



**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

June 8, 2023

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

Provider ID #: 475055

Dear Ms. Furlow:

On **April 13, 2023**, the Vermont Department of Public Safety, Division of Fire Safety conducted a revisit to the Centers for Medicaid and Medicare Services (CMS) Federal Monitoring Survey that was conducted on **July 28, 2022**, to verify that your facility had achieved substantial compliance. The revisit revealed that substantial compliance has been achieved as tag K-0161- Building Construction Type and Height has been approved for a Time Limited Waiver to correct this deficiency that will expire on **October 31, 2023**.

If you have any questions, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "tammy wehmeyer".

Tammy Wehmeyer  
Administrative Services Manager

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

PRINTED: 06/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VILLA REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7 FOREST HILL DRIVE</b> <b>ST ALBANS, VT 05478</b>		
(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	
{E 000}	Initial Comments  An Emergency Preparedness (EP) and a Life Safety Code (LSC) comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on July 28, 2022, following a Vermont Division of Licensing and Protection State Fire Marshal, Vermont State survey agency survey, that was conducted on May 31, 2022. At this comparative Federal Monitoring Survey The Villa Rehabilitation, CCN 475055, was found in substantial compliance with the requirements for participation in Medicare/Medicaid, 42 CFR, Subpart 483.73 Emergency Preparedness.  The building is described in the K000 section for the Life Safety Code survey. Emergency backup power to the building was supplied by a 50KW propane generator outside the facility. The facility generator is stated to be fully tied to the building including the fire alarm control panel, outlets, lights and life safety components utilized for preservation of life. The facility is approximately 1.5 miles from a local paid and volunteer fire department. The facility did not admit residents on life support and stated they do not typically admit bariatric residents. The facility has a capacity of 30 beds with a census of 17 at the time of the survey.	{E 000}			
{K 000}	INITIAL COMMENTS  The requirement at 42 CFR Subpart 483.73 is MET as evidenced by:  The Vermont Division of Fire Safety conducted an unannounced, onsite revisit survey on April 23, 2023, to the Centers for Medicare and Medicaid Services (CMS) Federal Monitoring Survey that	{K 000}			

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

TITLE

(X6) DATE

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 000}	Continued From page 1	{K 000}		
{K 161}	was conducted on July 29, 2022. Inspection revealed that K-161-Building Construction Type And Height remains out of compliance.			
SS=F	Building Construction Type and Height CFR(s): NFPA 101	{K 161}		
	Building Construction Type and Height 2012 EXISTING			
	Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5			
	Construction Type			
	1 I (442), I (332), II (222) Any number of stories			
	non-sprinklered and sprinklered			
	2 II (111) One story			
	non-sprinklered Maximum 3 stories			
	sprinklered			
	3 II (000) Not allowed			
	non-sprinklered			
	4 III (211) Maximum 2 stories			
	sprinklered			
	5 IV (2HH)			
	6 V (111)			
	7 III (200) Not allowed			
	non-sprinklered			
	8 V (000) Maximum 1 story			
	sprinklered			
	Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See			

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{K 161}	<p>Continued From page 2</p> <p>19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility is a three story building of a construction type not permitted to be over one story and not permitted to be partially sprinkler protected in accordance with LSC Section 19.1.6.1, 19.1.6.2. through 19.1.6.7. The deficient practice could affect 17 of 17 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings Include:</p> <p>Interview on 07/28/2022 at approximately 11:30am during the facility entrance conference/record review with the facility Administrator and Associate Administrator identified the nursing home as a three story building, with a basement and attic (attic storage loft open to third floor), wood construction. Per interview, the floors were identified as ground floor/first floor-primary level of exit discharge, second floor, and third floor with residents residing on the first floor and second floor and administrative offices on the third floor. Per interview on 07/28/2022 at approximately 11:30am with the Administrator and Associate Administrator, the building was constructed in 1863 as a residential house converted to a nursing home in the 1960s with minor cosmetic renovations over the years, and hall 3 was added in the 60's. Observation of the building on</p>	{K 161}			

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{K 161}	Continued From page 3 07/28/2022 from 2:00pm to 4:00pm during the facility tour identified and verified the building as combustible wood stud construction, gypsum/plaster, Type V(000) construction. Observation on 07/28/2022 at approximately 2:30pm at the third floor storage area and open loft to the storage area above the third floor was exposed wood stud construction. Observation on 07/28/2022 at approximately 3:45pm of the basement floor level was exposed wood construction. In addition, at approximately 3:30pm during the facility tour identified the exterior overhang that exceeded 4' on the ground/first floor south side exit was not sprinkler protected (see K351).  The findings were verified by the Administrator and Associate Administrator at the times of observation.	{K 161}			