



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 28, 2020

Ms. April Furlow, Administrator
The Villa Rehab
7 Forest Hill Drive
St Albans, VT 05478-1615

Provider #: 475055

Dear Ms. Furlow:

Enclosed is a copy of your acceptable plans of correction for the **Life Safety Code** survey conducted on **January 30, 2020**. 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: 02/12/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475055	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2020
NAME OF PROVIDER OR SUPPLIER THE VILLA REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 7 FOREST HILL DRIVE ST ALBANS, VT 05478	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(X5) COMPLETION DATE			

K 000 INITIAL COMMENTS

K 000

An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on January 30, 2020. The following violations were identified.

K 311 Vertical Openings - Enclosure
SS=B CFR(s): NFPA 101

K 311

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 January 30, 2020, the facility failed to ensure that 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.

Per observation on January 30, 2020, inspection revealed that the second floor stairway door did not latch from every position.

K 353 Sprinkler System - Maintenance and Testing
SS=B CFR(s): NFPA 101

Sprinkler System - Maintenance and Testing
Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

Maintenance staff have been re-educated on policies regarding fire door audits. Fire door audits are to be completed monthly.

How the corrective actions will be monitored to ensure the deficient practice will not recur?

Maintenance staff will reviewed findings of fire door audits monthly with NHA for compliance.

The dates corrective action will be completed.

Corrective action was completed on
01/30/2020.

K311 POC Accepted 02/28/2020
J. Dobrocki / TW

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

TITLE

(X6) DATE

April G. Gaudin, NHA

2/18/2020

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her 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 353	Continued From page 1 with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Per observation on January 30, 2020, the facility failed to ensure automatic sprinkler and standpipe systems are inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Findings include the following: Per observation on January 30, 2020, inspection revealed an escutcheon missing from the sprinkler head in break area.	K 353	What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. Maintenance staff have been re-educated on policies regarding sprinkler audits. Sprinkler audits are to be completed monthly. How the corrective actions will be monitored to ensure the deficient practice will not recur? Maintenance staff will reviewed findings of sprinkler audits monthly with NHA for compliance. The dates corrective action will be completed. Corrective action was completed on 01/30/2020. K353 POC Accepted 02-28-2020 J. Dobiecki/TW
K 355	Portable Fire Extinguishers SS=B CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10		

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NAME OF PROVIDER OR SUPPLIER

THE VILLA REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

7 FOREST HILL DRIVE
ST ALBANS, VT 05478

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K 355 Continued From page 2

This REQUIREMENT is not met as evidenced by:

Per observation on January 30, 2020, the facility failed to ensure portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.

Per observation on January 30, 2020, inspection revealed that access to a fire extinguisher near the nurse's station was blocked by two 'wet floor' signs.

K 362 Corridors - Construction of Walls
SS=B : CFR(s): NFPA 101

Corridors - Construction of Walls
2012 EXISTING

Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code.

Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.

If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area.

19.3.6.2, 19.3.6.2.7

This REQUIREMENT is not met as evidenced by:

K 355 What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

Housekeeping and Maintenance staff have been re-educated on policies regarding fire safety, to include access to fire extinguishers. Monthly audits of fire extinguishers will be completed by Maintenance staff.

How the corrective actions will be monitored to ensure the deficient practice will not recur?

Maintenance staff will reviewed findings of fire extinguisher audits monthly with NHA for compliance.

The dates corrective action will be completed.

Corrective action was completed on 01/30/2020.

K355 Poc accepted 02-28-2020
J. Dobiecki/TW

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K 362 Continued From page 3

Per observation on January 30, 2020, the facility failed to ensure corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. Findings include the following:

Per observation on January 30, 2020, inspection revealed the corridor closet near the kitchen did not have the required sealing of a penetration.

K 511 Utilities - Gas and Electric
SS=B 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 January 30, 2020, the facility failed to ensure that equipment using gas or related to gas piping complies with NFPA 54, National Fuel Gas Code, and that electrical wiring and equipment complies with NFPA 70, National Electric Code. Findings include the following:

Per observation on January 30, 2020, inspection revealed that a receptacle was damaged in the dining room (the ground portion was slightly cracked).

K 362

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

Maintenance staff have been re-educated on fire policies. Staff complete monthly environmental audits to include fire safety.

How the corrective actions will be monitored to ensure the deficient practice will not recur?

Maintenance staff will review findings with NHA and team during environmental meetings, monthly.

The dates corrective action will be completed.

Corrective action was completed on 01/30/2020.

K362 Poc Accepted 02-28-2020 J. Dobrocki/TW
K511

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

Maintenance staff have been re-educated on policies regarding electrical safety. Electrical safety audits are to be completed monthly.

How the corrective actions will be monitored to ensure the deficient practice will not recur?

Maintenance staff will reviewed findings of electrical safety audits monthly with NHA for compliance.

The dates corrective action will be completed.

Corrective action was completed on 01/30/2020.

K511 Poc Accepted 02-28-2020 J. Dobrocki/TW