VERMONT

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AGENCY OF HUMAN SERVICES

May 7, 2026

Ms. Jessica Jennings, Administrator
Saint Albans Healthcare and Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478

Provider ID #: 475021

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **April 9, 2026**. 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 01 BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	596 Sheldon Road , Saint Albans, Vermont, 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
K0000	INITIAL COMMENTS The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 4/9/26. Entry and exit interviews were conducted with the Maintenance Director and the Administrator. The following violations were identified.	K0000		
K0324 SS = D Bldg. 01	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is NOT MET as evidenced by: Per observation on 4/9/26, accompanied by the Maintenance Director, the facility failed to correct violations of the annual kitchen hood fire suppression system as required by regulation. Findings include the following:	K0324	Per review or the inspection report from 4/9/2026, the gas shut off valve that is designated to close up on activation of the fire Suppression system was found to be non-functional and required replacement. This replacement had not been completed at time of inspection. Corrective action: The defective gas shut-off valve has been scheduled for immediate replacement by a licence and qualified contractor. The new valve will be installed to ensure proper integration with the fire suppression system so that gas flow is automatically terminated upon system activation. Monitoring/Prevention: To prevent recurrence, all fire suppression system components, including the gas shut-off valve , will be inspected and tested on a routine basis in accordance with NFPA 96 code. Documentation of all inspection, testing and maintenance will be maintained on-site for review. Responsible Party: Maintenance Director and or Designee will ensure correction, completion, monitoring and prevention is completed. The Fire Suppression Inspection Reports and TELS Quarterly Audit will be review with CED and QAPI Committee for the next 3 quarters.of 2026 into 2027. Date of Compliance: May 18, 2026	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	4.24.2026

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K0324 SS = D Bldg. 01	Continued from page 1 Per review of the inspection report from February 2025, the gas shut off valve that closed upon the operation of the fire suppression system was not working and needed to be replaced. This replacement was not done at the time of inspection.	K0324	**Tag K0324 POC accepted on 5/7/26 by P. Cerutti/T. Wehmeyer**	