VERMONT

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 18, 2025

Ms. Ursula Margazano, Administrator
Menig Nursing Home
215 Tom Wicker Lane
Randolph Center, VT 05061

Provider ID #: 475058

Dear Ms. Margazano:

On **October 31, 2024,** the Vermont Department of Fire Safety conducted an off-site follow-up to the CMS Federal Monitoring Survey conducted on **September 3, 2024**, to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility is in substantial compliance with participation requirements found in Title 42, Code of Federal Regulations as of **October 30, 2024**.

If you have any questions concerning this letter, please contact me at (802) 241-0480.

Sincerely,

tammy wehmeyer

Tammy Wehmeyer
Administrative Services Manager

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475058	A. BUILDING **01** B. WING _____	R **10/31/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MENIG NURSING HOME	**215 TOM WICKER LANE** **RANDOLPH CENTER, VT 05061**

(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 Program Comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on September 3, 2024, following a Vermont Department of Health survey, that was conducted on July 25, 2024. At this Comparative Federal Monitoring Survey at Menig Nursing Home, CCN 475058, was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid, 42 CFR, Subpart 483.73 Emergency Preparedness. Menig Home is comprised of a one story with basement, masonry building, Type II (111) construction, which was built in 2015. The building is fully sprinklered with a wet automatic sprinkler system that is supplied by municipal water. The facility has no fire pump. There is a supervised smoke detection located in the corridors and spaces open to the corridor, which are tied to a fully addressable fire alarm control system. The facility has piped-in oxygen gas. Emergency backup power to the building is supplied by a Caterpillar 125 kW, diesel emergency generator, which was installed in 2015. The generator is located at the exterior of the property. The facility generator is stated to be tied to the entire building. The volunteer fire department is less than one mile from the facility. The facility has a capacity of 30 certified beds with a census of 28 at the time of the survey.	{E 000}		
{K 000}	INITIAL COMMENTS The Vermont Division of Fire Safety conducted an offsite follow up to the CMS Federal Monitoring Survey conducted on 9/3/2024 for the	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{K 000}	Continued From page 1 facility on the date indicated in the upper right hand corner of this form. The violation(s) previously identified have been corrected.	{K 000}		