From page 3 1. Per observation on November 25, 2019, and accompanied by the Director of Environmental Services, inspection revealed that the doors leading from the egress corridor inot the Crisp Room in the Crisp Wing had the required door closures removed. 2. Per observation on November 25, 2019, and accompanied by the Director of Environmental Services, inspection revealed that the door to Room 132 located in the North Wing opens hard. 3. Per observation on November 25, 2019, and accompanied by the Director of Environmental Services, inspection revealed the door to Room 100 in the North Wing was blocked in the open position by a door stop. 4. Per observation on November 25, 2019, and accompanied by the Director of Environmental Services, inspection revealed the door to Room 103 in the North Wing closes hard. 5. Per observation on November 25, 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.	{K 363}	**K374 Subdivision of Building Spaces – Smoke Barriers CFR(s): NFPA 101** The corridor smoke door in the B-East corridor has been adjusted and closes properly.	
{K 374} SS=B	Subdivision of Building Spaces - Smoke Barrie 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	{K 374}	Annual inspection of smoke and fire doors is required by code. All other doors will be inspected at least annually per the facility's PM plan. Immediate issues with doors or operating hardware are typically addressed through the facility's maintenance request system. Data from inspections and documented repairs will be brought Into QAPI for evaluation and discussion.	

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{K 374} Continued From page 4

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 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 November 25, 2019, the facility failed to ensure that all smoke barrier doors close properly. Findings include the following:

Per observation on November 25, 2019, and accompanied by Director of Environmental Services, inspection revealed that the corridor smoke barrier door located in the B East Wing does not close tightly.

{K 374}

K374 PoC accepted 02-04-2020 S. Dumont/TW

{K 918} SS=B 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

{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. The generator is in service and functioning properly. Additional repairs to the exhaust and cooling system are currently scheduled for 23 January 2020. The unit is capable of providing full emergency power at this time.

The White diesel generator in the boiler room was recently serviced and switched over to an independent fuel system. Additional repairs have been scheduled to allow for full capacity load testing. These repairs are tentatively scheduled for early February 2020. The generator is currently 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 5 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 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 November 25, 2019, the facility failed to ensure that Generators comply with all regulatory requirements. Findings include the following: 1. Per observation on November 25, 2019, and accompanied by Director of Environmental Services, inspection revealed there was no indication that the CAT Generator has had its annual inspection as required by the 2015 Vermont Fire Building Safety Code, Section 1:4.5.8.7 and 1:4.4.8.9. The current proof of inspection sticker was not affixed to the Generators main control panel. 2. Per observation on November 25, 2019, and accompanied by Director of Environmental	{K 918}	Generator inspections and preventive maintenance are covered under a PM program incorporating weekly run tests, monthly run and load tests, and annual maintenance, inspections and load testing per NFPA 99, 101 and 110 codes. All reports will be brought into QAPI for evaluation and discussion. K918 POC accepted 12-04-2020 S. Dumont / TW	

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{K 918}	Continued From page 6 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.	{K 918}	This plan of correction constitutes our written allegation of compliance effective 23 January 2020 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.	