

HC 2 South, 280 State Drive

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

August 9, 2018

Mr. Allen Yearick, Administrator  
Woodridge Nursing Home  
P.O. Box 550  
Barre, VT 05641-0550

Provider #: 475045

Dear Mr. Yearick:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **July 18, 2018**. 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

PRINTED: 08/01/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475045	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/18/2018
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NAME OF PROVIDER OR SUPPLIER  WOODRIDGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 550 BARRE, VT 05641
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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	K 000		08-08-18
K 372 SS=D	<p>An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 7/18/18. The following violation was identified.</p> <p>Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure proper maintenance of smoke barriers in two areas of the facility.</p> <p>Per observation on 7/18/18, accompanied by the Physical Plant Manager, there were penetrations through the smoke barriers as follows: 1. On the Spruce Commons unit, a 12 inch by 4 inch hole in the smoke barrier was found above the ceiling to the right of the main corridor. This new hole was the result of new HVAC plumbing, and was never sealed. 2. On the Evergreen unit, communication wires for phone and cable have been run through the</p>	K 372	<p>Responses in this Plan of Correction to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the 2567 Statement of Deficiencies. This Plan of Correction is prepared solely as a matter of compliance with Federal and State Agency's and Law.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator / VP \_\_\_\_\_ (X6) DATE 08-08-18

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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NAME OF PROVIDER OR SUPPLIER  WOODRIDGE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 550 BARRE, VT 05641	
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K 372	Continued From page 1 smoke barrier without being sealed.  Penetration in the smoke barrier can and will result in the spread of smoke across smoke compartments, in the event of a fire.	K 372	K 372 SS=D  1 The 12 inch by 4 inch hole as a result of a new HVAC plumbing line above the ceiling to the right of the main corridor on the Spruce Commons Unit was sealed. The communication wires for phone and cable run through the smoke barrier on the Evergreen Unit was sealed. Both smoke compartment barriers were sealed using Hilt FS-one Max. 2 Although the unsealed penetrations in the smoke barriers on both of these Units have the potential for staff and residents to be affected due to the spread of smoke through compartments, there were no residents or staff were affected or at risk. 3 The Maintenance Director observed the proper sealing of these barriers by the Contractor who originally performed the work and recorded this in the Maintenance binder record system. The Maintenance Director will also ensure that penetrations in the future through a smoke barrier will be properly sealed, particularly involving Contractor work project(s). 4 The Maintenance Director or his designee will report the documentation of the sealant work performed to the facility's monthly QAPI Committee meeting.

K372 POC accepted 8/9/18 pmclaughlin/pmc