

Division of Licensing and Protection  
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Waterbury VT 05671-2060  
<http://www.dail.vermont.gov>  
Survey and Certification Voice/TTY (802) 241-0480  
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Survey and Certification Reporting Line: (888) 700-5330  
To Report Adult Abuse: (800) 564-1612

March 15, 2022

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 completed on **October 22, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VERMONT VETERANS' HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 NORTH STREET BENNINGTON, VT 05201</b>
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K 000	INITIAL COMMENTS  The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on October 21 and October 22. Entry and exit interviews were conducted with the Director of Environmental Services. The following violations were identified.	K 000		
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 October 21, 2021, the facility failed to ensure skylights were installed correctly. Findings include the following:  Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that a skylight sun panel is loose and hanging down into the skylight opening on the second floor of the newer Administrative office wing near MB office. The remaining skylights in this corridor must also be inspected for proper installation. 2012 NFPA 1 Fire Code, Section 10.1.1	K 100	The filling of this plan or correction does not constitute an admission of guilt. The Vermont Veterans' Home ("the Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements.  K200 K100 The skylight near MB office has been repaired all other skylights in this corridor were inspected for proper installation.  All other skylights in the facility have been inspected to ensure proper installation.  VVH will conduct monthly inspections off all skylights to ensure proper installation, to identify repair needs, and to make necessary repairs.  Audit results will be reviewed at the facility's every other month QAPI meeting for at least 6 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	K 200	The Director of Environmental Services is responsible for compliance	

LABORATORY RECORDS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melinda Vetter</i> 7FA4D55658D145F...	TITLE	(X6) DATE <b>11/29/2021</b>
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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 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. 18.2, 19.2  This REQUIREMENT is not met as evidenced by: Per observation on October 21, 2021, the facility failed to ensure there were no tripping hazards in the facility. Findings include the following:  Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed a hole in the corridor floor that is a tripping hazard. This hole is located in the first-floor corridor east end of the rehabilitation center at the steel sill plate that crosses the corridor. 2012 NFPA 101 Life Safety Code, section 19.7.3.1	K 200	Compliance date: February 4, 2022  K200 accepted S. Dumont/03142022  <i>T Wehmeyer</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 October 21, 2021, the facility failed to ensure egresses were not blocked.	K 271	K271 The facility has repaired the identified area located on the first-floor corridor east end of the rehabilitation center.  VVH audited all othr facility egress routes to ensure they are free of tripping hazards.  The facility will monitor egress areas for triping hazards as part of the weekly enviornmental rounds. Repairs will takeplace immediately.  Enviornmental rounds will be reviewed at VVH's every other month QAPI meeting for at least 6 months or until the committedetermines compliance.  The Director of Environmental Services is responsbile for compliance.  Compliance Date: February 4, 2022  K271 accepted 03/14/22 S. Dumont/ <i>T Wehmeyer</i>	

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K 271	Continued From page 2 Findings include the following:  1. Per observation on October 21, 2021, and accompanied by the Director of Environmental 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.  2. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that exit doors in the corridor leading from the crisper room had been locked with a cable with a padlock.	K 271	<b>K291</b>  All identified nonfunction Emergency lighting is now functions.  All other emergency lighting has been inspected and is operating properly.  VVH will ensure that emergency lighting is functional during weekly environmental rounds.  The results of the weekly environmental rounds will be reviewed at VVH's every other month QAPI meeting for at least 6 months or until the committee determines compliance.		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101  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 October 21, 2021, the facility failed to ensure that emergency lighting worked properly. Findings include the following:  1. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed an emergency light in the old generator room located in the Rehabilitation Basement that did not function when tested.  2. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed an emergency light outside the old generator room in the	K 291	The Environmental Services Director is responsible for compliance  Compliance date: February 4, 2022  K291 accepted 3/14/22 S. Dumont/ <i>S. Dumont</i>		

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K 291	Continued From page 3 Rehabilitation Basement that did not function when tested.  3. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed an emergency light in the kitchen mechanical room that did not function when tested.	K 291	K311  VVH has entered into a contract with VMS to complete the identified fire chalking work. Work is anticipated to start by March 1, 2022. There are no items stored at the bottom of the stairway.		
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 October 21, 2021, the facility failed to ensure that all vertical openings have appropriate fire ratings. Findings include the following:  1. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that an egress door was blocked open in the east basement stairway.  2. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that there are open	K 311	VVH will ensure that fire chalking is installed or replaced each time a vertical opening is created or repaired.  Education will be provided to VVH maintenance staff starting January 31, 2022 and at the start of any construction project or repair work that incorporates vertical openings.  The Director of Environmental Services will inspect all vertical opening work when completed to ensure fire chalking is in place.  Random audits of the facility will be completed to ensure fire doors are not propped or held open and items are stored properly.  Results of the audits will be reviewed at VVH's every other month QAPI meeting for 6 months or until the Committee determines compliance		



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K 321	Continued From page 5 (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Per observation on October 21, 2021, the facility failed to ensure that hazardous areas were protected by having a one-hour fire-resistance rating. Findings include the following:  1. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that there are penetrations in the smoke barrier separation wall above the doorway between the Rehabilitation and the North Wing Basements not properly fire stopped.  2. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed there are 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 October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed numerous penetrations in the basement smoke barrier separation walls between each wing that are not properly fire stopped.	K 321			
K 331 SS=D	Interior Wall and Ceiling Finish CFR(s): NFPA 101  Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including	K 331			

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K 331	<p>Continued From page 6</p> <p>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>_____</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on October 21, 2021, the facility failed to ensure ceilings have a flame spread rating of Class A or B. Findings include the following:</p> <ol style="list-style-type: none"> <li>Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed ceiling tiles are missing in the kitchen basement and corridor, allowing for the passage of smoke and heat into the ceiling cavity above the sprinkler heads, delaying the activation of the sprinkler system.</li> <li>Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed ceiling tiles are missing in the bathroom next to the chapel allowing for the passage of smoke and heat into the ceiling cavity above the sprinkler heads, delaying the activation of the sprinkler system.</li> <li>Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed there is ceiling sheetrock missing in the housekeeping section of the basement, as well as numerous holes in the ceiling allowing for the passage of smoke and heat into the ceiling cavity above the sprinkler</li> </ol>	K 331	<hr/> <p><b>K331</b></p> <ol style="list-style-type: none"> <li>The inspection noted ceiling tiles missing in the basement corridor underneath the kitchen. Active work on the medical oxygen system was underway along the entire corridor. The ceiling tiles were replaced once the work was completed.</li> <li>The inspection noted ceiling tiles are missing in the bathroom next to the Chapel. This bathroom has a hard (drywall/plaster) ceiling. The hole was made for repairs of the ceiling and it is in the process of being repaired.</li> <li>The inspection notes holes in the ceiling of the housekeeping storage area of the basement. No holes were found in this area.</li> <li>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.</li> <li>The missing ceiling tiles in the Server Room have been replaced</li> </ol>		



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K 331	<p>Continued From page 7</p> <p>heads delaying the activation of the sprinkler system.</p> <p>4. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed holes in the ceiling of the C-East basement and an open access panel. The openings will allow the passage of smoke and heat into the ceiling cavity above the sprinkler heads, delaying the activation of the sprinkler system.</p> <p>5. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed there is a ceiling tile missing in the server room located in the old Administration Wing, allowing for the passage of smoke and heat into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system.</p> <p>6. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed there is a ceiling tile missing in the corridor near Room 105 in the East Wing, allowing for the passage of smoke and heat into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system.</p> <p>7. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that a ceiling tile not secured in place in corridor ner Room 103, allowing for the passage of smoke and heat into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system.</p> <p>8. Per observation on October 21, 2021, and</p>	K 331	<p>6. There was no ceiling tile noted to be missing in the East Wing hallway rear room 105.</p> <p>7. There were no loose ceiling tiles notes in East Wing Hallway near room 103.</p> <p>8. The missisng ceiling tiles at the main loading dock have been replaced.</p> <p>Celing tiles will be inspected during weekly Environmental Rounds and will be replaced/repared as needed.</p> <p>Data from the audits will be brought to QAPIA metings for 6 months or until the committee determines resolution.</p> <p>The Director of Environmental Services is responsible for Compliance.</p> <p>Compliance Date: 2/4/2022</p> <p>K331 accepted 3/14/2022 S. Dumont/ <i>T. Wehmer</i></p>		

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K 331	Continued From page 8 accompanied by the Director of Environmental Services, inspection revealed that there are openings in the ceiling located at the main loading dock interior corridor allowing for the passage of smoke and heat into the ceiling cavity above the sprinkler heads delaying the activation of the sprinkler system.	K 331	<b>K341</b>  The facility's Master Electrician has confirmed that all of the smoke detectors noted in the inspections report, are fully secured to junction boxes. A full system inspection was completed under contract on November 9, 2021 and zero deficiencies were noted.		
K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101  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  This REQUIREMENT is not met as evidenced by: Per observation on October 21, 2021, the facility failed to ensure that smoke detectors are not secured as required by regulations. Findings include the following:  1. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the smoke	K 341	Smoke detectors will be inspected during weekly Environmental Rounds and will be replaced/repairs as needed.  Data from the audits will be brought to QAPI for 6 months or until the committee determines resolution.  The Director of Environmental Services is responsible for compliance.  Compliance date: 2/4/2022  K341 accepted 3/14/2022/S. Dumont/ <i>T. Webmeyer</i>		

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K 341	Continued From page 9 detector identified as L001 S183 located in the kitchen basement is not secured per the National Electrical Code as it is only attached on one side.  2. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the smoke detector identified as L001 S081 located in the kitchen basement grease trap room is not secured per the National Electrical Code as it is only attached on one side.  3. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the smoke detector identified as L001 S180 located in the old grease trap room is not secured per the National Electrical Code as it is only attached on one side.  4. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the smoke detector located over the main fire alarm panel in the basement is not secured per the National Electrical Code as they are wire tied to piping.	K 341	<b>K351</b>  The sprinkler heads under the vehicle canopy and under the loading dock canopy were inspected and tested by Atlantic Fire Sprinkler on 11/22/2021 and found to be dirty and discolored but fully functional and within date range allowed by code.  All items stored near the sprinkler riser in the Crispe Room sprinkler control room have been removed.  The exterior courtyard vestibule at the Brandon/Cardinal junction has a wall-mounted sprinkler head that is fully functional and was installed over a year ago.  Sprinkler riser locations will be audited monthly to ensure no items are stored in these areas.		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101  Spinkler 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	K 351	Sprinkler heads will be inspected during weekly environmental rounds and will be repaired/replaces as needed.  Data from these audits will be brought to QAPI for 6 months or until the committee determines resolution.		

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K 351	<p>Continued From page 10</p> <p>sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>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.</p> <p>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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Per observation on October 21, 2021, the facility failed to ensure that sprinkler systems are maintained in accordance to regulations.</p> <p>Findings include the following:</p> <ol style="list-style-type: none"> <li>1. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that three aer sprinkler heads on the outside of the main entrance, on the left when exiting the main entrance, that are impacted by corrosion.</li> <li>2. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that three aer corroded sprinkler heads on the exterior of the main building loading dock.</li> <li>3. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed there is storage positioned around the sprinkler system located in the Sprinkler Control Room located in the CrispWing.</li> <li>4. Per observation on October 21, 2021, and accompanied by the Director of Environmental</li> </ol>	K 351	<p>The Director of Environmental Services is responsible for compliance.</p> <p>Compliance date: 2/4/2022</p> <p>K351 accepted 3/14/2022 S. Dumont/ <i>T. Wehmaye</i></p>		

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NAME OF PROVIDER OR SUPPLIER  <b>VERMONT VETERANS' HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 NORTH STREET BENNINGTON, VT 05201</b>	
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K 351	Continued From page 11 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.	K 351	<b>K363</b>  Door issues are being addressed as a part of a facility-wide security and access control project, which is currently under contract. Work is scheduled to begin on January 31, 2022.	
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 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.	K 363	Doors will be inspected during weekly environmental rounds. Any new doors requiring replacement will be added to the security and access control project.  Data from the audits will be reviewed at the QAPI meeting for 6 months or until the committee determines compliance.  The Director of Environmental Services is responsible for compliance.  Compliance Date: 2/4/2022  K363 accepted 3/14/2022 S. Dumont/ <i>T. Weismayer</i>	

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

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FORM APPROVED  
OMB NO. 0938-0391

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K 363	Continued From page 12  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 October 21, and October 22, 2021, the facility failed to ensure corridor doors function in accordance to regulations. Findings include the following:  1. Per observation on October 21, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the doors leading from the egress corridor to the Crisp Room in the Crisp Wing had the rquired door closures removed.  2. Per observation on October 21, 2021, 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 October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the door to room 100 located in the North Wing was blocked in the open position by a door stop.  4. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the door to room 103 located in the North Wing closes hard.  5. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the egress	K 363			

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K 363	Continued From page 13	K 363	<b>K374</b>  Doors are being addressed as part of a facility-wide security and access control project which is currently under contract. Work is scheduled to begin January 31, 2022  Doors will be inspected during weekly environmental rounds. New doors needing replacement will be added to this project.  Audit results will be reviewed at the QAPI meeting for 6 months or until the committee determines resolution.  The Director of Environmental Services is responsible for compliance.  Compliance date: 2/4/2022  K374 accepted 3/14/2022 S. Dumont/ <i>F. Wehner</i>		
K 374 SS=D	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 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 October 22, 2021, the facility failed to ensure smoke barrier doors function according to regulations. Findings include the following:  Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that the corridor smoke barrier doors in the B East Wing do not close tightly.	K 374			
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	K 500			

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K 500	<p>Continued From page 14</p> <p>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 October 22, 2021, the facility failed to ensure plumbing and pressure vessels met all regulatory requirements. Findings include the following:</p> <p>1. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed a leak in a domestic plumbing pipe/fitting that went up from the North Wing crawl 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</p> <p>2. Per observation on October 22, 2021, 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 the tag issued by the Division of Fire and Building Safety Code that requires each pressure vessel to be inspected by a commissioned boiler/pressure vessel inspector. This inspection is required to be conducted every three years. There were no inspection certificates to be found. 2015 Vermont Fire &amp; Building Safety Code, Chapter 6, section (4)(vi)</p>	K 500	<p><b>K500</b></p> <p>No leaks were identified in the crawl space under North Wing</p> <p>The inspection certificates for both aire compressors are current and were/are located in clear protective pockets mounted on the wall at the entrance to the boiler room.</p> <p>Random audits of the basement will take place to identify any leaks and ensure they are repaired.</p> <p>Audit results will be brought to QAPI for at least 6 months or until the committee determines compliance.</p> <p>The Director of Environmental Services is responsible for compliance.</p> <p>Complince Date: 2/4/2022</p> <p>K500 accepted 3/14/2022 S. Dumont/ <i>T Wehmayer</i></p>		



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K 511 K 511 SS=D	Continued From page 15 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 October 22, 2021, the facility failed to ensure electrical wiring and equipment met all regulatory requirements. Findings include the following:  1. Per observation on October 22, 2021, 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 we not terminated in junction boxes located in the A-Wing basement.  2. Per observation on October 22, 2021, 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.  3. Per observation on October 22, 2021, and accompanied by the Director of Environmental	K 511 K 511	K511  1. Not found 2. Not found 3. Not found 4. Not found 5. Not found motor was replace in 2019. 6. Extension cord through wall not found. 7. No wiring issues found. 8. No open slot in breaker panel found. 9. Not found. 10. The water cooler in the cantenn has been on a GFCI receptacle since Oct 2019 11. All outlets supplying water coolers throughout the facility have been GFCI receptacles since October 2019. 12. The low-voltage cover plate was replace. 13. The missing junction box cover was replaced.  Maintenance staff conduct a daily inspection/sweep of the basement and crawl spaces. Potential hazards and the need for immediate repairs are documented.  Audit results will be brought to QAPI for 6 months or until the committee determines resolution.  The Director of Environmental Services is responsible for compliance.  Compliance date: 2/4/2022  K511 accepted 3/14/2022 S. Dumont/ <i>S. Dumont</i>	

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K 511	<p>Continued From page 16</p> <p>Services, inspection revealed electrical junction box located near or in the old grease trap room is missing a cover.</p> <p>4. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that there are numerous junction box covers missing in the Administration tunnel.</p> <p>5. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that there is open wiring located at electrical box HWP-1 in the basement.</p> <p>6. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that in the kitchen Mechanical Room there are extention cords passing through a conduit that penetrates a concrete wall. THis conduit is designed to only have eh three electrical conductors in the conduit, not the additional extention cords.</p> <p>7. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed in teh kitchen Mechanical Room there is a ceiling mounted light fixutre that is not wired correctly.</p> <p>8. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that in the A Wing IT Room there is an open breker slot in the AW-HPAW electrical panel.</p> <p>9. Per observation on October 22, 2021, and accompanied by the Director of Environmental</p>	K 511			

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K 511	Continued From page 17 Services, inspection revealed that in room 715 the cover for the low voltage box is not secured in place.  10. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that in the Canteen Room the outlet that supplies power to teh portable water dispesing unit is not GFCI protected.  11. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that all portable water dispoensing units need to be checked to verify that the outlets providing power to them are GFCI protected.  12. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed a data box in the OMNI Room in the East Wing did not have the cover in place.  13. Per observation on October 22, 2021, and accompanied by the Director of Environmental Services, inspection revealed that in the main boiler room opposite Boiler #1 there is a junction box missing its cover.	K 511			
K 531 SS=D	Elevators CFR(s): NFPA 101  Elevators 2012 EXISTING 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	K 531			

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K 531	<p>Continued From page 18</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on October 22, 2021, the facility failed to ensure th elevator met all regulatory requirements. Findings include the following:</p> <p>1. Per observation on October 22, 2021, 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 teh 1-hour fire rating of the enclosure.</p>	K 531	<p><b>K531</b></p> <p>Fire caulking has been completed in the Elevator # 1 machine room.</p> <p>Monthly audits of both elevators will be completed.</p> <p>Aduit results will be brought to QAPI for 6 months or until the commitee deermines resolution.</p> <p>The Director of Environmental Services is responsible for compliance.</p> <p>Compliance date: 2/4/2022</p> <p>K531 accepted 3/14/2022 S. Dumont/ <i>T. Wehmeyer</i></p>		