VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

June 19, 2025

Ms. Jennifer Combs-Wilber, Administrator
Green Mountain Nursing and Rehabilitation
475 Ethan Allen Avenue
Colchester, VT 05446-3312

Provider ID #: 475040

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **April 24, 2025**. 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,

tammy wehmeyer

Tammy Wehmeyer
Administrative Services Manager

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475040	A. BUILDING **01** B. WING _____	**04/24/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN MOUNTAIN NURSING AND REHABILITATION	**475 ETHAN ALLEN AVENUE** **COLCHESTER, VT 05446**

(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 The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 4/24/25. Entry and exit interviews were conducted with the Maintenance Supervisor and the Administrator. The following violations were identified.	K 000	*Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists.* *This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction.* *This plan of correction is submitted as the facility's credible allegation of compliance.*	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing 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. 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 4/24/25, accompanied by the Maintenance Supervisor, the facility failed to ensure that automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25 as required by regulation. Findings include the following:	K 353	It is the policy and procedure of the facility to to ensure that automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25 as required by regulation. All residents have the potential to be affected by the alleged deficient practice. Impact Fire Services LLC completed inspection on 5/5/2025 as scheduled prior to Life Safety Code inspection. Impact Fire Services LLC returned on 5/28/2025 to complete a in depth survey of items needed to quote the replacement of the dry valves, FDC and Sprinkler heads identified in the 5/5/2025 inspection. The upgrades to this system must be completed by a licensed sprinkler repair service. The time line for repairs is based on the company performing the upgrade as well was parts availability. The system is currently protecting the facility as required. The facility is currently awaiting the quote and a date from Impact Fire Systems LLC to complete identified upgrades. The facility will update the licensing agency with date of completion of work.	

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

Jennifer Combs-Wilber, LNHA | 5/31/2025

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 353	Continued From page 1 1. One of the dry valves fails to latch open when activated. 2. The fire department connection is on the water main side of the system and does not allow for the system to be fed by the fire department if the control valves are closed. 3. The sprinkler heads in portions of the attic are over 50 years old and need replacing.	K 353	The facility has notified Impact Fire Systems LLC the importance of the upgrades and that they need to be completed as soon as possible. To ensure this alleged deficient practice does not occur the facility will monitor the inspection results and review for repair. Maintenance will follow up with sprinkler contracted company to confirm appointments of repairs. A review of the sprinkler system policy has been completed. Maintenance supervisor will keep an ongoing log of inspections, and recommended repairs to be submitted to administrator and ownership. Maintenance supervisor will report to the QAPI team quarterly on status of inspections and work orders relating to sprinkler system. Plan Completion Date: 5/28/2025- see attached work acknowledgment Work completion Date: Dependant on Impact Fire Services LLC schedule. A date has been requested for immediate repair. **Tag K 353 POC accepted on 6/18/25 by P. Cerutti/T. Wehmeyer**	