

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 12, 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** conducted on **March 31, 2022**. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/31/2022
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NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS' HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201
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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 000}	INITIAL COMMENTS An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 3/31/2022. While the facility corrected most of the previously cited deficiencies four require a new plan of correction.	{K 000}	The filing of this plan or 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 Hazard - see K322)	{K 321}	K321 and K 363 The doors outlined in this tag are apart of a construction project currently underway at this facility. This project will result in all facility doors being replaced and installed to be in compliance with NFPA 101. On February 27, 2021 all facility doors were inspected by the contractor and new doors were ordered and expected to be delivered in the next 12 weeks. The progress of this project will be reviewed at the every other month QAPI meeting to ensure the project remains on time and to address any issues or concerns that may delay the project. This entire project is expected to be completed by December 31, 2022. The Director of Environmental Services is responsible for compliance. K321 and K363 Accepted 5/12/2022 <i>S. Dumant</i>	Per communication with Administrator date should be 2/27/2022 <i>T. Wehmeyer</i>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melissa A Jackson</i>	TITLE CEO	(X6) DATE 04/18/2022
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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.

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

PRINTED: 04/14/2022
FORM APPROVED
OMB NO. 0938-0391

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{K 321}	Continued From page 1 This REQUIREMENT is not met as evidenced by: Per observation on March 31, 2022, the facility failed to correct all previously cited Findngs. 1. Corrected 2. Per observation on March 31, 2022, 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 March 31, 2022, 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 321 and K 374 As part of the construction project currently underway with the doors the smoke penetrations listed in this Ktag will be corrected. The Director of Environmental Services will conduct an post work inspection of any new projects that may result in penetrations in smoke barriers to ensure these penetrations are properly fire stopped. The Director of Enviromental Services will provide a report to the every other month QAPI meeting of open construction projects and their anticipated end date. Report will also include any completed construction projects that resulted in smoke penetrations and verification that these penetrations are properly fire stopped. The Director of Environmental Services is responsible for compliance. Compliance Date April 24, 2022. K321 and K374 Accepted 5/12/2022 <i>S.Dumont</i> <i>T. Wehmeyer</i>		
{K 331} SS=B	Interior Wall and Ceiling Finish CFR(s): NFPA 101 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). This REQUIREMENT is not met as evidenced by:	{K 331}			

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{K 331}	Continued From page 2 Per observation on March 31, 2022, the facility failed to correct all previously cited Findngs. 1. Per observation on March 31, 2022, 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. 2. Corrected 3. Corrected 4. Corrected 5. Corrected 6. Corrected 7. Corrected 8. Corrected	{K 331}			
{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 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	{K 363}			

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{K 363}	<p>Continued From page 3</p> <p>latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Per observation on March 31, 2022, the facility failed to correct corridor doors function in accordance to regulations. Findings include the following:</p> <p>1. Per observation on March 31, 2022,, 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.</p>	{K 363}			

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{K 363}	Continued From page 4 2. Per observation on March 31, 2022, 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 March 31, 2022, 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 March 31, 2022, 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 March 31, 2022, 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}	K321 and The doors outlined in this tag are apart of a construction project currently underway at this facility. This project will result in all facility doors being replaced and installed to be in compliance with NFPA 101. On February 27, 2021 all facility doors were inspected by the contractor and new doors were ordered and expected to be delivered in the next 12 weeks. The progress of this project will be reviewed at the every other month QAPI meeting to ensure the project remains on time and to address any issues or concerns that may delay the project. This entire project is exepected to be completed by December 31, 2022. The Director of Enviromental Services is responsible for complinace.	Per communication with Administrator Date should be 2/27/2022 T.Wehmeyer
{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 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	{K 374}	K321 Accepted 5/12/2022 <i>S.Dumont</i> TWehmeyer	

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{K 374}	Continued From page 5 doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Per observation on March 31, 2022, the facility failed to correct all previously cited Findngs. Per observation on March 31, 2022, 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}			